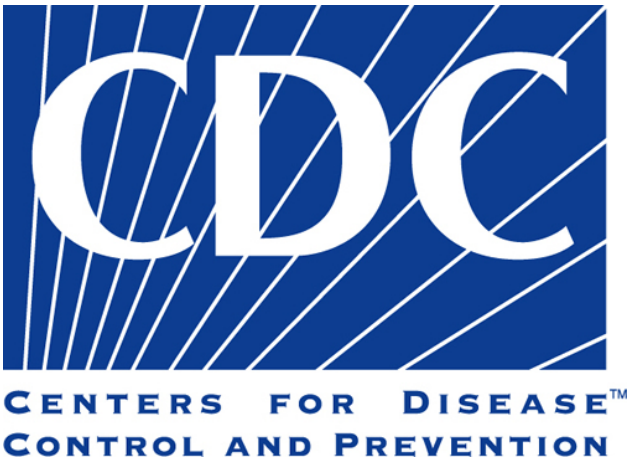

Centers for Disease Control and Prevention

NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

CDC's National Networks Driving Action: Preventing Tobacco- and Cancer-Related Health Disparities by Building Equitable Communities

CDC-RFA-DP-23-0015

05/31/2023

Table of Contents

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-DP-23-0015. 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:

CDC's National Networks Driving Action: Preventing Tobacco- and Cancer-Related Health Disparities by Building Equitable Communities

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)).

New- Type 1

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-DP-23-0015

E. Assistance Listings Number:

93.431

F. Dates:

1. Due Date for Letter of Intent (LOI):
04/12/2023

2. Due Date for Applications:
05/31/2023
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:
CDC will conduct a Zoom conference call for all interested applicants to provide technical assistance and respond to any questions regarding this Notice of Funding Opportunity. This call will take place on **April 19, 2023 at 3:00 p.m**. US Eastern Standard Time. The Zoom call information is:

https://cdc.zoomgov.com/j/1617670850?pwd=bXllZzFyUXQ0bkxvUFA3ckVaRER1QT09

Meeting ID: 161 767 0850

Passcode: Us2#!jdG

One tap mobile

+16692545252,,1617670850#,,,,*11856498# US (San Jose)

+16468287666,,1617670850#,,,,*11856498# US (New York)

Dial by your location

+1 669 254 5252 US (San Jose)

+1 646 828 7666 US (New York)

+1 646 964 1167 US (US Spanish Line)

+1 551 285 1373 US

+1 669 216 1590 US (San Jose)

+1 415 449 4000 US (US Spanish Line)

Meeting ID: 161 767 0850

Passcode: 11856498.

The call will also be recorded. Instructions for accessing the recording and a list of frequently asked questions will be available at https://www.cdc.gov/tobacco/about/foa/preventing-tobacco-cancer-health-disparities/index.html.

G. Executive Summary:

1. Summary Paragraph
The Centers for Disease Control and Prevention's Office on Smoking and Health and Division of Cancer Prevention and Control will fund nine National Networks, each focused on a specific population, to impact the prevalence of commercial tobacco use and cancer related health

disparities. Populations of focus include African Americans/Blacks, American Indians/Alaskan Natives, Asian Americans/Pacific Islanders/Hawaiian Natives, Latinos/Hispanics, Lesbian, Gay, Bisexual and Transgender people, people with Lower Socioeconomic Status, people with Mental Health/Substance Use Disorders, Geographically Defined Populations with High Commercial Tobacco Use and Related Health Disparities, and people with Disabilities. Strategies include network administration/management; establishing/administering/managing a Community of Practice (CoP) focused on Social Determinants of Health (SDOH); training/technical assistance in the implementation of evidence-based/promising practice-based policy, systems, and environmental (PSE) change interventions; and mass reach health communication. Program outcomes include increased: participation in CoP, knowledge of the National and State Tobacco Control Program, National Comprehensive Cancer Control Program and other programs/partners through training and TA; and advancing of health equity through implementing (1) PSE change interventions; (2) innovative interventions addressing SDOH; and (3) mass reach health communication efforts.

a. Eligible Applicants:
Open Competition

b. Funding Instrument Type:
CA (Cooperative Agreement)

c. Approximate Number of Awards
9

d. Total Period of Performance Funding:
$45,000,000

e. Average One Year Award Amount:
$1,000,000

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

g. Estimated Award Date:
August 31, 2023

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

Cigarette smoking is the leading cause of preventable disease, disability, and death in adults in the United States (US), accounting for more than 480,000 deaths /year. More than 16 million Americans are living with a health condition caused by smoking. Cigarette smoking cost the US more than $600 billion in 2018, including more than $240 billion in healthcare spending

and nearly $372 billion in lost productivity. Cancer is the second leading cause of death in the US; In the US, 1.7 million people are diagnosed with cancer/year and 599,589 cancer deaths occurred in 2019. Each year, $185 billion is spent on cancer care in the US. Death rates due to cancer are higher for some racial/ethnic groups and cancer health outcomes are often linked to SDOH.

Some population groups have a higher percentage of tobacco use, secondhand smoke exposure and less access to cessation treatments. Nearly 25% of adults in the US have a mental health/substance use disorder, and these adults consume almost 40% of all cigarettes smoked by US adults. Systemic, unfair policies/practices and unjust conditions impact health and health outcomes of population groups and can cause tobacco- and cancer- related health disparities. The tobacco industry has aggressively marketed menthol cigarettes to African Americans and young people, especially in urban communities. Advertisement and promotion of certain tobacco products also appear to be targeted to specific communities including Hispanic/Latino people and people identifying as lesbian, gay, bisexual, or transgender. People living in certain geographic regions also experience tobacco-related health disparities. The percentage of adults who use commercial tobacco is higher in the U.S. South and Midwest than in the Northeast or West. Additionally, disparities persist in secondhand smoke exposure among those who do not smoke, with exposure remaining highest among African Americans, persons living in poverty, and youth.

Cigarette smoking causes 12 types of cancer including cancers of the lung, larynx, oral cavity and pharynx, esophagus, pancreas, bladder, stomach, liver, colon and rectum, kidney and renal pelvis, cervix, and acute myeloid leukemia. Secondhand smoke exposure causes lung cancer. Lung cancer is the leading cause of cancer death, making up almost 25% of all cancer deaths. Several populations experience a disproportionately higher rate of cancer diagnoses and cancer-related deaths. African Americans have the highest cancer death rates. People living in rural areas have an 18–20% higher lung cancer death rate compared to people living in urban areas and Native Americans have higher rates of lung cancer than non-Hispanic White people.

Evidence/practice-based public health approaches for reducing the risk of cancer recurrence and increasing the quality/duration of life following a cancer diagnosis include prevention and cessation of commercial tobacco use, reduced exposure to secondhand smoke, regular physical activity, and maintenance of a healthy weight. Centers for Disease Control and Prevention's (CDC) Office on Smoking and Health (OSH) and Division for Cancer Control and Prevention (DCPC) will expand work to address tobacco-and cancer-related health disparities among populations disproportionately impacted by tobacco industry marketing tactics and higher cancer incidence/death rates. The NOFO seeks to increase equitable delivery of tobacco prevention strategies and related interventions to advance health equity by addressing SDOH.

b. Statutory Authorities

This program is authorized under Sections 301(a) and 317(k)(2) of the Public Health Service Act as amended [42 U.S.C. 241(a) and 42 U.S.C. 247b(k)(2)].

c. Healthy People 2030

- Cancer
- Mental Health/Mental Disorder
- Tobacco Use

- Neighborhood and Built Environment
- Health Care Access and Quality

d. Other National Public Health Priorities and Strategies

- National Stakeholder Strategy for Achieving Health Equity
- National Action Plan for Cancer Survivorship: Advancing Public Health Strategies
- HI-5: Health Impact in 5 Years
- HHS Action Plan to Reduce Racial and Ethnic Health Disparities

e. Relevant Work

This NOFO builds on the successes of previously funded NOFO including DP18-1808. It aligns with CDC's National and State Tobacco Control Program (NTCP) goals to prevent initiation of tobacco use among youth/young adults, eliminate exposure to secondhand smoke, promote cessation of tobacco use among adults and youth, and identify and eliminate commercial tobacco product-related inequities and disparities. It also aligns with the CDC's National Comprehensive Cancer Control Program (NCCCP) priorities emphasizing primary prevention, promoting early detection and treatment, supporting cancer survivors, building healthy communities through PSE approaches, and achieving health equity.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-DP-23-0015 Logic Model: CDC's National Networks Driving Action: Preventing Tobacco- and Cancer-Related Health Disparities by Building Equitable Communities

Strategies	Short Term Outcomes	Intermediate Outcomes	Long Term Outcomes
Administer and manage a national network Establish, administer and manage a community of practice (CoP) that focuses on advancing health equity by addressing social determinants of health (SDOH) Provide training and technical assistance	Increased awareness and knowledge among network members on the specific needs, strategies, and opportunities needed to advance health equity Increased awareness and knowledge among network participants of the specific needs, strategies, and opportunities needed to identify and build cross sector partnerships to address commercial	Strengthened relationships between community leaders, partners from critical sectors, SMEs, CoP members, and National Network members **Advance health equity by assisting programs/partners/coalitions in the increased implementation of (1) evidence-based/promising practice PSE change**	Improve the social, physical, and economic conditions that affect commercial tobacco initiation, use, and cessation, and cancer prevention and control among populations of focus

(TTA) to support NTCP, NCCCP programs and other state and community-based programs/partners/coalitions in the implementation of evidence-based/promising practice-based policy, systems, and environmental change (PSE) interventions focused on commercial tobacco- and cancer-related health disparities Support mass reach health communication efforts	tobacco- and cancer-related disparities and upstream SDOH **Increased participation in Communities of Practice (CoP) among community leaders, partners from critical sectors, coalitions, SMEs, CoP members and National Network members.** Increased bi-directional exchange of information, expertise, tools, and resources between National Network recipients and CoP members related to training, TA, and peer networking opportunities and needs associated with commercial tobacco- and cancer-related health disparities and SDOH **Increased knowledge of NTCP, NCCCP programs and other state, local, tribal, territorial, and community-based programs/partners/coalitions** Increased awareness among populations of focus on the dangers of commercial tobacco use,	**interventions (2) innovative interventions addressing upstream SDOH and (3) mass reach health communication efforts.** Increase in health systems changes, state, local, and jurisdictional comprehensive smokefree policies, comprehensive smokefree multiunit housing policies, and tobacco retail policies Increase use of strategies to reduce cancer risk. This includes strategies to increase physical activity; improve nutrition; prevent or mitigate adverse childhood experiences (ACEs); enhance commercial tobacco control; and increase use of vaccines that prevent cancer Increased use of clinical preventive services (i.e., cancer screening services, tobacco screening and cessation interventions)	Decreased exposure to secondhand smoke among the populations of focus Decreased initiation of commercial tobacco use among the populations of focus Increased tobacco cessation among the populations of focus Decreased cancer incidence among the populations of focus Increased detection of cancer at early stage among the populations of focus Increased quality of

	secondhand smoke, the health benefits of quitting, and resources to help people who use tobacco quit Increased awareness of primary cancer prevention, early detection, and cancer survivorship strategies among populations of focus	Increased support for cancer control self-management among cancer survivors in priority populations for increased quality and duration of life	life for cancer survivors among the populations of focus

Bold indicates period of performance outcome.

i. Purpose

To accelerate the decline in commercial tobacco use and reduce the incidence/mortality of tobacco-related cancers, it is critical to focus prevention and control efforts on the following populations experiencing a higher burden of tobacco- and cancer-related health disparities: people who are African American/Black, American Indian/Alaska Native, Asian American/Pacific Islander/Native Hawaiian, Hispanic/Latino, LGBT; people with lower socioeconomic status; people with mental health or substance use disorders; geographically defined populations; and people with disabilities.

ii. Outcomes

By the end of the period of performance, recipients are expected to achieve the following outcomes:

1. Increased participation in Communities of Practice (CoP) among community leaders, partners from critical sectors, coalitions, SMEs, CoP members and National Network members. The goal of participation in the CoP includes increased multi sectoral partnership opportunities, leveraging resources, setting priorities, action planning, expanding training and technical assistance (TTA) opportunities and multi-level, multi sectoral coordination.
2. Increased knowledge of NTCP, NCCCP programs and other state, local, tribal, territorial, and community-based programs/partners/coalitions, through TTA, of evidence-based/promising practice policy, systems, and environmental (PSE) change interventions and mass reach health communication efforts focused on advancing health equity by addressing social determinants of health (SDOH).
3. Advance health equity by assisting programs/partners/coalitions in the increased implementation of (1) evidence-based/promising practice PSE change interventions (2) innovative interventions addressing upstream SDOH to advance health equity and (3) mass reach health communication efforts.

iii. Strategies and Activities

Recipients are expected to implement the following strategies and activities:

Administer and manage a national network

- Recruit and maintain organizations to become and remain active members of the Network
- Increase inclusion of cross sector organizations addressing commercial tobacco-related and cancer-related health disparities as well as inequities in upstream social determinants of health.
- Develop and maintain information management and collection systems on Network members and their contributions to network activities and efforts.
- Disseminate population specific data to key decision makers, partners, and Network members.
- Facilitate communication and engagement within the Network and across other National Networks.
- Award and monitor sub-recipient contracts and grants.

Establish, administer, and manage a virtual/hybrid community of practice (CoP) that focuses on advancing health equity by addressing the social determinants of health (SDOH)

- Recruit and engage a variety of traditional and non-traditional partners (e.g. faith based organizations, health care providers/systems, non-governmental organizations, state and local funded programs, governmental officials, civil society organizations, community based organizations) with knowledge and/or experience in advancing health equity by addressing upstream SDOH as part of the CoP to support the NTCP, NCCCP, and their partners/coalitions to implement promising practices/evidence-based interventions to advance health equity.
- Recruit and engage multi-level, multi-sector organizations and partners from critical sectors (e.g., community safety, transportation, education, humane housing, etc.) with knowledge and/or experience in advancing health equity by addressing upstream, cross-sectorial SDOH, to participate in the CoP.
- Convene a CoP under a unified charge, inclusive of having facilitated communication among members to support the development of a coordinated action plan. The action plan should focus on evidence-based interventions, promising practices, training, technical assistance, and multi-level/multi-sectoral partnerships to accelerate progress on advancing health equity by addressing SDOH, which have a role in ultimately reducing the prevalence of commercial tobacco use and tobacco-related cancers. The action plan should be purposefully aligned with key SDOH prioritized by CDC/NCCDPHP (e.g., social connectedness; tobacco policy; built environment; community-clinical linkages; food and nutritional security) and other upstream SDOH. The action plan should include, at minimum: details regarding interventions, training and education, and technical assistance strategies; the role of the multi-level/multi-sectorial members of the CoP and National Networks in the implementation of the plan; and the intended audience(s) for the interventions, training, and technical assistance.
- Support interventions for commercial tobacco- and cancer-related health disparities which are: 1) evidence-based or promising practices; 2) culturally responsive; 3) based in state, territorial, local, or community settings; and 4) when appropriate, align with key SDOH prioritized by CDC/NCCDPHP.

Provide training and technical assistance (TTA) to support NTCP, NCCCP programs and other state and community-based programs/partners/coalitions in the implementation of evidence-based/promising practice-based policy, systems, and environmental change (PSE) interventions focused on decreasing commercial tobacco- and cancer-related health disparities and, when appropriate, aligns with key SDOH prioritized by CDC/NCCDPHP

- Assess the training and technical assistance needs of the NTCP, NCCCP, and other state and community-based programs/partners/coalitions.
- Plan, develop, and deliver ongoing appropriate training, technical assistance, and guidance to NTCP, NCCCP, and other state and community-based programs/partners/coalitions based on CoP recommendations as well as the results of the training and technical assistance needs assessment.
- Provide training, technical assistance, and guidance to NTCP, NCCCP, and other state and community-based programs/partners/coalitions to assist them in identifying and building partnerships and improving knowledge in strategies/activities that will advance health equity by addressing upstream, cross-sectorial SDOH.
- Plan, develop, and deliver ongoing appropriate training, technical assistance, and guidance to NTCP, NCCCP, and other state and community-based programs/partners/coalitions that increases awareness and supports an increase in the implementation of interventions within the population of focus including health care system change approaches that 1) increase delivery and use of tobacco- and cancer-related clinical preventive services and 2) advance linkage of clinical services to community-based interventions.
- Plan, develop, and deliver ongoing appropriate training, technical assistance, and guidance to NTCP, NCCCP, and other state and community-based programs/partners/coalitions in implementing community-based policy, systems, and environmental change strategies and activities using a community-led approach to address populations that are disparately affected by commercial tobacco use and dependence and secondhand smoke (SHS) exposure in specific communities within the state.
- Assist and advise NTCP, NCCCP, and other state and community-based programs/partners/coalitions in identifying, collecting, and using available data sources related to disparities, health equity, and SDOH.
- Provide resources that highlight current evidence-based/promising practice PSE interventions that support commercial tobacco control and cancer-related health disparities (e.g., compendium of evidence-based/promising practice PSE interventions).

Support Mass Reach Health Communication Intervention Efforts

Support traditional (e.g., newspaper, billboards) and digital (e.g., social media, podcasts) media engagement efforts at the national, state, tribal, territorial, community, and local levels by:

- Increasing health communication interventions and messages to reach populations of focus experiencing commercial tobacco- and tobacco-related cancer health disparities, including intersectional populations and underlying SDOH factors that influence health outcomes. Health communication interventions and messages should address the dangers

of commercial tobacco use, secondhand smoke, the health benefits of quitting, resources to help people who use tobacco quit, primary cancer prevention, early detection, and cancer survivorship among populations of focus.
- Supporting the NTCP/NCCCP in the implementation of tailored and/or culturally responsive evidence/practice-based mass-reach health communications interventions and linkages to reach populations experiencing commercial tobacco- and tobacco-related cancer health disparities, including intersectional populations and underlying SDOH factors that influence health outcomes.
- Expanding, leveraging, and providing input on CDC media campaigns (e.g., *Tips From Former Smokers*®, Screen for Life, Bring Your Brave, Inside Knowledge) and publications highlighting science/evidence/practice-based interventions and related successes.

1. Collaborations

a. With other CDC projects and CDC-funded organizations:

The recipient is required to recruit and engage in the CoP a variety of traditional and non-traditional partners with knowledge and/or experience advancing health equity by addressing upstream SDOH to support NTCP and NCCCP recipients and their partners/coalitions to implement promising practices/evidence-based interventions. Recipients will be required to collaborate with other CDC funded organizations. The applicant must describe their capacity in the following ways:

- Participation in partner meetings and other collaborative efforts with public health partners to provide consultation to CDC and CDC-funded organizations.
- Support to CDC-funded organizations and CDC in collaborative efforts to proactively identify the needs of, and respond to requests from, NCCCP and NTCP and their partners.
- Providing technical assistance and training to the NCCCP and NTCP recipients and their partners.

Applicants should also consider seeking collaborative opportunities with the following CDC-funded organizations (Optional):

- CDC funded Immunization Programs
- Racial and Ethnic Approaches to Community Health (REACH) programs
- Closing the Gap with Social Determinants of Health Accelerator Plans programs
- Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems Grant

The applicant is required to provide CDC with three letters of support from CDC funded organizations that describes key collaborative efforts. Applicants must file the letters of support, as appropriate, name the file, “Letters of Support”, and upload it as a PDF file at www.grants.gov. . These letters should state the commitment of the organization in supporting the development and implementation of workplan activities, an overall description of the program/partner/organization, and their experience (if any) working with population of focus/intersectional population(s)/SDOH. The letters of support must be dated within 30 days of the application.

Applicants should describe how their partner organizations will support the development and implementation of workplan activities using a table format. This should include all potential partners (including those providing letters of support) that will support the work of the NOFO.

A sample format is provided below. Applicants are not required to use this format. If a different format is used the elements of the sample must be included.

Partner Involvement		
Sector	**Potential Areas of Expertise**	**Organization or Program Name/Representative and Contribution**

b. With organizations not funded by CDC:
The recipient is required to recruit and engage in the CoP a variety of traditional and non-traditional partners with knowledge and/or experience advancing health equity by addressing upstream SDOH to support NTCP and NCCCP recipients and their partners/coalitions to implement promising practices/evidence-based interventions. Recipients are required to build and/or continue strategic public health partnerships and collaborations with:

- Federal agencies such as Indian Health Service, Food and Drug Administration, Health Resources and Services Administration, Housing and Urban Development, National Institutes of Health, National Cancer Institute, Substance Abuse and Mental Health Services Administration,
- National organizations that have a role in achieving the NOFO outcomes and proposed activities.
- Other state, local, tribal, and territorial organizations/partners/programs/coalitions including organizations working with specific populations of focus, intersectional population(s) the recipient identified, faith-based organizations, health care providers/systems, non-governmental organizations, state and local funded programs, governmental officials, civil society organizations, community-based organizations,

community safety programs, transportation services, education, humane housing, and social organizations.

The applicant is also required to provide CDC three letters of support from organizations not funded by CDC that describes key collaborative efforts. These letters should state the organization's commitment to supporting the development and implementation of workplan activities, an overall description of the program/partner/organization, and their experience (if any) working with population of focus/intersectional population(s)/SDOH. The letters of support must be dated within 30 days of the application . Applicants must file the letters of support, as appropriate, name the file, “Letters of Support”, and upload it as a PDF file at www.grants.gov.

Applicants should describe how their partner organizations will support the development and implementation of workplan activities using a table format. This should include all potential partners (including those providing letters of support) that will support the work of the NOFO.

A sample format is provided below. Applicants are not required to use this format. If a different format is used the elements of the sample must be included.

Partner Involvement		
Sector	**Potential Areas of Expertise**	**Organization or Program Name/Representative and Contribution**

2. Target Populations

Certain population groups experience a higher prevalence of tobacco- and cancer-related health disparities including disparities incommercial tobacco use, secondhand smoke exposure, related health problems (including cancer) , access to cessation treatment. These disparities are also based on where they live, learn, work, and play as well as other social and demographic factors including race, ethnicity, age, sexual orientation, disability status, level of education, income, and/or behavioral health status.

Applicants must identify and focus on one disproportionately affected population that experiences high prevalence of commercial tobacco- and cancer- related health disparities including: 1) African American/Black people; 2) American Indian/Alaskan Native people; 3) Asian American/Pacific Islander/Hawaiian Native people; 4) Latino/Hispanic people; 5) Lesbian, Gay, Bisexual, and Transgender people; 6) People with Lower Socioeconomic Status; 7) People with Mental Health and Substance Use Disorders; 8) Geographically Defined Populations with High Commercial Tobacco Use and Related Health Disparities; and 9) People with Disabilities.

Applicants are also required to address the inclusion of intersectional population(s) within the identified population of focus that can benefit from the program strategies listed in this NOFO. These identified intersectional population(s) can include: older adults, individuals who were formally incarcerated, individuals experiencing housing insecurity or who are unsheltered, immigrants, military/veteran populations, or any overlapping and intersecting groups or populations whose unique needs may otherwise be overlooked by CDC and other public health funded programs. In addition, applicants will be expected to provide specific activities to address the variances in disparities within the identified population of focus and intersectional population(s). (For more information, see Strategies for Reducing Health Disparities, 2016).

a. Health Disparities

The complex interaction of multiple factors (e.g., socioeconomic status, cultural characteristics, acculturation, inequitable policy implementation and enforcement, childhood adversity and toxic stress) and generations of unfair and unjust policies and practices, including the tobacco industry's aggressive and targeted marketing to certain people and communities, have led to longstanding disparities related to tobacco product initiation, use, and cessation as well as secondhand smoke exposure. Similar factors also contribute to cancer-related health disparities including socioeconomic status, cultural characteristics, diet, and access to healthcare services. Continued efforts are necessary to address the unique need for population-specific capacity and infrastructure to support commercial tobacco and cancer control strategies and promote access to tobacco cessation services, cancer prevention, and treatment and survivor resources for populations experiencing disparities.

The recipient will work to enhance collaboration among the NTCP, NCCCP, and other state, local, community, tribal, and territorial program/partner with the goals of leveraging and pooling resources, supporting those groups in advancing health equity, and increasing implementation of culturally appropriate interventions deployed through a health equity lens (e.g., intervention development, implementation, and evaluation). Program activities will be purposefully aligned with CDC/NCCDPHP Health Equity and Social Determinants of Health priority areas, and both OSH goals and DCPC priorities. They will address the unique need for population-specific capacity and infrastructure to support prevention and control of commercial tobacco use as well as cancer control strategies. They will promote access to tobacco cessation services, cancer prevention, and treatment and survivor resources for populations experiencing disparities. Current national and state surveillance systems and data reporting systems will be used to demonstrate and quantify impact for targeted outcome indicators. Culturally tailored approaches for specific populations, with consideration given to intersectional characteristics of different populations, may accelerate the elimination of health disparities and help prevent additional new ones, thus achieving the benefits of an overall population-based approach to commercial tobacco use prevention and control. Successful tobacco control strategies will lead to

decreases in new cancers and cancer deaths as well as lowering the number of people whose cancer comes back.

iv. Funding Strategy

Up to 9 recipients will be funded with an average award amount of $1,000,000. No more than one award will be made for each population of focus. Organizations will not be funded for more than one population of focus.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

CDC will use outcomes, associated performance measures, annual progress reports, as well as independent evaluation to measure the effectiveness of NOFO activities, inform future activities focused on health equity, and answer key CDC evaluation questions, such as:

1. To what extent do the National Networks maintain an active network and CoP membership that is representative of experience in working with the populations of focus, and how are they maintaining or growing the network and CoP membership representation over time?
2. What is the impact of the National Network training and technical assistance on state, tribal, territorial, community and local jurisdictions' ability reach populations of focus using evidence-based/promising practice PSE change interventions as well as innovative interventions addressing upstream SDOH?
3. To what extent did the National Networks help reach tobacco and cancer prevention and control long term outcomes among populations of focus?

As part of CDC evaluation requirements, recipients will report performance measures annually using a template provided by CDC. These performance measures will demonstrate the process and resulting outcomes of National Network efforts to reduce tobacco- and cancer-related health inequities. CDC will work with recipients to finalize the performance measures, including how they are operationalized and reported.

Outcomes and Associated Performance Measures		
Outcomes	**Performance Measures**	

A) Increased participation in CoP among community leaders, partners from critical sectors, coalitions, SMEs, CoP members and National Network members. The goals of participation in the CoP includes increased multi-sectoral partnership opportunities, leveraging resources, setting priorities, action planning, expanding TTA opportunities and multi-level, multi-sectoral coordination	Number, by type, of participants (multi-level, multi-sectorial organizations, and partners) participating in the CoP	
B) Increased knowledge of NTCP, NCCCP programs and other state, local, tribal, territorial, and community-based programs/partners/coalitions, through training and TA, of evidence-based/promising practice PSE change interventions and mass reach health communication efforts focused on advancing health equity by addressing SDOH	Number and proportion of individuals reporting an increase in knowledge of evidence-based strategies/promising practice PSE change interventions and mass reach health communication efforts focused on advancing health equity by addressing SDOH	
C) Advance health equity through increased implementation of (1) evidence-based/promising practice PSE change interventions, (2) innovative interventions addressing upstream SDOH to advance health equity, and (3) mass reach health communication efforts	Number and type of evidence-based/promising practice PSE change interventions, innovative interventions addressing upstream SDOH to advance health equity, and mass reach health communication efforts that were implemented	

Since this NOFO does not involve the generation or collection of public health data, a Data Management Plan is not required for this NOFO.

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/additional-requirements/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.

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

Applicants must provide an evaluation and performance measurement plan that will fulfill the requirements in the CDC Evaluation and Performance Measure section. Applicants must:

- Develop an initial evaluation and performance plan to indicate how they will identify progress in implementing program strategies, activities, and achieving program outcomes.
- Ensure that the evaluation plan follows the CDC's Framework for Program Evaluation and describes how they will collect data to report on the performance measures.

c. Organizational Capacity of Recipients to Implement the Approach

Organizational capacity ensures applicants demonstrate their ability to successfully execute the NOFO strategies and meet the program outcomes. Applicants must describe:

1. Organizational capacity, expertise, and experience to enhance the quality and performance of public health programs, public health data and information systems, public health practice and services, public health partnerships, and public health resources that focus on the prevalence of commercial tobacco use and cancer related health disparities in specific populations.
2. Experience serving the identified population of focus to impact the prevalence of commercial tobacco use and cancer related health disparities through systems-based approaches.
3. Capacity to engage diverse, multi-sector public health partners that advance health equity by addressing SDOH across all 50 states, tribes, territories, communities, jurisdictions, and local levels.
4. Existing, active, multi-sector partners with demonstrated success or experience implementing evidence-based/promising practice based (including policy-based

interventions and systems change approaches) strategies which benefit the population of focus.

5. Experience serving the identified population of focus to impact the prevalence of commercial tobacco use and cancer related health disparities and advance health equity by addressing SDOH.
6. Experience serving the identified population of focus to advance health equity by addressing SDOH.
7. Capacity and structures in place to administer a National Network and engage multi sector partners representing national, regional, state, tribal, territory, jurisdictional and/or local level working in commercial tobacco control, comprehensive cancer control, chronic disease prevention, and strategies that advance health equity by addressing SDOH within the identified population of focus.
8. Experience serving the identified population of focus to impact the prevalence of commercial tobacco use and cancer related health disparities.
9. Experience convening diverse, multi-sector partners to promote the use of evidence-based/promising practice based (including policy-based interventions and systems change approaches) approaches and culturally competent strategies for addressing the prevalence of commercial tobacco use and cancer related health disparities in the identified population of focus and intersectional populations.
10. Knowledge and understanding of appropriate methods to reach and engage organizations which serve members of the identified population of focus (and intersectional populations).
11. An existing, active, multi-sector membership that includes partners with demonstrated success implementing culturally appropriate evidence-based/promising practice based (including policy-based interventions and systems change approaches) strategies.
12. The recipient is required to have the infrastructure necessary to establish and maintain a national network that includes organizations addressing commercial tobacco-related and cancer-related health disparities and advancing health equity by addressing upstream SDOH.
13. The recipient is required to have the infrastructure to establish, administer, and manage a virtual/hybrid community of practice (CoP) that focuses on the SDOH.
14. Experience providing technical assistance and training to NTCP, NCCCP, and/or other CDC-funded initiatives.
15. Experience serving the identified population of focus on strategies that advance health equity by addressing SDOH.
16. Adequate physical space, internet access, and a landline and/or cellular phone to implement the program.
17. Adequate program management and staffing plans with sufficient workforce capacity and competence to accomplish program outcomes. Each staff member's experience and roles should be clearly defined roles. **The applicant should include the curriculum vitae/resume for staff listed. The Applicant must name this file "CVs/Resumes" and upload it at www.grants.gov**. Management and staffing plans are required, at a minimum, to include:
    - Commercial tobacco control program manager focused on commercial tobacco control strategies;

- Comprehensive cancer control program manager focused on comprehensive cancer control strategies;
- Program evaluator; and
- Health communications specialist.

18. Adequate performance measurement, evaluation, quality improvement, travel, fiscal management, and financial management procedures and full capacity to manage contracting and procurement efforts, including the ability to write and award subcontracts in accordance with 45 C.F.R. 75, as applicable.
19. Experience in conducting and using needs assessments to work with CDC-funded programs, including the use of assessment findings to improve programmatic activities and ultimately show impact.
20. Ability to attend CDC sponsored training, meetings, events, and other training opportunities.
21. Ability to conduct sustainability planning that assures the implementation of National Network activities are scalable and are proven to be effective beyond the CDC funding cycle.
22. A financial management system that will allow proper funds management and segregation of funds by program and meet the requirements as stated in The Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards found at "https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75#se45.1.75_1302"45 CFR 75.302. The financial system should permit the preparation of 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 fund have been used according to the Federal statutes, regulations, and the terms and conditions of the Federal award.

d. Work Plan

The applicant should provide a detailed work plan for the first year of the period of performance and a high-level work plan for subsequent years. The workplan should include strategies/activities that address the needs of the population of focus. The strategies/activities should be written in SMART (specific, measurable, achievable, realistic, timely) format. The workplan should include evidence-based/promising practice strategies and activities to achieve all outcomes listed in the logic model. No specific work plan format is required, if it is clear how the elements in the work plan crosswalk to the strategies and activities, outcomes, and evaluation and performance measures presented in the logic model and the narrative sections of this NOFO. CDC will provide feedback and technical assistance to recipients to finalize the work plan post-award. A sample work plan format is presented below to show how a traditional work plan aligns with the logic model and narrative. If a particular strategy/activity leads to multiple outcomes, it should be described under each outcome measure. Applicants are not required to use this format. If a different format is used, the same elements of the workplan must be included.

Strategy:			

Responsible Position/Party:			
Population(s) of Focus:			
Key Deliverables Proposed:			
Work Plan Activities			
Activity Description	**Person/Organization Responsible (Name/Title)**	**Start Date**	**End Date**
Outcome Measures			
Outcome			
Performance Measure Label	**Description**		
Performance Measure 1			

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.

Attending required any training and conferences is critical for building and maintaining the skills of the staff with responsibility for carrying out the requirements of this NOFO. This NOFO requires attendance at specific trainings and conferences as a term and condition of this award. Specific meeting dates and guidance related to travel will be provided at a later date.

f. CDC Program Support to Recipients

In a cooperative agreement, CDC staff members are involved in program activities as needed, above and beyond monthly calls, site visits and regular performance and financial monitoring. The CDC program will work as partners with recipients to ensure success of the cooperative agreement by:

1. Supporting recipients in understanding and implementing cooperative agreement requirements and meeting program outcomes, including the development of templates to facilitate annual reporting.
2. Collaborating and supporting recipients to document progress.
3. Providing technical assistance for the collection and reporting for recipient's evaluation and performance measures.
4. Supporting opportunities to network with CDC and other funded networks/programs, improve communication, and coordination.
5. Organizing and participating in important meetings related to the cooperative agreement.
6. Ensuring that recipients have access to expertise found throughout CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). For example, a team of subject matter experts could include, but is not limited to, the Public Health Advisors, Health Scientists, epidemiologists, statisticians, policy analysts, communication specialists, health economists, and evaluators to provide technical assistance to recipients. Technical assistance teams will also work in collaboration with other programs and divisions across NCCDPHP to identify specific actions that improve efficiency and greater public health impact.
7. Collaborating with recipients to explore appropriate flexibilities needed to meet public health outcomes and goals. Flexibility in cooperative agreements includes recipient's ability to propose alternative methods to achieve the outcomes and goals of the cooperative agreement that align with recipient's opportunities for success, infrastructure, partner buy-in, demographics, and burden. This includes bringing together resources from multiple cooperative agreements to jointly advance the goals of each and expanding the dialogue to bring in other CDC and recipient staff to reach a win / win solution.
8. Creating greater efficiencies and consistency across NCCDPHP programs for recipients. Examples of how NCCDPHP divisions and programs work together to achieve this include but are not limited to:
    1. Jointly developed resources and tools that focus on cross-cutting functions, settings, domains, risk factors, conditions, and diseases to ensure consistent messages and to meet recipient technical assistance needs.
    2. Joint training and technical assistance opportunities that help recipients produce strategies and programs that are more holistic and fully supportive of work in

tobacco, nutrition, physical activity, chronic disease management and other strategies and topics, as appropriate.

9. Continuing and expanding support for recipients to leverage NCCDPHP resources to address cross-cutting functions, domains, settings, risk factors and diseases.

To assist recipients in achieving the purpose of this NOFO, CDC will conduct the following activities:

- Provide ongoing guidance, technical assistance, training, and support in the following areas:
    - Evidence-based and practice-based approaches, including diffusion of proven and promising practices and current scientific findings and data.
    - Surveillance, epidemiology, and state-specific data collected by CDC.
    - Community engagement and partnership development.
    - Program sustainability and program administration strategies/tools.
    - Strategic plan development.
    - Project monitoring and evaluation.
    - Anti-lobbying restrictions for CDC Recipients.
    - Health communication strategies.
- Provide professional development and training opportunities, either in person or through virtual web-based training formats, for the purpose of sharing the latest science, best practices, success stories, and program models.
- Provide periodic updates regarding comprehensive tobacco control and cancer control, including information on best and promising practices related to coordination and integration of cancer prevention (including addressing risk factors such as commercial tobacco use, poor nutrition, and lack of physical activity), early detection, diagnosis, treatment, and survivorship practices.
- Develop and maintain partnerships with other Federal agencies, including collaboration with the U.S. Food and Drug Administration, Substance Abuse and Mental Health Services Administration (SAMHSA), National Institutes of Health, Housing and Urban Development, and Department of Defense and provide information related to new regulations.
- Facilitate communication between National Networks, technical assistance providers (i.e., CCCNP) and other national partners including other Federal agencies.
- Provide expert resources to assist in the design, collection, analysis, and use of comparable evaluation data to assess and strengthen programs.
- Ensure consistency in measurement to facilitate comparability across recipient programmatic activities.

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:
U58 Chronic Disease Control Cooperative Agreement

3. Fiscal Year:
2023

4. Approximate Total Fiscal Year Funding:
$9,000,000

5. Total Period of Performance Funding:
$45,000,000
This amount is subject to the availability of funds.

Estimated Total Funding:
$45,000,000

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

year(s)

7. Expected Number of Awards:
9

8. Approximate Average Award:

$1,000,000
Per Budget Period

9. Award Ceiling:
$0
Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor:
$0
Per Budget Period

The minimum amount of funding per recipient is $875,000. This amount is subject to availability of funds.

11. Estimated Award Date:
August 31, 2023

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 not available through this NOFO.

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:
00 (State governments)

01 (County governments)

02 (City or township governments)

04 (Special district governments)

05 (Independent school districts)

06 (Public and State controlled institutions of higher education)

07 (Native American tribal governments (Federally recognized))

08 (Public housing authorities/Indian housing authorities)

11 (Native American tribal organizations (other than Federally recognized tribal governments))

12 (Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education)

13 (Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education)

20 (Private institutions of higher education)

22 (For profit organizations other than small businesses)

23 (Small businesses)

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

2. Additional Information on Eligibility

The following documents are required to be included as part of the application:

- Project Abstract
- Project Narrative (including work plan)
- Budget Narrative

If any of the above-required documents are not included, CDC will consider the application non-responsive, and it will not receive any further review.

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

Maintenance of effort is not required for this program.

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.

PLEASE NOTE: Effective April 4, 2022, applicants must have a Unique Entity Identifier (UEI) at the time of application submission (SF-424, field 8c). The UEI is generated as part of

SAM.gov registration. Current SAM.gov registrants have already been assigned their UEI and can view it in SAM.gov and Grants.gov. Additional information is available on the GSA website, SAM.gov, and Grants.gov- Finding the UEI.

a. Unique Entity Identifier (UEI):

All applicant organizations must obtain a Unique Entity Identifier (UEI) number by registering in SAM.gov prior to submitting an application. A UEI number is a unique twelve-digit identification number assigned to the registering organization.

If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must provide their UEI 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 and a Unique Entity Identifier (UEI). 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 SAM.gov and the SAM.gov Knowledge Base.

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	System for Award Management (SAM)	1. Go to SAM.gov and designate an E-Biz POC (You will need to have an active SAM account before you can register on grants.gov). The UEI is generated as part of your registration.	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

2	Grants.gov	1. Set up an individual account in Grants.gov using organization's new UEI 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	It takes one day (after you enter the EBiz POC name and EBiz POC email in SAM) to receive a UEI (SAM) which will allow you to register with Grants.gov and apply for federal funding.	Register early! Applicants can register within minutes.

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)

Due Date for Letter Of Intent 04/12/2023

04/12/2023

b. Application Deadline

Due Date for Applications 05/31/2023

05/31/2023

11:59 pm U.S. Eastern 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

CDC will conduct a Zoom conference call for all interested applicants to provide technical assistance and respond to any questions regarding this Notice of Funding Opportunity. This call

will take place on **April 19, 2023 at 3:00 p.m**. US Eastern Standard Time. The Zoom call information is:

https://cdc.zoomgov.com/j/1617670850?pwd=bXllZzFyUXQ0bkxvUFA3ckVaRER1QT09

Meeting ID: 161 767 0850

Passcode: Us2#!jdG

One tap mobile

+16692545252,,1617670850#,,,,*11856498# US (San Jose)

+16468287666,,1617670850#,,,,*11856498# US (New York)

Dial by your location

+1 669 254 5252 US (San Jose)

+1 646 828 7666 US (New York)

+1 646 964 1167 US (US Spanish Line)

+1 551 285 1373 US

+1 669 216 1590 US (San Jose)

+1 415 449 4000 US (US Spanish Line)

Meeting ID: 161 767 0850

Passcode: 11856498.

The call will also be recorded. Instructions for accessing the recording and a list of frequently asked questions will be available at https://www.cdc.gov/tobacco/about/foa/preventing-tobacco-cancer-health-disparities/index.html.

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 UEI.

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

The submission of a Letter of Intent (LOI) is requested but optional. The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications.

The LOI should be sent via email to:

Chanel Recasner

CDC, NCCDPHP

Email address: NNDP230015@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.

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.
- The recipient may not use funds to purchase nicotine replacement therapy or other pharmacotherapies/medications used for cessation.
- The recipient may not use funds to provide direct cessation services or other direct services other than those through evidence-based quitline services.

- The recipient may not use funds to support retailer compliance checks, enforcement, or retailer education.
- 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.
- The recipient may not accept funding from any organization that manufactures, sells, markets, or distributes commercial tobacco products or organizations/individuals who are funded by an organization that manufactures, sells, markets, or distributes commercial tobacco products.
- The recipient will comply with all federal civil rights laws and not discriminate on the basis of race, color, national origin, age, disability, or sex. Strategies and activities proposed and implemented by the recipient under this NOFO may not be limited to only individuals within population of focus selected by the recipient.

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/additional-requirements/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 via email.

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:** 42

i. Background and Need (15 Points)

The extent to which the applicant:

1. Describes the current commercial tobacco-and cancer-related health disparity needs for the population of focus. (3)
2. Describes history working with the NTCP and the NCCCP in addressing the needs of the population of focus. (3)
3. Describes strategies that advance health equity by addressing SDOH. (3)
4. Describes experience with the utilization of a population specific Community of Practice as a mechanism for sharing information and experiences with the goals of developing additional resources, best and promising practices as well as improving the overall strategies and health outcomes for the population of focus. (3)
5. Describes evidence-based (including policy-based interventions and systems change approaches) and promising practice-based approaches appropriate to address commercial tobacco prevention and control and cancer prevention and control. (3)

ii. Strategies and Activities (15 Points)

The extent to which the applicant:

1. Provides a clear and concise description of how they will adequately achieve the intended program outcomes and carry out the proposed strategies and activities and describes how the work plan will focus on priorities that address the needs of the specific population of focus and any identified intersectional population(s). (3)
2. Provides a complete and comprehensive work plan for the first budget period that:
    - Address the needs of the populations of focus and relate to the program strategies and activities; (3)
    - Describe activities that are achievable, build capacity, and are likely to lead to the attainment of the proposed objectives (3); and
    - Describe outcomes that are achievable and address the purpose of the NOFO (3).

3. Provides a work plan that contains SMART objectives and are appropriate to achieve the desired program outcomes by the end of the five-year period of performance. (3)

iii.* <u>Collaboration</u> *(9 Points)

The extent to which the applicant:

1. Provides examples of their experience in working collaboratively with CDC funded programs as well as non-CDC funded programs in addressing the needs of the population of focus.(3)
2. Describes how they will collaborate with relevant CDC funded programs, non-CDC funded programs, and key organizations to address the needs of the population of focus. (3)
3. Describes a history of working collaboratively with CDC-funded NTCP, NCCCP state programs, and a variety of multisector partners to address commercial tobacco- and cancer-related health disparity needs. (3)

iv. *Conduct and Use of Assessments to Improve Programs* *(3 Points)*

The extent to which the applicant:

1. Describes needs assessments or other types of assessments conducted with CDC-funded programs on culturally responsive inclusion of the population of focus in intervention planning, collection, and use of data, or tailored and targeted messaging and how these findings will be used to improve communications, collaborations, or other aspect of work with CDC-funded programs, and impact on programs, if applicable. (3)

ii. Evaluation and Performance Measurement **Maximum Points:** 25

i. ***Evaluation Plan*** ***(25 Points)***

The extent to which the applicant:

1. Provides an initial evaluation plan indicating how they will monitor progress in implementing program strategies, activities, and measure program outcomes. (5)
2. Describes, through written narrative, an understanding of the performance measures described in Performance Measurement section. (5)
3. Fully describes existing evaluation capacity. (5)
4. Clearly states intentions to develop a 5-year evaluation plan that meets the criteria outlined in the CDC Evaluation Framework. (5)
5. Provides five-year period of performance outcomes that address the purpose of the NOFO. (5)

iii. Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 33

i. **Organizational Capacity Statement** (12 Points)

The extent to which the applicant describes:

1. Organizational capacity, expertise, and experience to enhance the quality and performance of public health programs, public health data and information systems, public health practice and services, public health partnerships, and public health resources that focus on the prevalence of commercial tobacco use and cancer related health disparities in specific populations of focus. (3)

2. Existing, active, multi-sector partners with demonstrated success or experience implementing evidence-based/promising practice based (including policy-based interventions and systems change approaches) strategies which benefit the population of focus. (3)
3. Capacity and structures in place to engage multi sector partners representing national, regional, state, tribal, territory, jurisdictional and/or local level working on strategies that advance health equity by addressing SDOH. (3)
4. Capacity and structures in place to engage multi sector partners representing national, regional, state, tribal, territory, jurisdictional and/or local level working in commercial tobacco control, comprehensive cancer control, chronic disease prevention, within the identified population of focus. (3)

ii. **Relationship with the Population of Focus** (15 Points)

The extent to which the applicant describes:

1. Experience serving the identified population of focus to impact the prevalence of commercial tobacco use and cancer related health disparities and advance health equity by addressing SDOH. (5)
2. Knowledge and understanding of appropriate methods to reach and engage partners which serve members of the identified populations of focus (and intersectional populations). (4)
3. Experience providing technical assistance and training to NTCP, NCCCP, and/or other CDC-funded initiatives. (3)
4. One population of focus as well as the required intersectional populations in the submitted application as outlined in the "Target Population" section of the NOFO. (3)

iii. **Project Management/Staffing Plans** (6 Points)

The extent to which the applicant, through written narrative and supporting documentation, describes:

1. Staff member experience with clearly defined roles for each member. (3)
2. Staff member capacity to accomplish program outcomes. (3)

Budget **Maximum Points:** 0

Reviewed but not scored.

The extent to which the proposed budget is reasonable and consistent with the stated objectives and planned activities.

c. Phase III Review

Applications will be scored and ranked determined by the objective review panel. In addition, CDC may fund out of rank order to ensure representation and inclusion of each of the target populations identified in the "Target Population" section of this NOFO. Organizations will not be funded if they serve more than one population of focus. The CDC will only fund one population of focus from a single applicant. The CDC will provide justification for any decision to fund out of rank order.

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

Successful applicants will be notified in writing by CDC OGS at least 30 days prior to the anticipated award date. The anticipated award date is August 31, 2023.

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 annual 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.

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 following administrative requirements apply to this project:

AR-8: Public Health System Reporting Requirements

AR-9: Paperwork Reduction Act Requirements

AR-10: Smoke-Free Workplace Requirements

AR-11: Healthy People 2030

AR-12: Lobbying Restrictions

AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities

AR-14: Accounting System Requirements

AR-15: Proof of Nonprofit Status

AR-21: Small, Minority, And Women-owned Business

AR 23: Compliance with 45 C.F.R. Part 87

AR-24: Health Insurance Portability and Accountability Act Requirements

AR-25: Data Management and Access

AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving", October 1, 2009

AR-30: Information Letter 10-006, - Compliance with Section 508 of the Rehabilitation Act of 1973

AR-37: Prohibition on certain telecommunications and video surveillance services or equipment for all awards issued on or after August 13, 2020

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

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-providers/provider- obligations/index.html and https://www.hhs.gov/civil-rights/for- individuals/nondiscrimination/index.html.

- For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.
- HHS funded health and education programs must be administered in an environment free of sexual harassment, see https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html.
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

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.

Report	***When?***	***Required?***
Recipient Evaluation and Performance Measurement Plan	*6 months into award*	*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	*Annual reporting*	*No*
Sustainability Plan	*90 days after the end of the year 4 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 project period.*	*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 publicly 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.

CDC will provide the template for recipients to use within 6 months of the initial award.

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.

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:

First Name:
Chanel

Last Name:
Recasner
Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention

Address:
Department of Health and Human Services
Centers for Disease Control and Prevention

4770 Buford Highway MS S107-7

Atlanta, GA 30341-3717

Telephone:
770-488-8119

Email:
NNDP230015@cdc.gov

Grants Staff Contact

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

First Name:
Barbara

Last Name:
Strother
Grants Management Specialist
Department of Health and Human Services
Office of Grants Services

Address:
2920 Brandywine Rd

Atlanta, GA 30341

Telephone:

Email:
bstrother@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:
Resumes / CVs

Letters of Support

Organization Charts

Non-profit organization IRS status forms, if applicable

Indirect Cost Rate, if applicable

Bona Fide Agent status documentation, if applicable

Important Websites

1. Division of Cancer Control and Prevention
2. Health Equity Guiding Principles for Inclusive Communication | Gateway to Health Communication | CDC
3. Million Hearts® Tobacco Cessation Change Package
4. National and State Tobacco Control Program
5. National Comprehensive Cancer Control Program
6. Office on Smoking and Health
7. Social Determinants of Health at CDC
8. Social Needs and Social Determinants: The Role of the Centers for Disease Control and Prevention and Public Health
9. The Guide to Community Preventive Services (The Community Guide)
10. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General
11. Understanding and addressing social determinants to advance cancer health equity in the United States: A blueprint for practice, research, and policy

The Centers for Disease Control and Prevention (and recipients of federal funding) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, or other constitutionally protected statuses. This NOFO, including funding and eligibility, is not limited based on, and does not discriminate on the basis of race, color, national origin, disability, age, sex (including gender identity, sexual orientation, and pregnancy) or other constitutionally protected statuses.

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 .https://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 collection of federal programs, projects, services, and activities that provide assistance or benefits to the American public.

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. https://www.cdc.gov/grants/additional-requirements/index.html.

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.

UEI: The Unique Entity Identifier (UEI) number is a twelve-digit number assigned by SAM.gov. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a UEI number as the Universal Identifier. UEI number assignment is free. If an organization does not know its UEI number or needs to register for one, visit www.sam.gov.

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

Built environment: The physical makeup of where we live, learn, work, and play—our homes, schools, businesses, streets and sidewalks, open spaces, and transportation options. The built environment can influence overall community health and individual behaviors.

Commercial Tobacco: Tobacco products which are manufactured and sold by companies for recreational and habitual use, including cigarettes, smokeless tobacco, pipe tobacco, cigars, hookahs, e-cigarettes, oral nicotine products, and other products. Commercial tobacco is mass-produced and sold for profit. It contains thousands of chemicals and produces over 7,000 chemical compounds when burned, many of which are carcinogenic, cause heart and other diseases, and premature death. Nicotine is the primary addictive substance found in commercial tobacco

Communities of Practice (CoP): A community of practice (CoP) is a group of people who share a common concern, a set of problems, or an interest in a topic and who come together to fulfill both individual and group goals. The CoP often focus on sharing best practices and creating new knowledge to advance a domain of professional practice. Interaction on an ongoing basis is an important part of this.

Community engagement: The process of working collaboratively with and through groups of people to improve the health of the community and its members. Community engagement often involves partnerships and coalitions that help mobilize resources and influence systems, improve relationships among partners, and serve as catalysts for changing policies, programs, and practices.

Digital Media: Any form of media that uses electronic devices for distribution. This form of media can be created, viewed, modified, and distributed via electronic devices. This includes social media (e.g., Facebook, Twitter, Instagram), online advertising, search engines, blogs, video streaming services, websites, and podcast.

Disability: Any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions).

Geographically Defined Populations: Geographically defined populations are areas of the US with disproportionately higher rates of tobacco use. Certain areas of the US, particularly in rural areas of the South and Midwest, have a disproportionately higher prevalence of tobacco use compared to the US national average.

Intersectional Populations: Individuals or populations that belong to more than one group and, therefore, may have combined, overlapping, and intersecting health and social inequities, as well as combined, overlapping, and intersecting strengths and assets.

Network: A consortium of national organizations and partners working collaboratively to advance the prevention of commercial tobacco use and cancer in populations experiencing tobacco- and cancer-related health disparities.

Policy, Systems, and Environmental Change (PSE): Policy, systems and environmental change approaches seek to go beyond programming and into the systems that create the structures in which we work, live and play. These approaches often work hand-in-hand where, for example, an environmental change may be furthered by a policy or system change. Similarly, a policy could be put in place that results in additional environmental changes. The process is not linear. Effective PSE approaches should seek to reach populations and uncover strategies for impact that are sustainable.

- Policy change-Changes to a law, regulation, procedure, administrative action, incentive, or voluntary practice of governments and other institutions. Public health professionals play an important role in supporting the implementation of policy change by conducting policy-relevant research including identifying the problems, engaging the community and stakeholders, collecting data, devising solutions, and evaluating impact; communicating findings in a manner that facilitates action; developing partnerships; and encouraging the efficient use of resources through the promotion of policies based on science—such as the promotion of evidence-based/promising practice based health interventions. Examples include, but are not limited to, support and education around policy change interventions such as creating smoke free environments, supporting tobacco pricing policies, and promoting restrictions at point of sale.
- Systems change- A change in organizational or legislative policies or in environmental supports that encourages and channels improvement(s) in systems, community, and individual-level health outcome. Systems interventions include, but are not limited to, provider and health system efforts to support tobacco-related cessation and cancer prevention, including increasing access to quality screening and treatment services and clinical trials, increasing efforts to reduce vaccine-preventable cancers, patient navigation to facilitate timely access to screening, education-related recommendations from The

Community Guide to promote health equity, or enhancing methods to identify and describe health disparities.

- Environmental change-Physical, observable changes in the built, economic, social environment and/or contexts that affect health outcomes. Environmental strategies address population health outcomes and are best used in combination with other strategies. Such interventions include, but are not limited to, smokefree, multiunit housing, comprehensive smokefree strategies, retail strategies, urban design and land use policies, food product placement policies, and increased access to community wellness programs.

Population health: An interdisciplinary, customizable framing and approach that allows public health and health care systems, agencies, and organizations to connect practice to policy for change to improve the health of communities. This approach utilizes partnerships among different sectors of the community—public health, industry, academia, health care, local government entities, etc.—to achieve positive health outcomes.

Populations of focus: Some populations, communities, and geographic areas are impacted by preventable diseases or conditions, disability, injury, and/or premature death more than others. In public health practice, the term refers to a subset of a population for whom a specific program is tailored based on associated risks for, or disparities in, a health condition.

Traditional media: Any form of mass communication available before the advent of digital media. This includes television, radio, newspaper, magazines, and billboards

Upstream Social Determinants of Health: The forces (e.g., racism, climate) and systems including economic policies and systems, development agendas, social norms, social policies, and political systems that shape the conditions of daily life. Upstream SDOH factors may include social disadvantage, risk exposure, and social inequities that play a fundamental causal role in poor health outcomes.