Centers for Disease Control and Prevention

NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES

Improving the Health of People with Mobility Limitations and Intellectual/Developmental Disabilities through State-based Public Health Programs

CDC-RFA-DD21-2103

05/11/2021

Table of Contents

A. Funding Opportunity Description 3
B. Award Information 29
C. Eligibility Information 31
D. Application and Submission Information 32
E. Review and Selection Process 43
F. Award Administration Information 46
G. Agency Contacts 52
H. Other Information 53
I. Glossary 54

Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-DD21-2103. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC) / Agency for Toxic Substances and Disease Registry (ATSDR)

B. Notice of Funding Opportunity (NOFO) Title:

Improving the Health of People with Mobility Limitations and Intellectual/Developmental Disabilities through State-based Public Health Programs

C. Announcement Type: New - Type 1:

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For this purpose, research is defined at https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf. Guidance on how CDC interprets the definition of research in the context of public health can be found at https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html (See section 45 CFR 46.102(d)).

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-DD21-2103

E. Assistance Listings Number:

93.184

F. Dates:

1. Due Date for Letter of Intent (LOI):
03/26/2021

2. Due Date for Applications:
05/11/2021
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:
The program will host an informational conference call on Wednesday, March 31, 2021 (2:00 pm to 3:00 pm Eastern Time). The informational conference call can be accessed on the following link at Join Skype Meeting and/or by calling (770) 488-3600 and entering passcode 8019483#.

G. Executive Summary:

1. Summary Paragraph
This Notice of Funding Opportunity (NOFO) supports a new five-year, non-research cooperative agreement to address statewide or jurisdictional needs related to reducing health disparities among adults with intellectual disabilities and other developmental disabilities (IDD), and adults with mobility limitations (ML) in the United States. In support of the overarching goal, this NOFO will provide funding to agencies, organizations, and institutions within states and jurisdictions to: (1) establish, expand, and enhance partnerships with organizations that serve adults with disabilities; (2) conduct community needs assessments within states and jurisdictions to identify gaps in resources and tools, and identify action steps to fill those gaps; (3) administer and evaluate a training for providers on accessible preventive health care; (4) implement and evaluate a demonstration project to link adults with IDD to preventive health care and health promotion programs in their community; (5) implement and evaluate evidence-based health promotion interventions, as well as policy, system and environmental (PSE) changes, and develop resources and tools to address health disparities among adults with IDD and ML; and (6) disseminate key findings and lessons learned. Long-term outcomes among the target populations include improvements in (1) number of providers that can offer accessible preventive health care, (2) fewer unmet preventive health care needs, including mental health; (3) health behaviors and wellness; (4) chronic conditions and risk factors.

a. Eligible Applicants:
Open Competition

b. Funding Instrument Type:
CA (Cooperative Agreement)

c. Approximate Number of Awards
10

d. Total Period of Performance Funding:
$ 28,625,000

e. Average One Year Award Amount:
$ 572,500

f. Total Period of Performance Length:
5

g. Estimated Award Date:
July 01, 2021

h. Cost Sharing and / or Matching Requirements:

No

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

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

This NOFO addresses health disparities among adults with disabilities. Compared to the general population, adults with disabilities experience health disparities in physical and mental health (e.g., physical inactivity, smoking, insufficient sleep, mental distress, poor nutritional intake etc.) (DHDS, 2016). Adults with disabilities are less likely to receive preventive healthcare, which can lead to preventable conditions (e.g., influenza, dental issues, diabetes etc.), delayed diagnosis, and lack of management for several other conditions (e.g., cancers, hypertension, and vision, hearing and mental health problems) (Williamson et al., 2017; Krahn & Fox, 2013; U.S. Surgeon General's Office, 2005). For people with disabilities, health disparities are also associated with existing policy, system and environmental (PSE) barriers, (e.g., lack of inclusion in health promotion programs and venues and inaccessible healthcare) (Pharr, 2014; McDoom et al., 2012; Kirschner et al., 2007; Rimmer et al, 2005).

Projected NOFO outcomes include improvements in (1) access to recommended preventive health care and other health services; (2) receipt of recommended healthcare, including mental health; (3) health behaviors and wellness; and (4) chronic conditions and risk factors. To achieve these outcomes and in alignment with the RE-AIM planning and evaluation framework, the updated Ten Essential Public Health Services, and Frieden's pyramid, this NOFO uses a combination of public health approaches. As outlined in the provided NOFO logic model, award recipients will (1) establish, expand, and enhance partnerships with organizations that serve adults with disabilities; (2) conduct community need assessments within states and jurisdictions to identify gaps in resources and tools, and identify action steps to fill those gaps; (3) administer and evaluate a training for healthcare providers on accessible preventive health care; (4) implement and evaluate a demonstration project to link adults with IDD to preventive health care and health promotion programs in their community; (5) implement and evaluate evidence-based health promotion interventions, as well as PSE changes, and develop resources and tools to address health disparities among adults with IDD, and adults with ML; and (6) disseminate key findings and lessons learned.

This approach is consistent with The Guide to Clinical Preventive Services, and practice models for linking adults with IDD to needed preventive health care (Ruiz et al, 2020; Williamson et al., 2017; Bower et al, 2017; Hwang et al., 2009; Mastal et al., 2007; Palsbo et al., 2006). Among adults with IDD, improved access and engagement with quality health care can help with the following: adopting and maintaining healthy behaviors earlier in life; receiving recommended preventive care; identifying and addressing barriers to care; and obtaining supports to maintain health, prevent, delay or effectively manage health conditions (Cyrus et al, 2019; Courtney-Long et al, 2017). In addition, over half of adults with IDD live in a home with a family member who may serve as their informal caregiver. The health, well-being, health education, and involvement

of informal caregivers can be an essential component of interventions addressing the needs of adults with IDD (Wilhite et al., 2012). Aligned with specified criteria for implementing interventions among adults with IDD and ML (Drum et al, 2016), health promotion intervention studies have demonstrated improvements in health behaviors (e.g., fitness), biologic indicators (e.g., body weight), and physical functioning, self-rated health, depression, fatigue, and pain (Ma & Ginis, 2018; White et al, 2011). The CDC, Guide for Community Preventive Services and Disability Inclusion, summarizes strategies and interventions that are applicable to adults with disabilities. In addition, there is an evidence base for providing disability competency training to healthcare providers, and using Healthcare Facility Assessments to help create accessible healthcare settings.

b. Statutory Authorities

The program is authorized under the Public Health Service Act, Section 317C (42 U.S.C. 247b-4, as amended).

c. Healthy People 2030

This NOFO primarily addresses the Healthy People 2030, *Disability and Health* and *Access to Health Services* topic areas.

d. Other National Public Health Priorities and Strategies

This NOFO aligns with the following national agendas and strategies:

- *The Current State of Healthcare for People with Disabilities* (National Council on Disability, 2009)
- *The Future of Disability in America* (Institute of Medicine, 2007)
- *U.S. Surgeon General's Call to Action to Improve the Health and Wellness of Persons with Disabilities* (DHHS, 2005)
- *Disability and Public Health Competencies* (Association of University Centers on Disability, 2018)
- *Core Competencies on Disability for Healthcare Education* (Nisonger, 2019)
- *Guidelines on Accessible, Durable Medical Equipment* (Access Board, 2019)
- *Barrier-Free Healthcare Initiative* (2012)
- *The Guide to Clinical Preventive Services* (AHRQ)
- *The Community Guide* (CDC)

e. Relevant Work

This NOFO builds on the previous CDC-RFA-DD16-1603, which provided awards to state-based health departments or their bona fide agents to implement accessible and inclusive health behavior interventions; provider and student training; and policy, system, and environmental changes.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA- DD21-2103 LOGIC MODEL: Improving the Health of People with Mobility Limitations and Intellectual/Developmental Disabilities through State-based Public Health Programs			
Strategies and Activities	**Short-term Outcomes**	**Intermediate Outcomes**	**Long-Term Outcomes**
1. Establish, expand, and enhance partnerships statewide or jurisdictional.	**1.1 Stronger engagement and coordination between recipients and key partners.**	**1.2 Broader reach among the target populations.**	Communities have increased number of providers that can offer accessible preventive health care Adults with IDD have fewer unmet needs for preventive health care, including mental health Adults with IDD and adults with ML have healthier behaviors Adults with IDD and adults with ML have reduced prevalence of chronic diseases and their risk factors, including better emotional and mental health
2. Conduct a statewide or jurisdictional need assessment, and develop resources and tools.	**2.1 Recipients gain knowledge about state and jurisdictional needs, and a repository of resources and tools to meet those needs.**	**2.2 States or jurisdictions use resources and tools to improve the health of adults with IDD and adults with ML.**	
3. Administer and evaluate a training for healthcare providers on accessible preventive health care.	**3.1 Providers gain disability and health competency.**	**3.2 Providers im prove efforts to deliver accessible preventive health care.**	
4. Implement and evaluate a demonstration project to link adults with IDD with unmet needs to preventive health care and health promotion programs in their	**4.1 Participants gain knowledge about recommended preventive health care and healthy lifestyle behaviors.** **4.2 Participants gain knowledge about addressing barriers to preventive health**	**4.3 Participants are appropriately linked to preventive health care, mental health care and health promotion activities.**	

community.	**care.**		
5. Implement and evaluate evidence-based health promotion interventions, policy, system and environmental (PSE) changes	**5.1 Participants enroll in evidence-based health promotion interventions.**	**5.2 Participants adopt healthy behaviors.** **5.3 States or jurisdictions experience notable PSE changes.**	
6. Disseminate key findings and lessons learned	**6.1 Recipients learn best practices and lessons learned.**	**6.2 Health professionals and policymakers gain knowledge about ways to promote health among adults with disabilities.**	

i. Purpose

This NOFO addresses health disparities among adults with IDD and adults with ML. This NOFO aims to (1) establish, expand, and enhance partnerships; (2) conduct community needs assessments and identify action steps to fill the gaps; (3) administer and evaluate a training for healthcare providers on accessible preventive health care; (4) implement and evaluate a demonstration project to link adults with IDD to preventive health care and health promotion programs in their community;
(5) implement and evaluate evidence-based health promotion interventions and PSE changes, and develop needed resources and tools; and (6) disseminate key findings and lessons learned.

ii. Outcomes

As briefly outlined in the logic model, recipients are expected to achieve the short-term and intermediate outcomes during the five-year period of performance. Although recipients may achieve the long-term outcomes during the period of performance, it is not a requirement as long-term outcomes represent the ultimate impact to which the strategies and activities will contribute.

Strategy 1 Establish, expand, and enhance partnerships.
The overarching outcomes include strengthened engagement between recipients and with key partners, and broader reach among the target populations. These outcomes are detailed as follows:

Outcome 1.1 Strengthened engagement, planning and coordination between recipients, community-based organizations and complementary programs (e.g., health departments) within the state or jurisdiction to improve accessible preventive health care and health promotion activities among adults with IDD and adults with ML.
Outcome 1.2: Increased engagement between recipients and the CDC-funded National Centers on Disability (i.e., The National Center on Health, Physical Activity and Disability; and Special Olympics) to access and use their training, technical assistance, and resources.

Strategy 2 Conduct a need assessment, statewide or jurisdictional, to identify gaps in information, resources (e.g., accessible healthcare providers, programs, policies, services), and barriers to engagement with preventive healthcare services and health promotion programs among adults with IDD and adults with ML, and identify action steps to fill those gaps.
The overarching outcomes include increased knowledge about state and jurisdictional needs; a repository of resources and tools to meet those needs; and increased use of resources and tools to improve health among adults with IDD and adults with ML. These outcomes are detailed as follows:
Outcome 2.1 Improved capability of award recipients to plan and implement activities to improve engagement with accessible preventive health care and health promotion programs among adults with IDD and adults with ML.

Strategy 3 Administer and evaluate a training for healthcare providers on accessible preventive health care.
The overarching outcome is improved disability and health competency. This outcome is detailed as follows:
Outcome 3.1 Increased awareness, knowledge, skill, and competency of healthcare providers to deliver accessible preventive health care to adults with IDD and adults with ML.
Outcome 3.2 Increased capacity of local communities to provide accessible preventive health care to adults with IDD and adults with ML.
Outcome 3.3 Increased effort among healthcare providers to deliver accessible preventive health care to adults with IDD and adults with ML.

Strategy 4 Implement and evaluate a demonstration project to link adults with IDD to preventive health care and health promotion programs in their community.
The overarching outcomes include increased knowledge about recommended preventive health care and healthy lifestyle behaviors; ways to address barriers to preventive health care; and linkages to preventive health care, mental health care and health promotion activities. These outcomes are detailed as follows:
Outcome 4.1 Increased knowledge and awareness of the importance of recommended health check-ups with primary care and well-woman providers, mental health screenings and care; recommended dental, vision, and hearing healthcare; vaccinations; and healthy lifestyle behaviors, among enrolled participants with unmet health care needs.
Outcome 4.2 Increased knowledge and awareness of (a) barriers to recommended health check-ups with primary care and well-woman providers; mental health screenings and care; recommended dental, vision, and hearing healthcare; vaccinations, and healthy lifestyle behaviors and (b) how to address those barriers, among enrolled participants with unmet health

care needs..
Outcome 4.3 Increased linkage, among enrolled participants with unmet health care needs, to accessible recommended preventive health care (e.g., check-ups with primary care, and well-woman providers, cancer screenings, vaccinations, as well as dental, vision, and hearing check-ups; and health promotion activities and services.
Outcome 4.4 Increased linkage to mental healthcare services, among enrolled participants who are at elevated risk for mental health conditions.

Strategy 5 Implement evidence-based health promotion interventions, as well as policy, system and environmental (PSE) changes; and resources and tools.
The overarching outcomes include enrollments in evidence-based health promotion interventions, adoption of healthy behaviors, and notable PSE changes. These outcomes are detailed as follows:
Outcome 5.1 Among adults with ML, and adults with IDD and their caregivers, increased participation in evidence-based health promotion interventions.
Outcome 5.2 Among adults with ML, and adults with IDD and their caregivers, increased adoption of healthy lifestyle behaviors among intervention participants.
Outcome 5.3 Increased and notable PSE changes within states or jurisdictions.
Outcome 5.4 Among adults with ML, adults with IDD and their caregivers, increased reach and use of resources and tools.
Outcome 5.5 Among communities, increased availability and use of directories for accessible (a) healthcare facilities and providers, and (b) venues and programs that promote healthy lifestyle behaviors.

Strategy 6 Disseminate key findings and lessons learned to public health professionals and policymakers, statewide or jurisdictional.
The overarching outcomes include learning best practices and ways to promote health among adults with disabilities. The details of these outcomes are as follows:
Outcome 6.1 Increased sharing of best practices and lessons learned among award recipients.
Outcome 6.2 Increased knowledge and awareness among public health professionals and policymakers about ways to improve the health of adults with IDD and adults with ML (e.g., by increasing access to health care through training healthcare providers, linking adults with IDD with needed accessible preventive health care and health promotion programs, providing accessible health promotion programs for adults with IDD and adults with ML, and implementing sustainable PSE changes).

iii. Strategies and Activities

Recipients of this award must implement several strategies and activities to achieve and measure the short-term and intermediate outcomes as indicated in the provided logic model. The strategies and activities are detailed below.

Strategy 1 Establish, expand, and enhance partnerships.
Activity 1.1 Establish a project advisory workgroup that includes adequate representation of adults with IDD and adults with ML, e.g., Best Practices Guide. The workgroup should also include representatives from the healthcare community, e.g., medical, nursing, dental, vision, women’s health, mental health etc. The recipient should manage the workgroup and should establish regular meetings, an agenda and tasks that the workgroup can undertake

to facilitate approaches, connections and resources needed to complete the workplan and key activities each year.

Activity1.2 Establish, expand, enhance, and regularly assess partnerships with community partners across the state (e.g., local health departments, community-based organizations, disability service organizations, healthcare providers, universities, hospitals, in-home service providers, therapeutic and wellness service providers, etc.) to facilitate accessible preventive health care and health promotion programs among adults with IDD and adults with ML.

Activity 1.3 Establish, expand, and enhance partnerships with the CDC-funded National Centers on Disability (i.e., National Center on Health, Physical Activity and Disability; and Special Olympics) to improve the recipient's access to their training, technical assistance, and resources that will enhance implementation of the proposed cooperative agreement activities. Award recipients are required to participate in quarterly meetings facilitated by the National Centers on Disability. In addition, and where it is instrumental to this NOFO, partnerships with other CDC-funded national organizations that serve adults with disabilities statewide or jurisdictional (e.g., National Association of County and City Health Officials) are encouraged.

Activity 1.4 Establish, expand, and enhance partnerships, where appropriate, with other established and ongoing chronic disease health promotion programs within the state to extend the implementation of chronic disease prevention and management programs among adults with IDD and adults with ML.

Strategy 2 Conduct need assessments, statewide or jurisdictional, to identify gaps in information and resources (e.g., accessible healthcare providers, programs, policies, services), and barriers to engagement with preventive healthcare services and health promotion programs among adults with IDD and adults with ML, and identify action steps to fill those gaps.

Activity 2.1 Use available data sources (e.g., National Health Interview Survey, the Disability and Health Data System (DHDS), National Core Indicators Survey, administrative claims data or reports (e.g., Medicaid, Residential Information Systems Project) to describe disparities for adults with IDD and adults with ML in the state or jurisdiction related to: (a) engagement with preventive health care, including but not limited to the receipt of recommended preventive health care (e.g., health check-ups with primary care, well-woman, dental, vision and hearing providers; screenings for mental health conditions, chronic conditions and risk factors, and vaccinations); (b) practice of healthy lifestyle behaviors; (c) any reported barriers and gaps in information, resources, programs, policies and services within the state or jurisdiction.

Activity 2.2 Complete the need assessments in collaboration with the project advisory workgroup to identify gaps in information, resources, programs, policies, services, and barriers to engagement with accessible preventive health care and health promotion programs among adults with IDD and adults with ML. This information should be compiled and used to help inform the development of resources and tools, and the selection of evidence-based health promotion interventions and PSE changes.

Activity 2.3 Identify actions planned to address needs, and facilitate engagement with accessible preventive health care and health promotion programs among adults with IDD and adults with ML.

Strategy 3 Administer and evaluate a training for healthcare providers on accessible preventive health care.

Activity 3.1 Collaborate with CDC, other award recipients, and disability and health training programs to assess and identify existing trainings for healthcare providers. Trainings that offer continuing education credits are encouraged [e.g., Continuing Medical Education (CME), Continuing Education (CE), Continuing Nursing Education (CNE), Maintenance of Certification (MOC)]. Include adults with disabilities in the training. Enhance and tailor an existing training to include:
(a) awareness of health disparities and unique health needs;
(b) communication barriers, including patient-provider interaction and etiquette;
(c) physical barriers, including accessible, medical diagnostic equipment and facility assessments using various instruments (e.g., Healthcare Facility Assessments, Craig Hospital Inventory of Environmental Factors, Community Health Environment Checklist, etc.); and
(d) the Americans with Disabilities Act (ADA)
Activity 3.2 Recruit training sites and participants through healthcare settings (e.g., universities, hospitals, local health departments, private practices, veterinary, therapeutic and wellness services, contracted services), and media venues that target provider audiences (e.g., U.S. journals that offer CEs).
Activity 3.3 Promote, schedule, and administer trainings to healthcare providers in communities.
Activity 3.4 Track training participation and collect post-training assessments mapped back to the learning objectives. Support the implementation of actions covered in the training, where appropriate. For online trainings, recipients should partner with host sites to track participation and assess feedback and post-training measurements.

Strategy 4 Implement and evaluate a demonstration project to link adults with IDD currently lacking recommended preventive health care with preventive health care and health promotion programs in their community.
Activity 4.1 In collaboration with the other recipients, develop a common protocol for implementing the demonstration project, and tools for gathering information about the linkage intervention sessions and participant recruitment, screening, enrollment, and retention. This is expected to be done in the first 6 months of the award.
Activity 4.2 Recruit and train linkage coordinators to implement the demonstration project, e.g., how to communicate with participants and their caregivers, collect data, and provide follow up. Develop a job description for this position and submit it with the application.
Activity 4.3 In collaboration with the project advisory committee, develop up-to-date community directories of: (a) providers of accessible preventive health care, including but not limited to primary care, well-woman, dental, vision and hearing; screenings for mental health conditions; and health promotion services; and (b) health promotion programs and accessible venues that support healthy lifestyle behaviors. This should be used for the demonstration project referrals, as well as dissemination through various avenues, e.g., website.
Activity 4.4 Screen and enroll adults with IDD, who are currently lacking recommended preventive health care, into the intervention. Complete initial and follow up sessions for a minimum cohort of 50 participants with IDD per year for a total of 200 across the 5-year period of performance. Participants screened and enrolled should represent the demographics of the target population in the state or jurisdiction, by race, sex and socioeconomic status. These sessions must be accessible for people with IDD.
Activity 4.5 Linkage coordinators should conduct initial linkage sessions with participants to: (a) assess baseline knowledge of recommended preventive health care (by age and sex) and healthy

behaviors (b) provide education about the importance of scheduling health check-ups with providers for primary care, well-woman, mental health, dental, vision, and hearing healthcare; (c) screen for depression and anxiety; (d) identify barriers to engaging with recommended preventive health care and health promotion programs; and (e) provide referrals and facilitate linkage to preventive health care and health promotion programs in the community, and to essential services that support engagement with health services (e.g., financial assistance, healthcare benefits, caregiver support, food, housing, transportation, substance use treatment services, employment/vocational training, education, other social services).
Activity 4.6 Linkage coordinators should conduct a 3-month, post-referral, follow-up session with participants to: (a) assess increases in knowledge about recommended preventive health care and healthy behaviors; (b) determine whether participants received recommended services or adopted healthy behaviors (e.g., physical activity, healthy eating, smoking cessation etc.), and (c) identify barriers to receiving recommended services and adopting healthy behaviors; and (d) address barriers (e.g., further facilitate linkages to appropriate services and resources). Retain at minimum, 50 participants in the 3-month, follow-up session.
Activity 4.7 Collect, manage, quality assure, and report participant-level data to CDC including: (a) recruitment (i.e., initial interview, screening and enrollment outcomes) and (b) 3-month follow-up retention and linkage outcomes. These data will be used to support participants, improve the overall quality and reach of the project, and demonstrate and evaluate project effectiveness in reducing unmet healthcare and health promotion needs. Data collection software will be agreed upon in the first 6 months of the award.

Strategy 5 Implement evidence-based health promotion interventions, as well as policy, system and environmental (PSE) changes; and resources and tools designed or adapted for adults with IDD and adults with ML. Based, in part, on information derived from the needs assessment and the ongoing demonstration project (e.g., health disparities, health inequity, gaps in information and community resources, and unmet healthcare and health promotion needs), recipients will collectively identify one evidence-based health promotion intervention with intended outcomes to implement for adults with IDD, and one for adults with ML. This strategy is applicable to implementing Activities 5.1 through 5.3. If appropriate, award recipients can select one intervention (e.g., focused on healthy lifestyles) for the two target populations, but this must be agreed upon across all award recipients.
Activity 5.1 Identify, implement and evaluate the intended outcomes of evidence-based health promotion interventions (one for adults with ML, and one for adults with IDD and their caregivers) that are aligned with either: (a) engaging accessible preventive health care, including but not limited to, recommended health check-ups with primary care and well-woman providers; mental health screenings and care; dental, vision, and hearing healthcare; and vaccinations, (b) adopting healthy lifestyle behaviors, or (c) managing chronic diseases and mental health conditions. *Options for and approaches to implementing evidence-based health promotion interventions must be discussed with CDC and agreed upon collectively prior to implementation.*
Activity 5.2 Identify, implement and evaluate policy, system and environmental (PSE) changes to facilitate (a) engagement with preventive healthcare providers, including but not limited to, providers of primary care, women's health, mental health, dental, vision, and hearing healthcare, (b) adoption of healthy lifestyle behaviors, and (c) management of chronic diseases and mental health conditions. A few examples of PSE changes are showcased by Healthy Communities. In addition, it will be important to use assessment tools to support environmental changes, e.g.,

Healthcare Facility Assessments. Award recipients will select one PSE change for adults with ML, and one for adults with IDD and their caregivers. These changes do not have to be the same across all award recipients as they are likely to be responsive to the prior needs assessment across the state or jurisdiction. *Options for PSE changes must be discussed with CDC prior to implementation.*
Activity 5.3 Assemble, disseminate and evaluate resources and tools that facilitate: (a) engagement with providers of primary care, women's health, mental health, dental, vision, and hearing healthcare, (b) adoption of healthy lifestyle behaviors, and (c) management of chronic diseases and mental health conditions. This should include community directories.

Strategy 6 Disseminate key findings and lessons learned to public health professionals and policymakers, statewide or jurisdictional.
Activity 6.1 Produce and disseminate findings that describe: (a) results of efforts to link adults with IDD and adults with ML with either accessible preventive health care; healthy lifestyle programs; (b) any improvements in managing chronic diseases and mental health conditions; and (c) what was done and what worked to address barriers.
Activity 6.2 Disseminate key findings and lessons learned from the Cooperative Agreement activities through multiple communication avenues, e.g., evaluation reports, manuscripts, conference presentations, social media, success stories, webinars and websites, (e.g., sharing data and materials developed with CDC cooperative agreement funds in a manner consistent with applicable grant regulations).
Activity 6.3 Participate in recipient meetings (in-person and virtual), including reverse site visits to CDC, to share best practices and lessons learned from the Cooperative Agreement activities.

1. Collaborations

a. With other CDC programs and CDC-funded organizations:
Under this NOFO and where appropriate, award recipients will be expected to collaborate with each other and with CDC-funded National Centers on Disability (i.e., National Center on Health, Physical Activity and Disability; and Special Olympics). In addition, and where it is instrumental to this NOFO, partnerships are encouraged with other CDC health promotion programs and CDC-funded national organizations providing services, and training to improve the health of adults with mobility limitations and adults with intellectual and/or developmental disabilities (e.g., National Association of County and City Health Officials, Association of State and Territorial Health Officials, Association of University Centers on Disabilities).

b. With organizations not funded by CDC:
Award recipients are encouraged to collaborate with organizations that may not be funded by CDC, including but not limited to:

- National disability organizations (e.g., Association of University Centers on Disabilities, American Association on Health and Disability, TASH, United Cerebral Palsy, Disabled American Veterans, National Centre for Independent Living etc.),
- Statewide or jurisdictional disability organizations (e.g., the Arc, Easter Seals, Centers for Independent Living, etc.),
- Community-based organizations (e.g., universities, hospitals, health departments, clinics (e.g., medical, dental, vision, hearing, veterinarian, etc.), tribes), and

- Others (e.g., chronic disease programs, consortium, businesses, churches, parks and recreation, etc.)

If collaborations are proposed, a description of the nature of the collaboration, with clear lines of responsibility and communication, should be described in a memoranda of understanding/agreement (MOU/MOA) and included as an attachment in the appendix. *Applicants should name them "MOU_MOAs" and upload the file as a PDF under "Other Attachment Forms" at www.grants.gov.*

If contracts are proposed, a description of contracts should include the name/type of contractor, selection method (e.g., bided, negotiated, best value, equal opportunity, sole source), period of performance, work scope and deliverables, method of accountability, reporting, evaluation and budget items as an attachment in the appendix. *Applicants should name any contracts proposed "Contracts Proposed" and upload the file as a PDF under Other Attachment Form" at www.grants.gov.*

2. Target Populations

The target populations for this Cooperative Agreement are adults with IDD, and adults with ML, their families, and caregivers. In addition, this NOFO partners with community-based organizations, disability service organizations, clinical practices, hospitals and universities. The success of this Cooperative Agreement hinges on the applicant having the ability to locate and engage adults with IDD and adults with ML, their families and caregivers across a given state or jurisdiction. It is expected that applicants will describe (1) the target populations in their state or jurisdiction, (2) statewide or jurisdictional disability service organizations, and (3) any state initiatives, policies and current plans to address unmet needs among those populations. The population terms are defined in the glossary.

a. Health Disparities

This NOFO aims to reduce health disparities between adults with and without IDD and ML and improve social determinants of health among adults with IDD and adults with ML using strategies that are outlined in the logic model, e.g., PSE changes.

A key activity under this NOFO will be to locate and engage the target populations to participate in recommended preventive health care and evidenced-based health promotion interventions related to prominent health disparities identified and tracked in state-based data sources, e.g., Behavior Risk Factor Surveillance System. Where possible, state or jurisdictional disparities for the target population should be assessed relative to national disparities.

iv. Funding Strategy

Funding is available to support up to 10 awards, with no more than one award in any given state or jurisdiction. Funding for this project will be the same for all approved award recipients to address the strategies, activities and scope of work outlined in this NOFO. For each project year, the range of funds to budget for the linkage demonstration project is estimated to be between $200,000 and $300,000.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

CDC and recipients will work together to evaluate and measure the performance of this project. CDC staff will monitor and evaluate (1) progress (i.e., using process measures, benchmarks, adherence to NOFO requirements and use of funds, and outputs such as products and materials), and (2) the achievement of specified short-term and intermediate outcomes and targets (quantitative and qualitative measures). Recipients will be required to provide project information through a routine annual performance report, workplan, and financial report, as well as phone and email communications with CDC staff (See below, CDC Monitoring and Accountability Approach, section e.).

CDC staff will review findings across all recipients to:
(a) identify common challenges encountered by recipients while implementing their programs,
(b) identify needed assistance,
(c) implement actions to continuously improve overall project quality and performance,
(d) compare methods and outcomes across recipients to identify promising practices for dissemination among recipients during the period of performance,
(e) demonstrate the value of the NOFO (e.g., improved public health outcomes, effectiveness of key strategies and activities), and
(f) contribute to the evidence base for NOFO strategies and activities.

The performance measures described are not final. After awards are made, recipients will have six months to work with CDC staff to finalize evaluation approaches and performance measurements for the activities described in this NOFO, including the demonstration project component. Guidance on collecting, reporting, and using performance data will be provided by CDC project staff throughout the period of performance. CDC may use evaluation data to produce annual reports describing accomplishments related to this NOFO, fact sheets, and other monitoring and evaluation reports. Results may be shared at conferences, through publication in professional journals, and via online reports.

This NOFO requires recipients to implement and evaluate a linkage demonstration project that focuses on linking adults with IDD, who are currently lacking recommended preventive health care, to accessible providers and health promotion programs in their community. For this demonstration project, recipients will need to evaluate accessible clinics and health promotion sites available within the state or jurisdiction to develop referral resources. In addition, recipients will need to screen adults with IDD to identify those who have unmet preventive healthcare needs. Recipients will collect, manage, validate, and analyze data on screened and enrolled participants regarding their (a) initial knowledge and awareness of recommended preventive health care and lifestyle (b) initial unmet preventive health care/health promotion needs and (b) 3-month follow-up status of knowledge and awareness, and unmet needs (see the evaluation outcome measures for the linkage project). Recipients will be asked to provide an annual evaluation report to CDC (see project outputs). The data will be used to improve linkage processes including population reach, and demonstrate linkage outcomes and effectiveness. The possibility of publishing the linkage project evaluation should be discussed among the recipients and with CDC during the first six month of the award.

Key evaluation questions include, but are not limited to the following:
Q1. To what extent is participation in the linkage demonstration project associated with

increased knowledge and awareness of the importance of recommended preventive health care and healthy lifestyle behaviors?
Q2. To what extent is participation in the linkage demonstration project associated with decreased unmet health care needs (i.e., receipt of recommended preventive health care and health promotion programs?
Q3. To what extent is participation in the linkage demonstration project associated with increased referrals and linkage to mental healthcare services among those who are at elevated risk for mental health conditions?

Recipients will evaluate overall NOFO performance in their state or jurisdiction and provide performance measurements. This will involve collecting data at the state or jurisdictional level to monitor, evaluate, and continuously improve program performance. Recipients should use multiple steps, such as collection, analysis, and interpretation of quantitative and qualitative data on program implementation and performance; tracking of expenditures and outcomes achieved by the program. These data may also be used to identify promising practices that may inform other interventions or activities conducted, which may be shared with other recipients under this NOFO. As part of a state or jurisdictional evaluation and performance measurement plan, applicants may add state or jurisdictional sub-activities, short-term outcomes or outcome measures that will be useful to program managers for monitoring and improving their programs. Recipients may also elect to conduct in-depth, detailed evaluations of selected program activities or elements, either individually or in collaboration with other recipients. These special evaluation activities might compare the effectiveness of different approaches or strategies the recipient uses to accomplish a project activity and may allow recipients to identify the most effective methods for accomplishing project activities in their specific context and circumstances. After awarded, recipients will have six months to finalize their state or jurisdictional evaluation and performance measurement plan.

Expected Process and Outcome Measures
Presented below is an initial outline of outcome and process measures. During the first six months of the project, CDC and recipients will discuss and finalize the measures presented in the *CDC Evaluation and Performance Measurement* section. For each of the Strategies, the proposed Work Plan (see below, section d) should first lay out the short-term and intermediate outcomes and their associated measures, and then the project activities and their associated process measures based on the *CDC Evaluation and Performance Measurement* table included below.

Strategy 1 Establish, expand, and enhance partnerships	
Short-term and Intermediate Outcome(s)	**Outcome Measure(s)**
Outcome 1.1 Strengthened engagement, planning and coordination between recipients, community-based organizations, and complementary programs (e.g., health departments) within the state or jurisdiction to improve engagement in accessible preventive health care and health promotion activities among adults with IDD and adults with ML.	-A document describing statewide or jurisdictional partnerships and coordinated efforts to facilitate accessible preventive healthcare visits and health promotion programs for adults with disabilities. The document should specify which statewide or jurisdictional

	organizational partnerships have been developed under Activity 1.2 and the role of each partner, e.g., transportation. -Qualitative summary of which Cooperative Agreement activities have been enhanced through partnerships with complementary public health programs.
Outcome 1.2 Increased engagement between recipients and National Centers on Disability (i.e., National Center on Health, Physical Activity and Disability; and Special Olympics) to access and utilize training, technical assistance, and resources to improve implementation of the proposed Cooperative Agreement activities.	-Qualitative summary of how the National Centers on Disability training, technical assistance, and resources have been used to improve implementation of the proposed Cooperative Agreement activities.
Activities	**Process Measure(s)**
Activity 1.1 Establish a project advisory workgroup that includes adequate representation of adults with IDD and adults with ML.	-Number (roster) of advisory committee members and represented community-based organizations -Proportion of adults with IDD and adults with ML on the workgroup.
Activity 1.2 Establish, expand, enhance, and regularly assess partnerships with community partners that reach across the state (e.g., local health departments, community-based organizations, disability service organizations, group homes, in-home service providers, healthcare providers, hospitals, universities, and therapeutic and wellness services) to facilitate accessible preventive health care and health promotion programs among adults with IDD and adults with ML.	No process measure requested, see process measure for activity 1.1.
Activity 1.3 Establish, expand, and enhance partnerships with established National Centers on Disability (i.e., National Center on Health, Physical Activity and Disability; and Special Olympics) to improve the recipient's access to training, technical assistance, and resources that will improve implementation of the proposed Cooperative Agreement activities.	-Number of statewide or jurisdictional staff that receive training from the National Centers on Disability (i.e., National Center on Health, Physical Activity and Disability; and Special Olympics).
Activity 1.4 Establish, expand, and enhance partnerships with complementary programs that align with this Cooperative Agreement (e.g.,	-Number and type of MOUs developed with programs that

chronic diseases within the health department) (see p.9 for details).	complement this Cooperative Agreement.
Strategy 2 Conduct a needs assessment, statewide or jurisdictional, to identify gaps in information and resources (e.g., accessible healthcare providers, programs, policies, services), and barriers to engagement with preventive healthcare services and health promotion programs among adults with IDD and adults with ML, and identify action steps to fill those gaps.	
Short-term and Intermediate Outcome(s)	**Outcome Measure(s)**
Outcome 2.1 Improved capability of recipients to plan and implement activities to improve engagement with accessible preventive health care and health promotion programs among adults with IDD and adults with ML.	-Qualitative summary of statewide or jurisdictional disparities, needs and action plan to address unmet needs for preventive health care and health promotion programs among adults with IDD and adults with ML.
Activities/ Sub activities	**Process Measure(s) & Outputs**
Activity 2.1 Use available data sources (e.g., National Health Interview Survey, the Disability and Health Data System (DHDS), National Core Indicators Survey, administrative claims data or reports (e.g., Residential Information Systems Project) to describe disparities for adults with IDD and adults with ML in the state or jurisdiction related to: (a) engagement with preventive health care, including but not limited to, recommended health check-ups with primary care and well-woman providers; mental health screenings and care; dental vision, and hearing healthcare, and vaccinations; (b) practice of healthy lifestyle behaviors; and (c) barriers and gaps in information and resources within the state or jurisdiction.	- Summary of data sources used to describe health disparities in the state or jurisdiction - Summary of health disparities for a-c. - Summary of accessible preventive health care and health promotion programs, gaps and barriers.
Activity 2.2. Complete the needs assessments in collaboration with the project advisory committee to identify gaps in and barriers to engagement with accessible preventive health care and health promotion programs among adults with IDD and adults with ML (e.g., gaps in information, resources, programs, policies, services).	-Outline of needs assessment process and contacts
Activity 2.3. Identify actions planned to address needs and facilitate engagement with accessible preventive health care and health promotion programs among adults with IDD and adults with ML.	- No process measure needed, see outcome measure 2.1
Strategy 3 Administer and evaluate a training for healthcare providers on how to provide accessible preventive health care to adults with disabilities.	

Short-term and Intermediate Outcome(s)	Outcome Measure(s)
Outcome 3.1 Increased awareness, knowledge, skill, and competency of healthcare providers to deliver accessible preventive health care to people with IDD and people with ML.	- Number and percentage of healthcare providers with awareness, knowledge, skills to provide preventive health care to people with IDD and people with ML. -Number of continuing education units (CEUs) obtained by healthcare professionals.
Outcome 3.2 Increased capacity of local communities to provide accessible preventive health care to adults with IDD and adults with ML.	-Number of facilities that have made changes (e.g., staffing, equipment, or training) in local communities. -Qualitative documentation of the types of changes (e.g., staffing, equipment, or training) made to facilities in local communities.
Outcome 3.3 Increased commitment among healthcare providers to deliver accessible preventive healthcare services to adults with IDD and adults with ML.	-Feedback from providers, possible MOUs, technical assistance given to providers -Baseline of current providers that deliver accessible preventative services.
Activities/ Sub activities	**Process Measure(s)**
Activity 3.1 Collaborate with CDC and other recipients to assess and identify in-person and/or online disability and health training (must include awareness of health disparities and unique health needs, interaction and etiquette, facility assessment approaches, accessible, medical diagnostic equipment, and the ADA) for healthcare providers, including those with continuing education credits [e.g., Continuing Medical Education (CME), Continuing Education (CE), Continuing Nursing Education (CNE), Maintenance of Certification (MOC)] Note: Adults with disabilities must be included in the training.	No process measure needed, see measures for activity 3.2-3.4.
Activity 3.2 Recruit training sites and participants among healthcare programs (e.g., universities, hospitals, local health departments, in-home service providers, therapeutic and wellness services)	-Qualitative summary (number and type) of training sites recruited in communities with a higher percentage of the targeted population.
Activity 3.3 Promote and/or implement trainings	-Summary of training sites (map the site and location)

Activity 3.4 Track training participation and collect post-training assessments mapped back to the learning objectives. Recipients are expected to partner with host sites to track participation and assessments.	-Qualitative summary (number and type) of participants that register for training.
Strategy 4 Implement and evaluate demonstration project to link adults with IDD currently lacking recommended preventive health care to accessible preventive health care and health promotion programs in their community	
Short-term & Intermediate Outcome(s)	**Outcome Measure(s)**
Outcome 4.1: Increased knowledge and awareness of the importance of recommended health check-ups with primary care and well-woman providers, mental health screenings and care; recommended dental, vision, and hearing healthcare; vaccinations; and healthy lifestyle behaviors, among enrolled participants with unmet health care needs.	-Number and proportion of adults with IDD who demonstrate increased knowledge about the type and timing of recommended preventive health care. -Number and proportion of adults with IDD who demonstrate increased knowledge about recommended healthy lifestyle behaviors.
Outcome 4.2: Increased knowledge and awareness of (a) barriers to recommended health check-ups with primary care and well-woman providers; mental health screenings and care; recommended dental, vision, and hearing healthcare; vaccinations, and healthy lifestyle behaviors and (b) how to address those barriers, among enrolled participants with unmet health care needs.	-Qualitative documentation from adults with IDD and their caregivers on barriers to receiving recommended preventive health care and engaging in healthier lifestyle behaviors. -Qualitative documentation from adults with IDD and their caregivers on facilitators to receiving recommended preventive health care and engaging in healthier lifestyle behaviors.
Outcome 4.3: Increased referrals and linkage, among enrolled participants with unmet health care needs, to accessible recommended preventive health care (e.g., check-ups with primary care, and well-woman providers, cancer screenings, vaccinations, as well as dental, vision, and hearing check-ups; and health promotion activities and services.	-Number and type of referrals for preventive healthcare services and health promotion programs. -Number and proportion of adults with IDD who receive a referral for preventive healthcare services. -Number and proportion of adults with IDD who receive the needed preventive health care within three months of referral. - Number and proportion of adults with IDD who enroll in the needed type of health promotion program within three months of referral.

	-Documented challenges, e.g., loss to follow up.
Outcome 4.4: Increased referrals and linkage to mental healthcare services, among enrolled participants who are at elevated risk for mental health conditions.	-Number and proportion of adults with IDD who receive a referral for mental healthcare services. -Number and proportion of adults with IDD who visit a mental healthcare provider within three months of referral.
Activities/ Sub activities	**Process Measure(s)**
Activity 4.1 In collaboration with the other recipients, develop a common protocol for implementing the demonstration project, and tools for gathering information about the linkage intervention sessions and participant recruitment, screening, enrollment, and retention.	- Collective development of standard protocol and data collection instrument. - Assembly of three screening tools: (1) preventive health care checklist, (2) mental health screener, (3) health behavior assessment
Activity 4.2 Recruit and train the linkage coordinators to implement the demonstration project (e.g., how to communicate with participants and their caregivers, collect data, and obtain follow up).	-Linkage coordinator instructor recruited -Number of linkage coordinators recruited and trained to implement the demonstration project.
Activity 4.3 In collaboration with the project advisory committee, develop up-to-date community directories of (a) providers of accessible preventive health care, including but not limited to recommended health check-ups with primary care and well-woman providers; mental health screenings and care; dental, vision, and hearing healthcare; vaccinations; and health promotion services; and (b) health promotion programs and accessible venues that support healthy lifestyle behaviors.	-Number of completed directories.
Activity 4.4 Screen and enroll adults with IDD (who are currently lacking recommended preventive health care) into the intervention.	-Number of adults with IDD in the state or jurisdiction who are screened for enrollment. -Number and proportion of adults with IDD who are enrolled in the demonstration project. -Number and proportion of adults with IDD who are retained in the demonstration project throughout the 3-month follow up.

Activity 4.5 Collect, manage, quality assure, analyze, and report data to CDC including: (a) participant-level data from initial and 3-month follow-up sessions, and (b) recruitment and retention data to better support individual participants, improve the quality and reach of the project overall, and demonstrate project effectiveness.	-Number of sessions held by linkage coordinators. -Qualitative documentation provided by linkage coordinators about the initial sessions with participants.
Activity 4.6 Conduct a 3-month, post-referral, follow-up session with participants to: (1) assess increases in knowledge about recommended preventive health care and healthy behaviors; (2) determine whether participants received recommended services or adopted healthy behaviors (e.g., physical activity, healthy eating, smoking cessation etc.), and (3) identify barriers to receiving recommended services and adopting healthy behaviors; and (4) address barriers (e.g., further facilitate linkages to appropriate services and resources). Retain at minimum, 50 participants in the 3-month, follow-up session.	No process measurement needed, see measures for Activities 4.1-4.5.
Activity 4.7 Collect, manage, quality assure, and report participant-level data to CDC including: (a) initial interview, screening and enrollment and (b) 3-month follow-up retention and linkage outcomes.	-Number of completed participant records submitted to CDC. - Qualitative documentation of the facilitators and barriers to implementing the demonstration project according to protocol.
Strategy 5 Implement evidence-based health promotion interventions, as well as policy, system and environmental (PSE) changes; and resources and tools designed or adapted for adults with IDD and adults with ML.	
Short-term and Intermediate Outcome(s):	**Outcome Measure(s):**
Outcome 5.1 Increased participation in evidence-based health promotion interventions among adults with ML, adults with IDD and their caregivers.	-Number of adults with ML and adults with IDD participating in an evidence-based health promotion intervention implemented by the recipient that is originally designed or adapted for the target population.
Outcome 5.2: Among adults with ML, and adults with IDD and their caregivers, increased adoption of healthy lifestyle behaviors among intervention participants.	-Proportion of adults with ML and adults with IDD who demonstrate the outcomes intended or programmed by the intervention. Examples of intended outcomes include but are not limited to

	improvements in knowledge of preventive health care, lifestyle behaviors, or chronic diseases/mental health management and control.
Outcome 5.3 Increased PSE changes within states or jurisdictions.	-Statewide or jurisdictional map of the distribution and type of PSE projects with before and after changes noted.
Outcome 5.4 Among adults with ML, adults with IDD and their caregivers, increased reach and use of resources and tools.	-Number of downloads for each new tool developed by the recipient.
Outcome 5.5 Among communities, increased availability and use of directories for accessible (a) healthcare facilities and providers, and (b) venues and programs that promote healthy lifestyle behaviors.	No outcome measure needed, see measures for outcomes 5.1-5.4.
Activities/ Sub activities	**Process Measure(s)**
Activity 5.1 Identify, implement and evaluate appropriate evidence-based health promotion interventions designed or adapted for adults with ML, adults with IDD, and their caregivers to facilitate (1) engagement with accessible preventive health care, including but not limited to, recommended health check-ups with primary care and well-woman providers; mental health screenings and care; dental, vision, and hearing healthcare; and vaccinations, (2) adoption of healthy lifestyle behaviors, and (3) screening and treatment of chronic diseases and mental health conditions.	-Qualitative documentation of the type of intervention implemented for adults with ML and adults with IDD and achievement of the interventions intended outcomes, e.g., changes knowledge, attitude, skills, behavior beliefs.
Activity 5.2 Identify, implement and evaluate policy, system and environmental (PSE) changes to facilitate (1) engagement with preventive healthcare providers, including but not limited to, providers of primary care, woman's health, mental health, dental, vision, and hearing healthcare, and vaccinations, (2) adoption of healthy lifestyle behaviors, and (3) early diagnosis and treatment of chronic diseases and mental health conditions.	-Qualitative documentation of the types of policy, system and environmental changes implemented. -Number of policy, system, or environmental projects planned or underway.
Activity 5.3 Assemble, disseminate, and evaluate resources and tools that facilitate (1) engagement with accessible preventive health care, including but not limited to, recommended health check-ups	-Number and type of tools assembled and disseminated

with primary care and well-woman providers; mental health screenings and care; dental, vision, and hearing healthcare; and vaccinations, (2) adoption of healthy lifestyle behaviors, and (3) early diagnosis and treatment of chronic diseases and mental health conditions.	
Strategy 6: Disseminate key findings and lessons learned to public health professionals and policymakers, statewide or jurisdictional.	
Short-term and Intermediate Outcome(s)	**Outcome Measure(s)**
Outcome 6.1: Increased sharing of best practices and lessons learned among recipients.	No outcome measure needed, see outcome measure 6.2
Outcome 6.2: Increased knowledge and awareness among public health professionals and policymakers about improving the health of adults with IDD and adults with ML by increasing access to health care by training healthcare providers, implementing sustainable PSE changes, and linking adults with IDD with needed accessible preventive health care and health promotion programs, and providing accessible health promotion interventions for adults with ML.	-Qualitative documentation of the barriers/facilitators, lessons learned, and successes to implementation of evidence-based health promotion interventions, PSEs, and the demonstration project among adults with IDD and adults with ML.
Activities/ Sub activities	**Process Measure(s)**
Activity 6.1 Produce and disseminate findings that describe (1) results of efforts to link adults with IDD and adults with ML with accessible preventive health care; healthy lifestyle programs; any improvements in managing chronic diseases and mental health conditions, (2) what was done and what worked to address barriers, and (3) updated recommendations for future actions.	No process measure needed, see measure for activity 6.2.
Activity 6.2 Disseminate key findings and lessons learned from Cooperative Agreement activities through multiple communication modes (e.g., manuscripts, conference presentations, social media, success stories, webinars and websites).	-Number of orgs that receive communications, number of presentations, number of media posts and downloads.
Activity 6.3 Participate in recipient meetings, including a reverse-site visit to CDC, to share best practices and lessons learned from Cooperative Agreement activities.	No process measure needed, see measure for activity 6.2.

ii. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance

Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe:

- How the applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant)
- Plans for updating the Data Management Plan (DMP) as new pertinent information becomes available. If applicable, throughout the lifecycle of the project. Updates to DMP should be provided in annual progress reports. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see https://www.cdc.gov/grants/additionalrequirements/ar-25.html.

Where the applicant chooses to, or is expected to, take on specific evaluation studies, the applicant should be directed to:

- Describe the type of evaluations (i.e., process, outcome, or both).
- Describe key evaluation questions to be addressed by these evaluations.
- Describe other information (e.g., measures, data sources).

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan, including a DMP, if applicable, within the first 6 months of award, as described in the Reporting Section of this NOFO.

As part of their evaluation and performance measurement plan, applicants are expected to describe the following:
(1) Their infrastructure and capacity to evaluate this project including how their evaluation activities will be led and staffed, and how project funds allocated to support evaluation activities will be used for data planning, collection, entry, management, analyses and interpretation, data review, use of data for program improvement, development and dissemination of reports (e.g., report to CDC), use of consultants, and attendance at monitoring and evaluation meetings. It has been estimated that adequate monitoring and evaluation typically requires around 10% of total program funds; however, the amount needed may be higher or lower than 10%, depending on a recipient's organizations and program circumstances and context, and the availability of funds from other sources.
(2) Plans for sustainability, e.g., policy, system, and environmental changes in healthcare settings. Examples of sustainability planning tools are available at http://www.sustaintool.org.
(3) Any plans for conducting local (recipient-driven) evaluation and performance measurements (as described in the CDC Evaluation and Performance Measurement section of the NOFO).

Recipients are required to implement and evaluate a demonstration project to link adults with IDD who are currently lacking recommended preventive health care or health promotion services to providers in their communities. For this demonstration project, recipients will collect, manage, assure data quality, analyze, and report participant data to CDC to understand how to better support participants, reduce their unmet needs, improve the quality and reach of the project, and demonstrate project effectiveness. Because the linkage project involves the collection and generation of public health data, recipients will be required to provide a DMP, e.g., http://www.icpsr.umich.edu/icpsrweb/content/datamanagement/dmp/plan.html. For more information about CDC's policy on the DMP, see https://www.cdc.gov/grants/additionalrequirements/ar-25.html. At a minimum, the DMP must include:

- A description of the data to be collected or generated in the proposed project;
- Standards to be used for the collected or generated data;
- Mechanisms for, or limitations to, providing access to and sharing of the data (including a description of provisions for the protection of privacy, confidentiality, security, and intellectual property, or other rights); this section should address access to personally identifiable information (PII) and de-identified data;
- Use of data standards statement that ensures all released data have appropriate documentation that describe the method of collection, what the data represent, and potential limitations of use;
- Plans for archiving and long-term preservation of the data, or an explanation of why long-term preservation and access are not justified; this section should address archiving and preservation of PII and de-identified data; and
- Plans (e.g., periodicity) for revisiting and updating the DMP, if applicable, for accuracy throughout the lifecycle of the project.

Some information needed for a complete DMP may not be available at the time of application. Applicants should provide a DMP as complete as possible, based on information available at the time of application. At minimum, for each type of data to be generated or collected (e.g., person-level, qualitative or quantitative line-listed data, or aggregate data), the DMP submitted as part of this application should include provisions for data security and provisions for protection of privacy and confidentiality. Costs associated with developing and implementing a DMP, including costs for sharing, archiving and long-term preservation, may be included in the budget submission for grants and cooperative agreements. Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan, including a DMP, if applicable, within the first six months of award, as described in the Reporting Section of this NOFO.

Note: Applicants do not need to develop or submit a project logic model because the NOFO logic model captures all required strategies, recipient activities, and expected outcomes. Some applicants may wish to add local short-term outcomes to the logic model. In this case, they should adapt the NOFO logic model by adding the local outcomes to it and include the revised logic model with their *Local (Recipient) Evaluation and Performance Measurement Plan*.

c. Organizational Capacity of Recipients to Implement the Approach

To implement the award the applicant should describe their organization's capacity as follows:

Program Experience:

- Describe how this project relates to the organization's mission and strategic plan.
- Describe the organization's or program's ability to provide public health programs and services for the target population throughout their state or jurisdiction, e.g., territory or tribal area.
- Describe the organization's partnership experience with relevant disability organizations (e.g., within state health departments, academia, community-based disability service organizations etc.).
- Describe the organization's experience with administering training to healthcare providers.
- Describe the organization's or program's ability to locate and engage the two target populations described in this NOFO.
- Describe the organization's experience or capacity with implementing public health linkage projects (e.g., drafting a linkage coordinator position description, identifying linkage coordinators) and evaluating intended clinical outcomes (e.g., appointments, receipt of services, or enrollment in health promotion interventions).
- Describe the organization's experience with implementing, managing, monitoring, health promotion interventions for adults with IDD and adults with ML and evaluating the intended health outcomes.
- Describe the organization's relevant experience with achieving health outcomes for adults with IDD and adults with ML. The applicant is encouraged to include examples of successful outcomes.

Infrastructure:

- Describe the organization's infrastructure that supports program planning, program evaluation, performance monitoring, and personnel management.
- Describe the organization's infrastructure and financial management system (financial reporting, budget management and administration, personnel management),
- Describe how the organization properly manages funds and separates funds by program, and how the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards are met: *https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75#se45.1.75_1302"45 CFR 75.302*
- Describe the organization's capacity to prepare reports required by general and program-specific terms and conditions; and the tracing of funds to a level of expenditure adequate to establish that such funds have been used according to the federal statutes, regulations, and terms and conditions of the federal award.
- Describe the organization's ability to manage the required procurement efforts, including the ability to write and award contracts in accordance with applicable grants regulations.
- Describe the organization's current public health department accreditation or evidence of accreditation, if applicable. Information on accreditation may be found at http://www.phaboard.org.

- Describe the organization's staffing plan (include a position description for the linkage coordinator position) and project management infrastructure including staff roles (e.g., full-time project management, data and evaluation staff) and experience (e.g., graduate-level training and at least two years of experience). Attach CVs/Resumes and Organizational Charts, name these files "CVs/Resumes" or "Organizational Charts," and upload them with the application at www.grants.gov.

d. Work Plan

Applicants must submit a workplan. Work plans will allow CDC project officers and recipients to monitor (a) implementation of project strategies and activities (i.e., process monitoring) and (b) progress toward achieving period-of-performance outcomes (i.e., outcome monitoring). Draft work plans will be expanded and finalized during the first six months of the project and will be updated in collaboration with the CDC project officer. Work plans should also be updated annually in conjunction with the Annual Performance Report.

The draft work plan should show clearly how tasks align with the strategies, activities, and outcomes depicted in the logic model and described in the narrative sections of the NOFO. For each of the strategies in the logic model, the work plan should first lay out the associated short-term outcomes, outcome measures, activities/sub-activities, and process measures (see the table *CDC Evaluation and Performance Measurement Strategy* section). The work plan should also (a) describe the tasks to be done to implement project activities and sub-activities, (b) designate a responsible party for each task, and (c) provide a date by which tasks are expected to be completed.

Applicants should provide a detailed plan for activities/sub-activities that will be completed in the first year, and a high-level work plan for activities/sub-activities to be completed in subsequent years. The following are some examples of activities that might be included in year-1 of a work plan:

- Hire project staff
- Train project staff
- Establish a project advisory committee
- Develop written policies, protocols, and procedures to guide project activities
- Implement evaluation procedures

A sample work plan format is presented below. In this format the table would be completed for each of the project strategies. While this format is not required, it may simplify development of the work plan and help ensure that it includes all required information in an easy-to-follow format.

<table>
<tr><td colspan="5">Strategy: [from CDC Evaluation and Performance Measurement Strategy section]</td></tr>
<tr><td colspan="2"><u>Short-term Outcomes associated with strategy:</u>
[from CDC Evaluation and Performance Measurement Strategy section]</td><td colspan="3"><u>Outcome Measure (s) associated with strategy</u>
[from CDC Evaluation and Performance Measurement Strategy section]</td></tr>
<tr><td colspan="2">1.</td><td colspan="3">-</td></tr>
<tr><td colspan="2">2.</td><td colspan="3">-</td></tr>
<tr><td colspan="2">3.</td><td colspan="3">-</td></tr>
<tr><td colspan="2">4.</td><td colspan="3">-</td></tr>
<tr><td><u>Activities/sub-activities</u>
[from Evaluation and Performance Measurement Strategy section]</td><td><u>Process measures</u>
[from Evaluation and Performance Measurement Strategy section]</td><td><u>Tasks to be done in implementing activities/sub-activities</u></td><td><u>Responsible Position/Party</u></td><td><u>Expected completion date</u></td></tr>
<tr><td>1.</td><td></td><td></td><td></td><td></td></tr>
<tr><td>2.</td><td></td><td></td><td></td><td></td></tr>
<tr><td>3.</td><td></td><td></td><td></td><td></td></tr>
<tr><td>4.</td><td></td><td></td><td></td><td></td></tr>
</table>

Note: If the applicant has chosen to add local short-term outcomes to the logic model, they may include the additional elements associated with these outcomes in their work plan.

e. CDC Monitoring and Accountability Approach

Monitoring activities include routine and ongoing communication between CDC and recipients, site visits, and recipient reporting (including work plans, performance, and financial reporting). Consistent with applicable grants regulations and policies, CDC expects the following to be included in post-award monitoring for grants and cooperative agreements:

- Tracking recipient progress in achieving the desired outcomes.
- Ensuring the adequacy of recipient 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 deemed necessary to monitor the award:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.

- Ensuring that recipients are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with recipients on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

Monitoring and reporting activities that assist grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk recipients.

Under this Cooperative Agreement, CDC is responsible for normal oversight and monitoring activities. To ensure the success of the project, CDC staff will engage in the following normal oversight and monitoring activities:

1. Organize an orientation meeting with the recipient for a briefing on applicable U.S. Government, HHS/CDC expectations, regulations, and key management requirements, as well as report formats and contents.
2. Review and approve recipient's annual work plan and detailed budget.
3. Review and approve the recipient's monitoring and evaluation plan.
4. Meet on a regular basis with the recipient to assess progress in relation to approved work plan and modify actions as necessary.
5. Meet on a quarterly basis with the recipient to share best practices.
6. Collaborate, where appropriate, in the development of health promotion materials, presentations, and publications associated with the project.
7. Provide technical oversight for all activities under this award.

CDC project officers and Office of Grants Services (OGS) grants management officers and specialists will track each recipient's (a) implementation of program strategies and activities, progress toward meeting process objectives, adherence to NOFO requirements, and use of funds (process monitoring); and (b) program performance and progress toward reaching the short-term and intermediate outcomes related to the NOFO's overall intended outcomes (outcome monitoring). Recipient monitoring will be accomplished by using multiple methods of information gathering, such as routine and as-needed phone and email communications with recipients; site visits; and review of work plans, project data, Annual Performance Reports (APRs), and annual Federal Financial Reports (FFRs) submitted by recipients to OGS and the CDC Program. Analyzing this information will allow the CDC Program to identify problems that individual recipients encounter while implementing their programs, identify their capacity-building assistance needs, and work with them to improve program performance. Feedback between CDC and recipients will also occur regularly through multiple methods, including, but not limited to, phone and email communications, technical reviews of APRs, site visit reports, and project feedback reports. Feedback reports, when used, will track trends in key indicators calculated from data submitted by recipients to the CDC Program.

B. Award Information

1. Funding Instrument Type:

CA (Cooperative Agreement)

CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.

2. Award Mechanism:
U-27

3. Fiscal Year:
2021

4. Approximate Total Fiscal Year Funding:
$ 5,725,000

5. Total Period of Performance Funding:
$ 28,625,000
This amount is subject to the availability of funds.

Estimated Total Funding:
$ 28,625,000

6. Total Period of Performance Length:
5 year(s)

7. Expected Number of Awards:
10

8. Approximate Average Award:

$ 572,500
Per Budget Period

9. Award Ceiling:
$ 585,000
Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor:
$ 572,500
Per Budget Period

11. Estimated Award Date:
July 01, 2021

12. Budget Period Length:
12 month(s)

Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the recipient (as documented in required reports), and

the determination that continued funding is in the best interest of the federal government. The 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 period of performance comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

13. Direct Assistance

Direct Assistance (DA) is available through this NOFO.

Applicants have the option of requesting direct assistance (DA). If the applicant requests DA, and if available, the applicant may be able to obtain assistance through CDC's workforce development fellowship programs *(e.g., the Public Health Associates Program [PHAP], Steven M. Teutsch Prevention Effectiveness [PE] Fellows, Laboratory Leadership Service [LLS] Fellows, Public Health Informatics Fellows [PHIF], Epidemic Intelligence Services [EIS] officers, etc.).* Requests for DA should be included as an attachment in the application. The file should be labeled "ReqstDA" and uploaded as a PDF under "Other Attachment Files" in Grants.gov.

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:
99 (Unrestricted (i.e., open to any type of entity above), subject to any clarification in text field entitled "Additional Information on Eligibility")

Additional Eligibility Category:

Government Organizations:

State governments 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)

Non-government Organizations

American Indian or Alaska native tribally designated organizations

Other

Ministries of Health

2. Additional Information on Eligibility

The award ceiling for this NOFO is $585,000. CDC will consider any application requesting an award higher than $585,000 as non-responsive and will not review it further.

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:
No
Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

5. Maintenance of Effort

A maintenance of effort MOE is not required.

D. Application and Submission Information

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-recipients, those sub-recipients 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 a recipient. 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 can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at https://www.sam.gov/SAM/.

c. Grants.gov:

The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Applicant Registration" option at www.grants.gov.
All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants should start the registration process as early as possible.

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	1. Click on http:// fedgov.dnb.com/ webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/ webform) or call 1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	1. Retrieve organizations DUNS number 2. Go to https://www.sam.gov/SAM/ and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/ fsd-gov/ home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

Applicants may access the application package at www.grants.gov.

3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this notice of funding opportunity at www.grants.gov.

4. Submission Dates and Times

If the application is not submitted by the deadline published in the NOFO, it will not be processed. Office of Grants Services (OGS) 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 OGS.

a. Letter of Intent Deadline (must be emailed or postmarked by)

03/26/2021

b. Application Deadline

05/11/2021
11:59 pm U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Due Date for Information Conference Call

The program will host an informational conference call on Wednesday, March 31, 2021 (2:00 pm to 3:00 pm Eastern Time). The informational conference call can be accessed on the following link at Join Skype Meeting and/or by calling (770) 488-3600 and entering passcode 8019483#.

5. Pre-Award Assessments

Risk Assessment Questionnaire Requirement

CDC is required to conduct pre-award risk assessments to determine the risk an applicant poses to meeting federal programmatic and administrative requirements by taking into account issues such as financial instability, insufficient management systems, non-compliance with award conditions, the charging of unallowable costs, and inexperience. The risk assessment will include an evaluation of the applicant's CDC Risk Questionnaire, located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, as well as a review of the applicant's history in all available systems; including OMB-designated repositories of government-wide eligibility and financial integrity systems (see 45 CFR 75.205(a)), and other sources of historical information. These systems include, but are not limited to: FAPIIS (https://www.fapiis.gov/), including past performance on federal contracts as per Duncan Hunter National Defense Authorization Act of 2009; Do Not Pay list; and System for Award Management (SAM) exclusions.

CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-1132 annually. This questionnaire, which is located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, along with supporting documentation must be submitted with your application by the closing date of the Notice of Funding Opportunity Announcement. If your organization has completed CDC's Risk Questionnaire within the past 12 months of the closing date of this NOFO, then you must submit a copy of that questionnaire, or submit a letter signed by the authorized organization representative to include the original submission date, organization's EIN and DUNS.

When uploading supporting documentation for the Risk Questionnaire into this application package, clearly label the documents for easy identification of the type of documentation. For example, a copy of Procurement policy submitted in response to the questionnaire may be labeled using the following format: Risk Questionnaire Supporting Documents _ Procurement Policy.

Duplication of Efforts

Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual's time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether programmatic, budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award.

Report Submission: The applicant must upload the report in Grants.gov under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

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

Though not required, applicants are asked to submit a letter of intent (LOI). The purpose of a LOI is to allow CDC program staff to estimate the number of incoming applications and plan for their review. The LOI must be sent via email or U.S. express mail delivery service to:

Lisa Sinclair, MPH
CDC, NCBDDD, DHDD, Disability Science and Program Team (DSAP)

4770 Buford Hwy, MS S106-4
Atlanta, GA 30341
Telephone number: 404.498.3019
Email address: lsinclair@cdc.gov

8. Table of Contents

(There is no page limit. The table of contents is not included in the project narrative page limit.): The applicant must provide, as a separate attachment, the "Table of Contents" for the entire submission package.

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

A project abstract is included on the mandatory documents list and must be submitted at 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.

10. Project Narrative

(Unless specified in the "H. Other Information" section, maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. This includes the work plan. Content beyond the specified page number will not be reviewed.)

Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at www.grants.gov. The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. 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 period of performance as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

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

b. Approach

i. Purpose

Applicants must describe in 2-3 sentences specifically how their application will address the public health problem as described in the CDC Background section.

ii. Outcomes

Applicants must clearly identify the outcomes they expect to achieve by the end of the project period, as identified in the logic model in the Approach section of the CDC Project Description. Outcomes are the results that the program intends to achieve and usually indicate the intended direction of change (e.g., increase, decrease).

iii. Strategies and Activities

Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the period of performance outcomes. Applicants must select existing evidence-based strategies that meet their needs, or describe in the Applicant Evaluation and Performance Measurement Plan how these strategies will be evaluated over the course of the project period. See the Strategies and Activities section of the CDC Project Description.

1. Collaborations

Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC. Applicants must address the Collaboration requirements as described in the CDC Project Description.

2. Target Populations and Health Disparities

Applicants must describe the specific target population(s) in their jurisdiction and explain how such a target will achieve the goals of the award and/or alleviate health disparities. The applicants must also address how they will include specific populations that can benefit from the program that is described in the Approach section. Applicants must address the Target Populations and Health Disparities requirements as described in the CDC Project Description.

c. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe:

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of Management and Budget. For further information about CDC's requirements under PRA see http://www.hhs.gov/ ocio/policy/collection/.

- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, data management plan (DMP), and other relevant data information (e.g., performance measures proposed by the applicant).

Where the applicant chooses to, or is expected to, take on specific evaluation studies, they should be directed to:

- Describe the type of evaluations (i.e., process, outcome, or both).
- Describe key evaluation questions to be addressed by these evaluations.
- Describe other information (e.g., measures, data sources).

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan (including the DMP elements) within the first 6 months of award, as described in the Reporting Section of this NOFO.

d. Organizational Capacity of Applicants to Implement the Approach

Applicants must address the organizational capacity requirements as described in the CDC Project Description.

11. Work Plan

(Included in the Project Narrative's 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 recipient plans to carry out achieving the period of performance outcomes, strategies and activities, evaluation and performance measurement.

12. Budget Narrative

Applicants must submit an itemized budget narrative. 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
- Contractual costs

- Total Direct costs
- Total Indirect costs

Indirect costs could include the cost of collecting, managing, sharing and preserving data.

Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.

If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies 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 NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

Vital records data, including births and deaths, are used to inform public health program and policy decisions. If applicable and consistent with the cited statutory authority for this NOFO, applicant entities are encouraged to collaborate with and support their jurisdiction's vital records office (VRO) to improve vital records data timeliness, quality and access, and to advance public health goals. Recipients may, for example, use funds to support efforts to build VRO capacity through partnerships; provide technical and/or financial assistance to improve vital records timeliness, quality or access; or support vital records improvement efforts, as approved by CDC.

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 costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Recipients under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

All budget costs should be itemized.

13. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up

payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 45 CFR 75 which include, but are not limited to, the following:

- Records that identify adequately the source and application of funds for federally-funded activities.
- Effective control over, and accountability for, all funds, property, and other assets.
- Comparison of expenditures with budget amounts for each Federal award.
- Written procedures to implement payment requirements.
- Written procedures for determining cost allowability.
- Written procedures for financial reporting and monitoring.

14. Pilot Program for Enhancement of Employee Whistleblower Protections

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

15. Copyright Interests Provisions

This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also at the time of submission, Recipient and/or the Recipient's submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient's submitting author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting

authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

16. Funding Restrictions

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

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients 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 generally is not allowed, unless the CDC provides written approval to the recipient.
- 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 recipients.
- 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. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection or generation must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan unless CDC has stated that CDC will take on the responsibility of creating the DMP. The DMP describes plans for assurance of the quality of the public health data through the data's lifecycle and plans to deposit the data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional

information:
https://www.cdc.gov/grants/additionalrequirements/ar-25.html

18. Other Submission Requirements

a. Electronic Submission:

Applications must be submitted electronically by using the forms and instructions posted for this notice of funding opportunity at www.grants.gov. Applicants can complete the application package using Workspace, which allows forms to be filled out online or offline. All application attachments must be submitted using a PDF file format. Instructions and training for using Workspace can be found at www.grants.gov under the "Workspace Overview" option.

b. Tracking Number: Applications submitted through 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 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. A second e-mail message to applicants will then be generated by 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 NOFO. 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 Grants.gov Online User Guide.

https:// www.grants.gov/help/html/help/index.htm? callingApp=custom#t= Get_Started%2FGet_Started. htm

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@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.

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@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

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 Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO listed below 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, OGS 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. Review and Selection Process

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

a. Phase 1 Review

All applications will be initially reviewed for eligibility and completeness by CDC Office of Grants Services. Complete applications will be reviewed for responsiveness by the Grants Management Officials and Program Officials. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

b. Phase II Review

A review panel will evaluate complete, eligible applications in accordance with the criteria below.

i. Approach
ii. Evaluation and Performance Measurement
iii. Applicant's Organizational Capacity to Implement the Approach

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

i. Approach **Maximum Points:** 35

Evaluate the extent to which the applicant:

- Presents a work plan that is aligned with the strategies/activities, outcomes, and performance measures in the approach and is consistent with the content and format proposed by CDC. (8 points)
- Describes strategies and activities that are achievable, appropriate to achieve the outcomes of the project, and evidence-based (to the degree practicable). (8 points)
- Describes the program's ability to locate and engage adults with IDD and adults with ML, their families and caregivers across a given state or jurisdiction. (8 points)

- Presents outcomes that are consistent with the period of performance outcomes described in the CDC Project Description and logic model. (8 points)
- Shows that the proposed use of funds will be an efficient and effective way to implement the strategies and activities and attain the period of performance outcomes. (3 points)

ii. Evaluation and Performance Measurement **Maximum Points:** 40

Evaluate the extent to which the applicant:

- Demonstrates ability to collect data on the process and outcome performance measures specified by CDC in the project description and presented by the applicant in their approach. (10 points)
- Demonstrates ability to conduct the linkage project and includes a preliminary Data Management Plan (DMP). (10 points)
- Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities. (5 point)
- Describes how performance measurements and evaluation findings will be collected, reported and used to demonstrate the outcomes of the NOFO and for continuous program quality improvement. (5 points)
- Describes experience with using evaluation and performance measurements to enhance the evidence base for public health interventions, especially among the target populations. (5 points)
- Describes any evaluation studies they are to undertake. Describe in enough detail to identify the key evaluation questions, and data sources and analysis methods. (5 points)

iii. Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 25

Evaluate the extent to which the applicant:

- Provides evidence (e.g., organizational chart and history of the program) that the applicant organization has resources and can provide public health programs and services throughout their state, territory or tribal area. (5 points)
- Provides a staffing plan and project management structure that will be enough to achieve the project outcomes, and which clearly defines staff roles. (5 points)
- Demonstrates relevant experience and capacity (e.g., management, administrative, and technical) to implement the activities and achieve the project outcomes. (5 points)
- Demonstrates experience with evaluating health promotion projects targeting people with disabilities. (10 points)

Budget **Maximum Points:** 0

The budget is not scored. However the reviewer will need to comment on the extent to which the applicant:

- Provides position descriptions and/or CVs for the linkage coordinator and informatics/data management staff

Provides description of items or supplies needed for sustainable PSE changes.

c. Phase III Review

Applications will be funded in order by score and rank as determined by the review panel.
The following factors also may affect the funding decision:
-Availability of funds.
-Geographic diversity and inclusion of adults with ML and adults with IDD and their caregivers.
-State-wide or jurisdictional reach.

Only one award will be made within a state or jurisdiction.

Review of risk posed by applicants.

Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.

In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Recipient Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.

CDC’s framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this Notice of Funding Opportunity.

In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:

(1) Financial stability;

(2) Quality of management systems and ability to meet the management standards prescribed in this part;

(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;

(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and

(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

Recipients will receive a Notice of Award mid to late June 2021. The anticipated project start date is July 1, 2021

F. Award Administration Information

1. Award Notices

Recipients will receive an electronic copy of the Notice of Award (NOA) from CDC OGS. The NOA shall be the only binding, authorizing document between the recipient and CDC. The NOA will be signed by an authorized GMO and emailed to the Recipient Business Officer listed in application and the Program Director.

Any applicant awarded funds in response to this Notice of Funding Opportunity 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

Recipients must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.

Brief descriptions of relevant provisions are available at http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17.

The HHS Grants Policy Statement is available at http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf.

The full text of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 45 CFR 75, can be found at: https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75

3. Reporting

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

- Helps target support to recipients;

- Provides CDC with periodic data to monitor recipient progress toward meeting the Notice of Funding Opportunity outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the period of performance 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 NOFO.

The table below summarizes required and optional reports. All required reports must be sent electronically to GMS listed in the "Agency Contacts" section of the NOFO copying the CDC Project Officer.

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

- Helps target support to recipients;
- Provides CDC with periodic data to monitor recipient progress toward meeting the NOFO outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the period of performance 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 NOFO.

The table below summarizes required and optional reports. All required reports must be sent electronically to GMS listed in the "Agency Contacts" section of the NOFO copying the CDC Project Officer.

Report	**When?**	**Required?**
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award and updates as part of the APR	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Data on Performance Measures	90 days after the end of the budget period	Yes
Federal Financial Reporting Forms	90 days after the end of the budget period	Yes
Final Performance and Financial Report	90 days after end of period of performance	Yes

Payment Management System (PMS) Reporting	Quarterly reports due Jan 30, Apr 30, Jul 30, and Oct 30	Yes

a. Recipient Evaluation and Performance Measurement Plan (required)
With support from CDC, recipients must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; recipients must submit the plan 6 months into the award. HHS/CDC will review and approve the recipient's monitoring and evaluation plan to ensure that it is appropriate for the activities to be undertaken as part of the agreement, for compliance with the monitoring and evaluation guidance established by HHS/CDC, or other guidance otherwise applicable to this Agreement.

Recipient Evaluation and Performance Measurement Plan (required): This plan should provide additional detail on the following:

Performance Measurement

- Performance measures and targets
- The frequency that performance data are to be collected.
- How performance data will be reported.
- How quality of performance data will be assured.
- How performance measurement will yield findings to demonstrate progress towards achieving NOFO goals (e.g., reaching target populations or achieving expected outcomes).
- Dissemination channels and audiences.
- Other information requested as determined by the CDC program.

Evaluation

- The types of evaluations to be conducted (e.g. process or outcome evaluations).
- The frequency that evaluations will be conducted.
- How evaluation reports will be published on a publically available website.
- How evaluation findings will be used to ensure continuous quality and program improvement.
- How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).
- Dissemination channels and audiences.

HHS/CDC or its designee will also undertake monitoring and evaluation of the defined activities within the agreement. The recipient must ensure reasonable access by HHS/CDC or its designee to all necessary sites, documentation, individuals and information to monitor, evaluate and verify the appropriate implementation the activities and use of HHS/CDC funding under this Agreement.

b. Annual Performance Report (APR) (required)
The recipient must submit the APR via www.Grantsolutions.gov no later than 120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.

This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**
  - Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.
  - Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
  - Recipients must describe success stories.
- **Challenges**
  - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
  - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Recipients**
  - Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.
- **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 signal, 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 recipients must submit the Annual Performance Report via www.Grantsolutions.gov no later than 120 days prior to the end of the budget period.

c. Performance Measure Reporting (optional)

CDC programs may require more frequent reporting of performance measures than annually in the APR. If this is the case, CDC programs must specify reporting frequency, data fields, and format for recipients at the beginning of the award period.

For program monitoring related to the linkage activity, recipients will be asked to complete their final annual project evaluation data by June 30. The evaluation format will be finalized in year one of the project within six months of the award.

d. Federal Financial Reporting (FFR) (required)

The annual FFR form (SF-425) is required and must be submitted 90 days after the end of the budget period through the Payment Management System (PMS). The report must include only those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data. Failure to submit the required information by the due date may adversely affect the future funding of the project. If the information cannot be provided by the due date, recipients are required to submit a letter of explanation to OGS and include the date by which the Grants Officer will receive information.

e. Final Performance and Financial Report (required)

The Final Performance Report is due 90 days after the end of the period of performance. The Final FFR is due 90 days after the end of the period of performance and must be submitted through the Payment Management System (PMS). CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

- Performance Measures – Recipients must report final performance data for all process and outcome performance measures.
- Evaluation Results – Recipients must report final evaluation results for the period of performance for any evaluations conducted.
- Impact/Results/Success Stories – Recipients must use their performance measure results and their evaluation findings to describe the effects or results of the work completed over the project period, and can include some success stories.
- A final Data Management Plan that includes the location of the data collected during the funded period, for example, repository name and link data set(s)
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

4. Federal Funding Accountability and Transparency Act of 2006 (FFATA)

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and

organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, http://www.USASpending.gov.

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.

For the full text of the requirements under the FFATA and HHS guidelines, go to:

- https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf,
- https://www. fsrs.gov/documents /ffata_legislation_ 110_252.pdf
- http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA.

5. Reporting of Foreign Taxes (International/Foreign projects only)

A. Valued Added Tax (VAT) and Customs Duties – Customs and import duties, consular fees, customs surtax, valued added taxes, and other related charges are hereby authorized as an allowable cost for costs incurred for non-host governmental entities operating where no applicable tax exemption exists. This waiver does not apply to countries where a bilateral agreement (or similar legal document) is already in place providing applicable tax exemptions and it is not applicable to Ministries of Health. Successful applicants will receive information on VAT requirements via their Notice of Award.

B. The U.S. Department of State requires that agencies collect and report information on the amount of taxes assessed, reimbursed and not reimbursed by a foreign government against commodities financed with funds appropriated by the U.S. Department of State, Foreign Operations and Related Programs Appropriations Act (SFOAA) ("United States foreign assistance funds"). Outlined below are the specifics of this requirement:

1) Annual Report: The recipient must submit a report on or before November 16 for each foreign country on the amount of foreign taxes charged, as of September 30 of the same year, by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant during the prior United States fiscal year (October 1 – September 30), and the amount reimbursed and unreimbursed by the foreign government. [Reports are required even if the recipient did not pay any taxes during the reporting period.]

2) Quarterly Report: The recipient must quarterly submit a report on the amount of foreign taxes charged by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant. This report shall be submitted no later than two weeks following the end of each quarter: April 15, July 15, October 15 and January 15.

3) Terms: For purposes of this clause:
"Commodity" means any material, article, supplies, goods, or equipment;
"Foreign government" includes any foreign government entity;
"Foreign taxes" means value-added taxes and custom duties assessed by a foreign government

on a commodity. It does not include foreign sales taxes.

4) Where: Submit the reports to the Director and Deputy Director of the CDC office in the country(ies) in which you are carrying out the activities associated with this cooperative agreement. In countries where there is no CDC office, send reports to VATreporting@cdc.gov.

5) Contents of Reports: The reports must contain:

a. recipient name;
b. contact name with phone, fax, and e-mail;
c. agreement number(s) if reporting by agreement(s);
d. reporting period;
e. amount of foreign taxes assessed by each foreign government;
f. amount of any foreign taxes reimbursed by each foreign government;
g. amount of foreign taxes unreimbursed by each foreign government.

6) Subagreements. The recipient must include this reporting requirement in all applicable subgrants and other subagreements.

6. Termination

CDC may impose other enforcement actions in accordance with 45 CFR 75.371- Remedies for Noncompliance, as appropriate.

The Federal award may be terminated in whole or in part as follows:

(1) By the HHS awarding agency or pass-through entity, if the non-Federal entity fails to comply with the terms and conditions of the award;

(2) By the HHS awarding agency or pass-through entity for cause;

(3) By the HHS awarding agency or pass-through entity with the consent of the non-Federal entity, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated; or

(4) By the non-Federal entity upon sending to the HHS awarding agency or pass-through entity written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if the HHS awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

Lisa Sinclair
Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
Address:
NCBDDD, DHDD, Disability Science and Program Team (DSAP)
4770 Buford Hwy, MS S106-4
Atlanta, GA 30341
Telephone:
404-498-3019
Email:
lsinclair@cdc.gov

Grants Staff Contact

For **financial, awards management, or budget assistance,** contact:

Yves Wilkerson
Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
Address:
Centers for Disease Control and Prevention (CDC)
Global Health Security Branch 4
2939 Flowers Road South, MS TV-2
Atlanta, GA 30341
Telephone:
770-498-2057
Email:
qkm9@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.

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

H. Other Information

Following is a list of acceptable attachments **applicants** can upload as PDF files as part of their application at www.grants.gov. Applicants may not attach documents other than those listed; if other documents are attached, applications will not be reviewed.

- Project Abstract
- Project Narrative
- Budget Narrative
- Report on Programmatic, Budgetary and Commitment Overlap
- Table of Contents for Entire Submission

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:
Non-profit organization IRS status forms, if applicable

Indirect Cost Rate, if applicable

Bona Fide Agent status documentation, if applicable

Memorandum of Agreement (MOA)

Other optional documents include a summary of accreditation documentation, if applicable; and other documents that provide evidence of experience.

CDC Disability and Health web site is
https://www.cdc.gov/ncbddd/disabilityandhealth/index.html

I. Glossary

Activities: The actual events or actions that take place as a part of the program.

Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 75 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 NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see http:// www.cdc.gov/ grants/ additional requirements/ index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

Approved but Unfunded: Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.

Assistance Listings: A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.

Assistance Listings Number: A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency

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 applicant.

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.

Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established period of performance (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 used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.

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. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.

Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.

Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. http:// www.cdc.gov /grants /additionalrequirements /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.

Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.

Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The NOFO evaluation plan is used to describe how the recipient and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.

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 website at 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.

Grants Management Officer (GMO): The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.

Grants Management Specialist (GMS): A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.

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

Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.

Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.

Healthy People 2030: 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.

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.

Logic Model: A visual representation showing the sequence of related events connecting the activities of a program with the programs' desired outcomes and results.

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 non-government 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.

Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the

public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher educations, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).

Notice of Award (NoA): The official document, signed (or the electronic equivalent of signature) by a Grants Management Officer that: (1) notifies the recipient of the award of a grant; (2) contains or references all the terms and conditions of the grant and Federal funding limits and obligations; and (3) provides the documentary basis for recording the obligation of Federal funds in the HHS accounting system.

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 results of program operations or activities; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced morbidity and mortality.

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.

Period of performance –formerly known as the project period - : The time during which the recipient may incur obligations to carry out the work authorized under the Federal award. The start and end dates of the period of performance must be included in the Federal award.

Period of Performance Outcome: An outcome that will occur by the end of the NOFO's funding period

Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs.

Program Strategies: Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).

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

Public Health Accreditation Board (PHAB): A nonprofit organization that works to promote and protect the health of the public by advancing the quality and performance of public health departments in the U.S. through national public health department accreditation http://www.phaboard.org.

Social Determinants of Health: Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

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.

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

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.

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 period of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

NOFO-specific Glossary and Acronyms

Additional NOFO-specific definitions:

Developmental Disabilities: According to the Developmental Disabilities Act, section 102(8), "the term 'developmental disability' means a severe, chronic disability of an individual 5 years of age or older that: (a) is attributable to a mental or physical impairment or combination of mental and physical impairments; (b) is manifested before the individual attains age 22; (c) is likely to continue indefinitely; (d) results in substantial functional limitations in three or more areas of major life activity; (e) reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, supports, or other assistance that is of lifelong or extended duration and is individually planned and coordinated, except that such term, when applied to infants and young children means individuals from birth to age 5, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided."

Healthcare Providers: refers to (1) a doctor of medicine or osteopathy who is authorized to practice medicine or surgery (as appropriate) by the State in which the doctor practices, or (2) any other person determined by the Secretary to be capable of providing health care services. [29 CFR § 825.125 - Definition of health care provider.
http://www.law.cornell.edu/cfr/text/29/825.125]

Intellectual Disability: Data from 2017 indicate that an estimated 7.4 million people with IDD (22.7 per 1,000 of the population) live in the United States. For the purposes of this project, the

term IDD refers to conditions that occur at an early age and that have a lifelong effect on an individual's learning, thinking, understanding, or reasoning, and/or emotional and physical development (NIH, 2016), e.g., Down syndrome, Fragile X syndrome, and Fetal alcohol spectrum disorders.

Linkage Coordinators: refers to a trained individual who will apply standard health screening instruments to identify individuals who have unmet needs for preventive healthcare and health promotion. This person will identify barriers to care and needed services (e.g., mental health and/or substance abuse treatment), and refer and link individuals to needed healthcare providers and health promotion programs, and monitor appointments and health outcomes.

Mobility Limitation: As of 2016, people with ML comprise the greatest proportion of people with disabilities and they represent about 13.7% (one in seven) of the US adult population. The term "mobility limitation" refers to a reduced capacity to use the legs or arms without assistance, which includes conditions of the brain, spinal cord, nerves, and muscles such as those present at birth or in early childhood (e.g., spina bifida, cerebral palsy, and muscular dystrophy) or acquired over the life course, e.g., spinal cord injury, and limb loss.