Health Impact Assessment for Improved Community Design

FOA Number: CDC-RFA-EH14-1407

National Center for Environmental Health
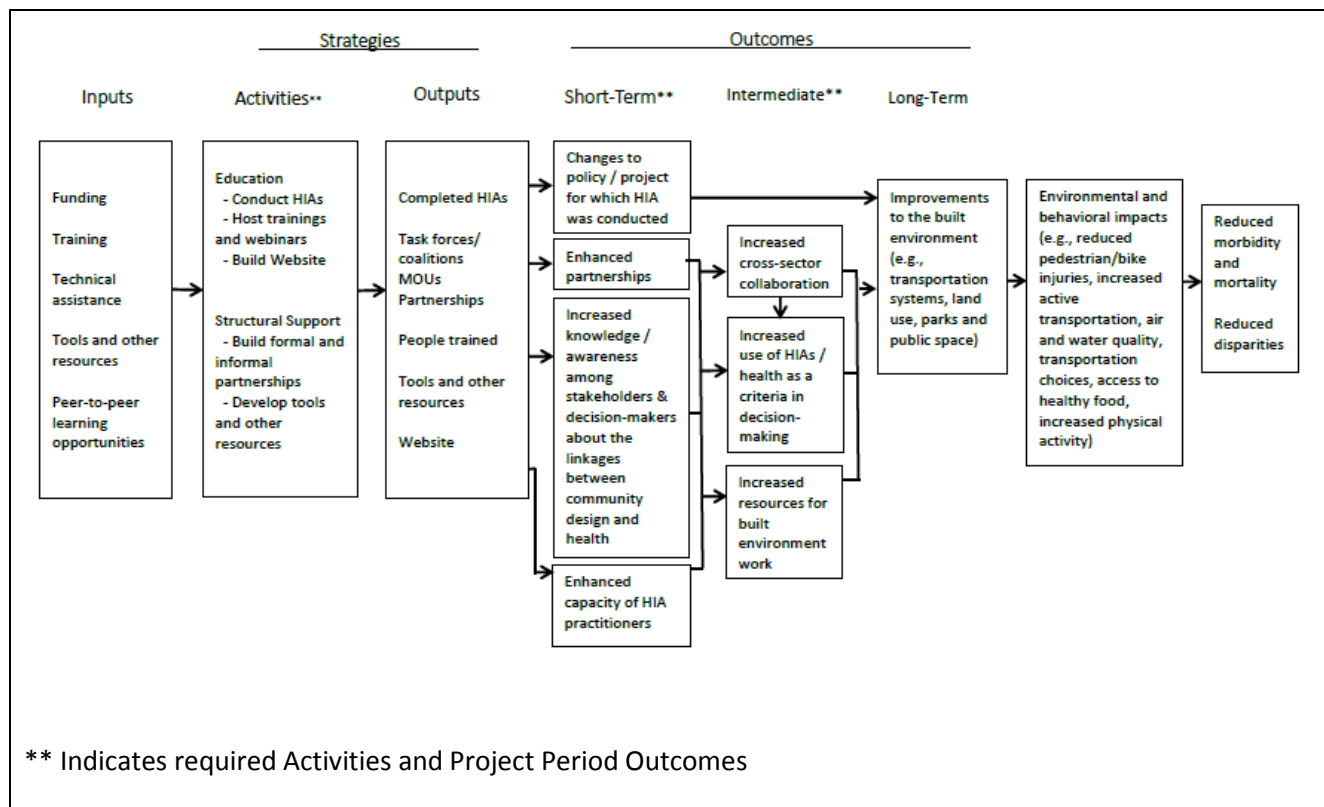
Contents

Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-EH14-1407. 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)	
B. Funding Opportunity Title:	
Health Impact Assessment for Improved Community Design	
C. Announcement Type: New—Type 1	
This announcement is only for non-research domestic activities supported by CDC. If research is proposed, the application will not be considered. Research for this purpose is defined at http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf.	
D. Agency Funding Opportunity Number:	
CDC-RFA-EH14-1407	
E. Catalog of Federal Domestic Assistance (CFDA) Number:	
93.070 (Environmental Public Health and Emergency Response)	
F. Dates:	
1. **Letter of Intent (LOI) Deadline: March 28, 2014**	
2. **Application Deadline: April 28, 2014**, 11:59 p.m. U.S. Eastern Standard Time, on www.grants.gov	
3. **Informational conference call for potential applicants:** Thursday, April 3, 2014, 1:00 – 2:00 PM EST, Call in number: 1-866-797-8509, participant code 2381164.	
G. Executive Summary:	

The Healthy Community Design Initiative (HCDI) within CDC's National Center for Environmental Health is dedicated to understanding and improving the relationship between community design and public health. HCDI focuses its efforts on two major components of the built environment: transportation systems and land-use. The design of these sectors affect, through environmental and behavioral intermediaries, injuries, physical activity, and health outcomes related to pollution exposure. The decisions that are made regarding community design impact health, but often health considerations are not incorporated into community design policies and programs. HCDI seeks to promote an evidence-based approach toward community design decision-making through three major activities: first, improving surveillance related to community design so communities have reliable local data they can use; second, encouraging Health Impact Assessments (HIAs) of policies, programs, and projects that will affect community design; and finally, supporting education and communication. This FOA fits into HCDI's activities

by building capacity for HIA.

Health Impact Assessment (HIA) is commonly defined as "a systematic process that uses an array of data sources and analytic methods and considers input from stakeholders to determine the potential effects of a proposed policy, plan, program, or project on the health of a population and the distribution of those effects within the population. HIA provides recommendations on monitoring and managing those effects" (National Research Council, 2011). HIA can help decision-makers avoid adverse health consequences and costs and improve health. HIA may also help reduce environmental injustices by characterizing opportunities to improve the relationship between affected vulnerable groups and the policy or project.

1.	Summary Paragraph:

The purpose of this funding opportunity announcement is to increase the capacity of public health departments to include health considerations in transportation and land use planning decisions, and to expand the scope of health impacts considered when making decisions that impact community design. This FOA will fund recipients to conduct activities and achieve similar outcomes of the existing FOA EH11-1104 awardees. The recipient's strategies and activities will be in agreement with the non-research goals of the National Research Council's recommended strategies to advance the practice of HIA. Expected project period outcomes include increased awareness of the linkages between community design and health, enhanced capacity of HIA practitioners, increased knowledge of decision makers and increased community collaboration to improve the built environment.

a.	**Eligible Applicants (select one):** Open competition
b.	**FOA Type (select one):** Cooperative agreement
c.	**Approximate Number of Awards:** 6
d.	**Total Project Period Funding:** $2,610,000
e.	**Average One Year Award Amount:** $145,000
f.	**Number of Years of Award:** 3
g.	**Approximate Date When Awards will be Announced:** 06/01/2014
h.	**Cost Sharing and /or Matching Requirements:**
	Not applicable for this announcement.

Part II. Full Text

A.	**Funding Opportunity Description**

1.	**Background**
	Maximum 2 pages, single-spaced, Calibri 12 point, 1-inch margins.
a.	**Statutory Authorities:** This program is authorized under Sections 301 and 311 of the Public Health Service Act [42 U.S.C. Sections 241 and 243], as amended.
b.	**Healthy People 2020:**
	This program addresses the "Healthy People 2020" focus areas of eliminating health disparities, increasing physical activity, improving environmental health, reducing injuries, and building public health capacity (www.healthypeople.gov/hp2020).
c.	**Other National Public Health Priorities and Strategies:**

		National Prevention Strategy ([http://www.surgeongene ral.gov/initiatives/prevention/strategy/index.html](http://www.surgeongeneral.gov/initiatives/prevention/strategy/index.html)), National Research Council (http://www.nas.edu/nrc/index.html), and the CDC Transportation Recommendations (http://www.cdc.gov/transportation/).
	d.	**Relevant Work:**
		Original work for this Funding Opportunity Announcement was piloted in four states with the Association of State and Territorial Health Officials (ASTHO) (http://www.astho.org/) through a cooperative agreement with the CDC Office of State, Tribal, Local, and Territorial Services (OSTLTS) (http://www.cdc.gov/stltpublichealth/aboutostlts/index.html). This led to the existing FOA EH11-1104 'Health Impact Assessment to Foster Healthy Community Design' which was funded in September 2011 and will continue their efforts until August 2014. The existing FOA funds capacity building for implementation of HIA's in six communities. Outcomes include increased awareness of the linkages between community design and health, enhanced capacity of HIA practitioners, increased knowledge of decision makers and increased community collaboration to improve the built environment.
2.		**CDC Project Description:**
		CDC's Healthy Community Design Initiative is part of the National Center for Environmental Health's Division of Emergency and Environmental Health Services. The Initiative works to improve public health by:
		• Linking public health surveillance with community design decisions; • Improving community design decisions through tools such as Health Impact Assessment; • Educating decision makers on the health impact of community design; • Building partnerships with community design decision makers and their influencers;
		Healthy community design, including the use of Health Impact Assessments, can improve people's health by:

		• Short-Term Outcomes –
		   - Changing policies/projects for which HIA was conducted
		   - Enhancing Partnerships
		   - Increasing knowledge / awareness among stakeholders & decision-makers about the linkages between community design and health
		   - Enhancing capacity of HIA practitioners
		 • Intermediate Outcomes –
		   - Increasing cross-sector collaboration
		   - Increasing use of HIAs / health as a criteria in decision-making
		   - Increasing resources for built environment work
		 • Long-Term Outcomes –
		   - Improving the built environment (e.g., transportation systems, land use, parks and public space)
		   - Environmental and behavioral impacts (e.g., reduced pedestrian/bike injuries, increased active transportation, air and water quality, transportation choices, access to healthy food, increased physical activity)
		   - Reduced morbidity and mortality
		   - Reduced disparities

	a.	**Approach:**

Logic Model

Strategies			Outcomes		
Inputs	Activities**	Outputs	Short-Term**	Intermediate**	Long-Term

Inputs
- Funding
- Training
- Technical assistance
- Tools and other resources
- Peer-to-peer learning opportunities

Activities**
- Education
  - Conduct HIAs
  - Host trainings and webinars
  - Build Website
- Structural Support
  - Build formal and informal partnerships
  - Develop tools and other resources

Outputs
- Completed HIAs
- Task forces/ coalitions
- MOUs
- Partnerships
- People trained
- Tools and other resources
- Website

Short-Term**
- Changes to policy / project for which HIA was conducted
- Enhanced partnerships
- Increased knowledge / awareness among stakeholders & decision-makers about the linkages between community design and health
- Enhanced capacity of HIA practitioners

Intermediate**
- Increased cross-sector collaboration
- Increased use of HIAs / health as a criteria in decision-making
- Increased resources for built environment work

Long-Term
- Improvements to the built environment (e.g., transportation systems, land use, parks and public space)
- Environmental and behavioral impacts (e.g., reduced pedestrian/bike injuries, increased active transportation, air and water quality, transportation choices, access to healthy food, increased physical activity)
- Reduced morbidity and mortality
- Reduced disparities

** Indicates required Activities and Project Period Outcomes

i. Problem Statement:	

Ensure that health is considered in projects, programs and policies affecting community design and land-use, and to support public health departments to integrate prospective Health Impact Assessment (HIA) into transportation and community design and/or planning so that evidence-based improvements to transportation and land-use are completed, spurring increased physical activity, active transportation, and reduced injuries through environmental changes that can lead to reduced morbidity, mortality, and health disparities.

ii. Purpose:

The purpose of the program is to increase the capacity of public health departments to include health considerations in transportation and land use planning decisions, and to expand the scope of health impacts considered when making decisions that impact community design.

iii. Outcomes:

Measureable project period outcomes of the program are:
- a. Short Term Outcomes:
  - i. Changes to policy/project for which HIA was conducted
  - ii. Enhanced partnerships
  - iii. Increased knowledge/awareness among stakeholders and decision-makers about the linkages between community design and health
  - iv. Enhanced capacity of HIA practitioners
- b. Intermediate Outcomes:
  - i. Increased cross-sector collaboration
  - ii. Increased use of HIAs/health as a criteria in decision-making
  - iii. Increased resources for built environment work

iv. Funding Strategy:

Not applicable for this announcement.

v. Strategies and Activities:

HCDI's work on HIAs is in agreement with the non-research aims of the National Research Council's recommended strategies to advance the practice of HIA. Specifically, HCDI seeks to advance HIA's through:

Education – Increasing societal awareness of and education in HIA
   a. Conduct HIA's – Propose and complete Health Impact Assessments each year, targeted at a transportation or land-use project or policy, in coordination with health, housing and urban development, land-use, planning and/or transportation professionals who have been trained in HIA.
   b. Host Trainings and Webinars – Conduct training sessions on Health Impact Assessment (HIA) and healthy community design. Content for the trainings should be consistent with national and international guidance on HIA practice.
   c. Build a Website - develop and maintain a publicly accessible webpage, or modify a current webpage, on the official website of the state health department to provide links to HIA resources, including http://www.cdc.gov/healthyplaces/hia.htm, sources of data that could be helpful to local HIA practitioners in the state, and other HIA resources.

Structural Support - Increasing structures and policies to support HIA, including interagency collaboration at the local, state, and federal levels and guidance of how HIA could effectively be coordinated with existing policies.
   a. Build Formal and Informal Partnerships – to implement infrastructure or policies based on the recommendations of the National Prevention Strategy, the Interagency Partnership for Sustainable Communities, HHS/HUD collaborations, and/or other state or local planning and development efforts to create healthy community design.
   b. Develop Tools and other Resources – that will be helpful to HIA practitioners in the state. Resources should include written materials or links that provide guidance on conducting HIA and sources of data for HIAs. Tools include developing and maintaining a publicly accessible webpage, or modify a current webpage.

Listed above are the primary programmatic strategies (i.e. public health interventions or public health capabilities) applicants will use to help accomplish the project period outputs and outcomes.

1. **Collaborations –** Recipients are required to collaborate with the following CDC funded programs if they currently are funded in your state, and are encouraged to collaborate with organizations external to CDC. Include a signed letter of support that verifies each collaboration.   a. **With CDC funded programs:**
a. Healthy Community Design Initiative   b. Environmental Public Health Tracking Network, if it is funded in your state
b. **With organizations external to CDC:**

a. Health Impact Project - http://www.healthimpactproject.org/
   b. Association of State and Territorial Health Officials - http://www.astho.org/
   c. The Society of Practitioners of Health Impact Assessment - http://www.hiasociety.org/
   d. Other programs providing HIA support

2. Target Populations:
Not applicable for this announcement.
Inclusion:
Not applicable for this announcement.
b. Evaluation and Performance Measurement:
i. CDC Evaluation and Performance Measurement Strategy:

Evaluations are key components to ensuring resources are being used efficiently and effectively towards the goals of the FOA. An evaluation framework based on outcome and process data will be utilized and reported on annually through the Annual Performance Report. Evaluation findings and performance measures will be used for continuous program/quality improvement during the FOA program cycle. The CDC project officer will provide guidance and technical support to the recipient through the mechanism outlined in the subsequent CDC Monitoring and Accountably Approach section.

The following broad outcome measures which are linked to the outcomes identified in the FOA will be reported during monthly calls with the project officer and in writing through the Annual Progress Report.

Process Evaluation

- Strategy: Education
  - Tracking website completion
  - Tracking trainings completed
  - Tracking completed and in-progress HIAs and their current stage of progress
- Strategy: Structural Support
  - Tracking partnerships

Outcome Evaluation

- Enhanced Capacity of HIA Practitioners
  - Tracking local and state partners engaged in Healthy Community Design activities, and descriptions of where collaborative activities have been facilitated by the recipient.
- Increased Knowledge
  - Tracking the number, distribution, and types of people trained in HIA and how they have applied their training
  - Tracking website measures of use
- Enhanced Partnerships
  - Tracking formal (e.g. interagency agreement) partnerships that are established and informal partnerships' accomplishments
- Changes to support health
  - Tracking the impact of the completed HIAs on the decisions they targeted and other identified changes.
  - Tracking both the number of pedestrian and bicyclist injuries and the number of pedestrian and bicyclist trips (or a proxy) in the targeted areas, and the ratio of the two.

	ii. Applicant Evaluation and Performance Measurement Plan:
	Evaluation and performance measurement will be utilized to demonstrate the value of the FOA (e.g., impact on improving public health outcomes, effectiveness of FOA, cost-effectiveness or cost benefit). Applicants must provide an overall jurisdiction-/community- specific evaluation and performance measurement plan that are consistent with the CDC strategy. At a minimum, the plan must: • Describe how key program partners will be engaged in the evaluation and performance measurement planning processes • Describe the type of evaluations to be conducted (i.e. process and/or outcome) • Describe key evaluation questions to be answered • Describe other information, as determined by the CDC program (e.g., performance measures to be developed by the applicant) that should be included • Describe potentially available data sources and feasibility of collecting appropriate evaluation and performance data • Describe how evaluation findings will be used for continuous program/quality improvement • Describe how evaluation and performance measurement will contribute to development of that evidence base, where program strategies are being employed that lack a strong evidence based of effectiveness
c.	**Organizational Capacity of Awardees to Execute the Approach:**
	Applicants must include a detailed description of the entity's experience, program management components, and a plan for long-term sustainability of the project specifically focusing on workforce development. Applicants must describe how they will assess staff competencies and develop a plan to address gaps through organizational and individual training and development. Applicants should identify three staff members who will engage in this effort. Include staff resumes and any MOU's/MOA's/LOI's regarding capacity building. Staff must have the capacity to: • conduct HIA trainings • provide epidemiological support • develop and lead coalitions • support web-based design • develop and disseminate communication materials • generate support from the state health department
d.	**Work Plan:**
	The workplan is an elaboration of the Approach section above, including the Strategy and Activities section of the logic model. The work plan should describe how the applicant will implement the proposed strategies and activities to meet the outcomes of the FOA. CDC will allow flexibility for the awardee in implementing strategies to achieve outcomes. CDC typically provides feedback and technical assistance to the awardee to finalize the work plan post-award. The following program elements shall be included as components of the Work Plan. Awardee activities are required to complete each year: Conduct HIAs: a) Propose and complete three Health Impact Assessments each year, targeted at a transportation or land-use project or policy, in coordination with health, housing and urban development, land-use, planning, nutrition/agriculture, and/or transportation professionals who have been trained in HIA. These HIAs may be at the state or local jurisdiction level. Organize a project kick-off meeting that includes an orientation to HIA for participants. In

developing the HIA methodology, awardees must:
- Include in the HIA the following steps: screening, scoping, assessment, recommendations, reporting, and monitoring/evaluation
- Utilize examples from CDC's Health Impact Assessment resources (http://www.cdc.gov/healthyplaces/hia.htm) and other HIA resources.
- Obtain a letter of support from the participating agency, indicating a commitment to consider HIA recommendations in the policy or project.

Community involvement in the HIA process, development of an advisory panel, and use of built environment indicators from CDC's Environmental Public Health Tracking program (http://ephtracking.cdc.gov/showcommunitydesignindicators) are strongly encouraged. It is also encouraged to conduct at least one HIA in the framework of a policy that could support HIA.
(http://www.healthimpactproject.org/resources/body/Legal_Review_of_HIA_report.pdf)

b) Establish a steering committee for the Health Impact Assessment program composed of a diverse group of academic, non-profit, community, and/or governmental partners who can help facilitate and provide guidance for HIA practice. Ensure that the activities of this steering committee do not implicate the Federal Advisory Committee Act.

Build Formal and Informal Partnerships
a) Engage with local, state, and/or regional efforts to implement infrastructure or policies based on the recommendations of the National Prevention Strategy, the Interagency Partnership for Sustainable Communities, and/or other state or local planning and development efforts to create healthy community design. Engagement could also include work with communities to develop policies such as comprehensive plans or transportation plans. Provide health-related technical assistance and/or health data to these efforts. Engagement must include membership in and/or formal organizational support of one or more sustainability partnerships.
b) Conduct a minimum of two training sessions on Health Impact Assessment (HIA) and healthy community design each year. Content for the trainings should be consistent with national and international guidance on HIA practice. Trainings should also provide an overview of the connection between community design and public health. The goal is to train the maximum number of state, tribal and local government officials in the project timeframe who can help sustain HIA practice. At least one training should be in-person, but technology such as webinars or video conferencing may be used to reach a larger audience for other trainings. Invitees should include state and local health, housing and urban development, land-use, community planning, and transportation professionals. Trainings may be geared to different skill levels, such as those targeted toward new or experienced practitioners, based on the level of HIA practice with the applicant's state. Trainings should include a mechanism for evaluation.
c) Advertise and provide conference calls, webinars, or other forums for HIA support and technical assistance related to healthy community design to local officials and/or community members.
d) Develop and submit a session proposal of findings and lessons learned to at least one state conference (public health, planning, housing, or environmental) every year. If selected, attend and present at conference. Applicants must incorporate this expected cost into their budgets.
e) Coordinate, with CDC project officer and other recipients, the development of a session to

a national conference (e.g. National HIA Meeting) every year. If selected, attend and present at the conference. Applicants must incorporate this expected cost into their proposed budgets.

f) Participate on regularly scheduled calls with NCEH and other recipients. Report progress, challenges, and lessons learned.

Other Resources

a) Develop and maintain a publicly accessible webpage, or modify a current webpage, on the official website of the state health department to provide links to HIA resources, including http://www.cdc.gov/healthyplaces/hia.htm, sources of data that could be helpful to local HIA practitioners in the state, and other HIA resources. Resources should include written materials or links that provide guidance on conducting HIA and sources of data for local HIAs. The webpage must also contain final reports of HIAs affiliated with this program and, if available, information regarding the status of the decision for which the HIA provided information.

b) Track HIA efforts throughout the applicant's state by collecting HIA reports from local jurisdictions or identifying the title, point of contact, and estimated completion date of HIAs in progress. Additionally, for completed HIAs, identify official points of contact (POC) of the person or department coordinating the HIA activity. Describe the results if the HIA decision has been made. Submit information along with annual report to NCEH for national tracking purposes.

c) Develop and maintain a "Healthy Community Design State and Local Partners" list. Identify key contacts, among state agencies and local jurisdictions, working in health, land-use, housing, nutrition/agriculture, planning and/or transportation, who are interested and/or trained in HIA and healthy community design, and who may be willing to partner on healthy community design-related work. Share list with CDC and state and local contacts. The language shared through this list should be publicly available information only; the private contact information of partners should not be shared to protect their privacy.

d) Attend required recipient meeting sponsored by CDC. Applicants must incorporate this expected cost into their proposed budget.

e) Develop a metric and track both the number of pedestrian and bicyclist injuries and the number of pedestrian and bicyclist trips (or a proxy) in the areas in which HIAs are performed, and the ratio of the two.

Optional Activities:

Compile data within the applicant's state that would be beneficial to healthy community design projects and policies. Examples of types of data include sidewalk inventories, bicycle facilities, pedestrian injury locations, community bicycling and walking counts, and park locations. Make these data easily accessible for healthy community design professionals on the website.

e. CDC Monitoring and Accountability Approach:

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

- Tracking awardee progress in achieving the desired outcomes.

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

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

Other activities deemed necessary to monitor the award, if applicable.

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

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

f. CDC Program Support to Awardees:

In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring including:
a. Conduct introductory webinar introducing HIA and Healthy Community Design
b. Provide feedback on materials
c. Coordinate multi-state recipient meeting
d. Host monthly conference call
e. Review progress reports, evaluation tools, and workplans
f. Conduct onsite visits to ensure achievement of success
g. Participate in national media campaign strategy
h. Maintain common web portal
i. Coordinate with other federal agencies and CDC programs
j. Submit session proposal to a national conference (e.g. National Health Impact Assessment Meeting)
k. Provide links to recipient reports on NCEH website

B. Award Information

1.	**Type of Award:** Cooperative Agreement CDC's substantial involvement in this program appears in the CDC Program Support to Awardees section.
2.	**Award Mechanism:** UE1 (Studies of Environmental Hazards and Health Effects)
3.	**Fiscal Year:** 2014
4.	**Approximate Total Fiscal Year Funding:** $870,000
5.	**Approximate Total Project Period Funding:** $2,610,000
6.	**Total Project Period Length:** 3

7.	**Approximate Number of Awards:** 6
8.	**Approximate Average Award:** $145,000
9.	**Floor of Individual Award Range:** $145,000
10.	**Ceiling of Individual Award Range:** $145,000
11.	**Anticipated Award Date:** September 1, 2014
12.	**Budget Period Length:** 12 months Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the awardee (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (project period) will be shown in the "Notice of Award." This information does not constitute a commitment by the federal government to fund the entire period. The total project period comprises the initial competitive segment and any subsequent non-competitive continuation award(s). *Beginning FY 14, AAGAM will be replaced with GPAM.
13.	**Direct Assistance:** "Direct Assistance (DA) is not available through this FOA.

C. Eligibility Information

1. Eligible Applicants:

[Government Organizations:
- State or their bona fide agents (includes the District of Columbia)
- Local governments or their bona fide agents
- Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau)
- State controlled institutions of higher education
- American Indian or Alaska Native tribal governments (federally recognized or state recognized)
- Public Housing Authorities/Indian Housing Authorities]

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

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

[Small businesses]

2. **Special Eligibility Requirements:**
Not applicable for this announcement.
3. **Justification for Less than Maximum Competition:**
Not applicable for this announcement.
4. **Cost Sharing or Matching:**
Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this FOA exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.
5. **Maintenance of Effort:**
Maintenance of effort is not required for this program.

D. Application and Submission Information

Additional materials that may be helpful to applicants:
http://www.cdc.gov/od/pgo/funding/docs/FinancialReferenceGuide.pdf .

1. **Required Registrations:** An organization must be registered at the three following locations before it can submit an application for funding at www.grants.gov.
    a. **Data Universal Numbering System:** All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements.

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

    If funds are awarded to an applicant organization that includes sub-awardees, those sub-awardees must provide their DUNS numbers before accepting any funds.
    b. **System for Award Management (SAM):** The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as an awardee. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process usually requires not more than five business days, and registration must be renewed annually. Additional information about registration procedures may be found at www.SAM.gov.
    c. **Grants.gov:** The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at

the "Get Registered" 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 must start the registration process as early as possible.

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 funding opportunity at www.grants.gov. If Internet access is not available, or if the online forms cannot be accessed, applicants may call the CDC PGO staff at 770-488-2700 or e-mail PGO PGOTIM@cdc.gov for assistance. Persons with hearing loss may access CDC telecommunications at TTY 1-888-232-6348.

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

    a. **Letter of Intent (LOI) Deadline** (must be emailed or postmarked by):   **March 28, 2014**

    b. **Application Deadline: April 28, 2014**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov

5. **CDC Assurances and Certifications:** All applicants are required to sign and submit "Assurances and Certifications" documents indicated at http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm.

    Applicants may follow either of the following processes:
    • Complete the applicable assurances and certifications, name the file "Assurances and Certifications" and upload it as a PDF file at www.grants.gov
    • Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at http://wwwn.cdc.gov/grantsassurances/Homepage.aspx

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

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

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

Descriptive title of proposed project:
    • Name, address, telephone number, and email address of the Principal Investigator or Project Director, or both
    • Name, address, telephone number, and e-mail address of the primary contact for writing and submitting this application
    • Number and title of this FOA

    LOI must be sent via U.S. express mail, delivery service, fax, or email to:
        Joseph Ralph
        CDC, NCEH
        Address: 4770 Buford Highway NE, Mailstop F-58

| Telephone number: 770-488-0539 |
| Fax: 770-488-3635 |
| Email address: CMQ8@cdc.gov |

8. Table of Contents: (No page limit and not included in Project Narrative limit)
Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary: (Maximum 1 page)
A project abstract is included on the mandatory documents list and must be submitted at www.grants.gov. 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: (Maximum of 25 pages, single spaced, Calibri 12 point, 1-inch margins, number all pages. Content beyond 25 pages will not be considered. 25 page limit includes the work plan.)

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

Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at www.grants.gov.

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

b. **Approach**

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

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

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

  iv. **Strategy and Activities:** Applicants must provide a clear and concise description of the strategies and activities they will to use to achieve the project period outcomes. Whenever possible, applicants should use evidence-based program strategies as identified by the Community Guide[1] (or similar reviews) and reference it explicitly as a source. Applicants may propose additional strategies and activities to achieve the outcomes. Applicants must select existing evidence-based strategies that meet their needs, or describe the rationale for developing and evaluating new strategies or

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[1] http://www.thecommunityguide.org/index.html

practice-based innovations. (See CDC Project Description: Strategies and Activities section.)

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

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

   Applicants must file letters of support, as appropriate, name the file "Letters of Support", and upload it as a PDF file at www.grants.gov.

2. **Target Populations:** Applicants must describe the specific target population(s) in their jurisdiction. Refer back to the CDC Project Description section – Approach: Target Population.

c. **Applicant Evaluation and Performance Measurement Plan:** Applicants must provide an overall jurisdiction or community-specific evaluation and performance measurement plan that is consistent with the CDC Evaluation and Performance Measurement Strategy section of the CDC Project Description of this FOA. Data collected must be used for ongoing monitoring of the award to evaluate its effectiveness, and for continuous program improvement.

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

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

d. **Organizational Capacity of Applicants to Implement the Approach:**
Applicant must address the organizational capacity requirements as described in the CDC Project Description. Applicants must name this file "CVs/Resumes" or

"Organizational Charts" and upload it at www.grants.gov.

11. Work Plan: (*Included in the Project Narrative's 25 page limit*)

Applicants must prepare a work plan consistent with the CDC Project Description Work Plan section. The work plan integrates and delineates more specifically how the awardee plans to carry out achieving the project period outcomes, strategies, and activities, evaluation and performance measurement, including key milestones.

Applicants must name this file "Work Plan" and upload it as a PDF file at www.grants.gov.

12. Budget Narrative:

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

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

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

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

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

13. Tobacco and Nutrition Policies:

Awardees are encouraged to implement tobacco and nutrition policies.

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

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

Tobacco Policies:
1. Tobacco-free indoors: Use of any tobacco products (including smokeless tobacco) or electronic cigarettes is not allowed in any indoor facilities under the control of the awardee.
2. Tobacco-free indoors and in adjacent outdoor areas: Use of any tobacco products or electronic cigarettes is not allowed in any indoor facilities, within 50 feet of doorways and air intake ducts, and in courtyards under the control of the awardee.
3. Tobacco-free campus: Use of any tobacco products or electronic cigarettes is not allowed in any indoor facilities or anywhere on grounds or in outdoor space under the control of the awardee.

Nutrition Policies:
1. Healthy food-service guidelines must, at a minimum, align with HHS and General Services Administration Health and Sustainability Guidelines for Federal Concessions and Vending Operations. These guidelines apply to cafeterias, snack bars, and vending machines in any facility under the control of the awardee and in accordance with contractual obligations for these services (see: http://www.gsa.gov/graphics/pbs/Guidelines_for_Federal_Concessions_and_Vending_Operations.pdf).
2. Resources that provide guidance for healthy eating and tobacco-free workplaces are: http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/tobacco/index.htm http://www.thecommunityguide.org/tobacco/index.html http://www.cdc.gov/chronicdisease/resources/guidelines/food-service-guidelines.htm.

14. Health Insurance Marketplaces:

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

15. Intergovernmental Review:
The application is subject to Intergovernmental Review of Federal Programs, as governed by Executive Order 12372, which established a system for state and local intergovernmental review of proposed federal assistance applications. Applicants should inform their state single point of contact (SPOC) as early as possible that they are applying prospectively for federal assistance and request instructions on the state's process. The current SPOC list is available at: http://www.whitehouse.gov/omb/grants_spoc/.]

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

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care.
- Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, awardees may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs is not allowed.
- Projects that involve the collection of information from 10 or more individuals and are funded by a grant/cooperative agreement will be subject to review and approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
  - o 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
  - o the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC awardees.
  If the award is a cooperative agreement, add the following sentence to the bulleted list (it is not relevant for other funding mechanisms):
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

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

posted for this funding opportunity at www.grants.gov.

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

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 FOA. Non-validated applications will not be accepted after the published application deadline date.

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

d. **Technical Difficulties:** If technical difficulties are encountered at www.grants.gov, applicants should contact Customer Service at www.grants.gov. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by e-mail at support@www.grants.gov. Application submissions sent by e-mail or fax, or on CDs or thumb drives will not be accepted. Please note that www.grants.gov is managed by HHS.

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

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

1. Include the www.grants.gov case number assigned to the inquiry;
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be postmarked at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered. If a paper application is authorized, PGO will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

E. Application Review Information

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

a. Phase I Review:

All applications will be reviewed initially for completeness by CDC PGO staff and will be reviewed jointly for eligibility by the CDC National Center of Environmental Health (NCEH) and PGO. Incomplete applications and applications that do not meet the eligibility criteria will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility or published submission requirements.

b. Phase II Review:

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

i. Approach: 65 Points
   a. Plan (40 Points) The applicant's proposed plan sufficiently addresses the purpose, objectives, and activities stated in the funding announcement
   • Does the plan address all required awardee activities?
   • Is the plan adequate to carry out the proposed activities and objectives?
   • Is the plan complete and comprehensive for the entire project period?
   • Are stated objectives SMART (specific, measurable, achievable, relevant, and time-framed)?
   • Is the plan supported (as identified through a letter of support) or conducted by a state public health agency?
   • Will the plan engage professionals and lead to HIAs conducted in a geographic area larger than a single city or county.
   • Does the plan involve other organizations; particularly public health, planning, housing, parks and recreation, and transportation?
   • Does the plan describe how connections to state agencies will be made, and how local health departments and other agencies will be engaged?
   • Does the applicant describe any linkages with other community based efforts (e.g., community comprehensive planning or action plans, or Food Policy Councils/healthy food access plans)?
   • Does the plan provide an adequate description and details of the proposed Health Impact Assessments?
   • How well does the applicant provide evidence of the ability to complete the awardee activities in the time required?

b. Collaborations (10 Points)
- Has the applicant involved collaborators?
- Is there a description of support and commitment to actively participate in the planning and completion of the Health Impact Assessments by state/tribal offices or departments, communities, counties, etc.?
- Do the collaborators represent groups that can extend the geographic reach of the HIA program?
- Are letters of support provided?
- Are CVs or resumes for the Project Lead and key staff included?

c. Outcome Measures (10 Points)
- Are the outcome measures for the training sessions, Health Impact Assessments, and technical assistance reasonable?
- Are other measures or supporting details included?
- Does the plan identify the Project Lead and other key staff involved, to include their roles, responsibilities and percentage of time that they will devote to the project work?

d. Timeline (5 Points)
- Does the timeline include all awardee activities and required reports for the entire project period?

ii. Evaluation and Performance Management: 15 Points
a. Program Evaluation (15 Points)
- To what extent does the evaluation plan describe useful and appropriate strategies and approaches to monitor and improve the quality, effectiveness, and efficiency of the project?

iii. Applicant's Organizational Capacity to Implement the Approach: 20 Points
a. Probability of Success and Challenges (15 Points)
- Is the description of why the project has a strong probability of success reasonable?
- Are anticipated challenges in completing the awardee activities reasonable?
- Do the applicant and key staff have appropriate experience?
- Does the applicant have demonstrated access to public health data, resources, and contacts within public health, transportation, parks, housing, and planning to engage a state-wide audience?

b. Sustainability Plan (5 Points)
- Does the applicant clearly articulate how the project may be sustained after the grant funding is complete?
- Does the applicant provide a description of how they plan to sustain their workforce development?
- Does the applicant provide evidence of leveraging other resources?

Not more than thirty days after the Phase II review is completed, applicants will be notified

electronically if their application does not meet eligibility or published submission requirements.

c.   Phase III Review:
Applications will be funded in order by score and rank determined by the review panel.

2. Announcement and Anticipated Award Dates:
The award will be announced on www.grants.gov and the anticipated award date is September 1, 2014.

F.   Award Administration Information

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

2.   Administrative and National Policy Requirements:
Awardees must comply with the administrative requirements outlined in 45 C.F.R. Part 74 or Part 92, as appropriate. Brief descriptions of relevant provisions are available at http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm. The following Administrative Requirements (AR) apply to this project: Generally applicable ARs: - AR-7: Executive Order 12372   - AR-9: Paperwork Reduction Act   - AR-10: Smoke-Free Workplace   - AR-11: Healthy People 2010   - AR-12: Lobbying Restrictions   - AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities   - AR-14: Accounting System Requirements   - AR-16: Security Clearance Requirement   - AR-21: Small, Minority, And Women-owned Business   - AR-24: Health Insurance Portability and Accountability Act   - AR-25: Release and Sharing of Data   - AR-26: National Historic Preservation Act of 1966   - AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving," October 1, 2009   - AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973   - AR-33: Plain Writing Act of 2010

- AR-34: Patient Protection and Affordable Care Act (e.g., a tobacco-free campus policy and a lactation policy consistent with S4207)
- AR-35: Nutrition Policies

ARs applicable to awards related to conferences:
- AR-20: Conference Support
- AR-27: Conference Disclaimer and Use of Logos

Organization-specific ARs:
- AR-8: Public Health System Reporting (community-based, nongovernment organizations)
- AR-15: Proof of Non-profit Status (nonprofit organizations)
- AR 23: Compliance with 45 C.F.R. Part 87 (faith-based organizations)]

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

3. Reporting
a. CDC Reporting Requirements:

Reporting provides continuous program monitoring and identifies successes and challenges that awardees encounter throughout the project period. Also, reporting is a requirement for awardees who want to apply for yearly continuation of funding. Reporting helps CDC and awardees because it:
- Helps target support to awardees, particularly for cooperative agreements;
- Provides CDC with periodic data to monitor awardee progress towards meeting the FOA outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings to validate continuous program improvement throughout the project period and to determine applicability of evidence-based approaches to different populations, settings, and contexts; and
- Enables CDC to assess the overall effectiveness and influence of the FOA.

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

b. Specific reporting requirements:

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

- Indicate the frequency that evaluation and performance data are to be collected.
- Describe how data will be reported.
- Describe how evaluation findings will be used to ensure continuous quality and program improvement.

- Describe how evaluation and performance measurement will yield findings that will demonstrate the value of the FOA (e.g., effect on improving public health outcomes, effectiveness of FOA as it pertains to performance measurement, cost-effectiveness, or cost-benefit).
- Describe dissemination channels and audiences (including public dissemination).
- Describe other information requested and as determined by the CDC program.

When developing evaluation and performance measurement plans, applicants are encouraged to use the Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide, available at: http://www.cdc.gov/eval/guide/index.htm

ii. **Annual Performance Report:** This report must not exceed 45 pages excluding administrative reporting; attachments are not allowed, but Web links are allowed. The awardee must submit the Annual Performance Report via www.grants.gov 120 days before the end of the budget period. In addition, the awardee must submit an annual Federal Financial Report within 90 days after the end of the calendar quarter in which the budget year ends.

This report must include the following:
- **Performance Measures** (including outcomes)–Awardees must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results**–Awardees must report evaluation results for the work completed to date (including any data about the effects of the program).
- **Work Plan** –Awardees must update work plan each budget period.
- **Successes**
  - Awardees must report progress on completing activities outlined in the work plan.
  - Awardees must describe any additional successes (e.g., identified through evaluation results or lessons learned) achieved in the past year.
  - Awardees must describe success stories.
- **Challenges**
  - Awardees must describe any challenges that might affect their ability to achieve annual and project-period outcomes, conduct performance measures, or complete the activities in the work plan.
  - Awardees must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Awardees**
  - Awardees must describe how CDC could help them overcome challenges to achieving annual and project-period outcomes and performance measures, and completing activities outlined in the work plan.
- **Administrative Reporting** (No page limit)
  - SF-424A Budget Information-Non-Construction Programs.
  - Budget Narrative–must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
  - Indirect Cost-Rate Agreement.

The carryover request must:
- Express a bona fide need for permission to use an unobligated balance;
- Include a signed, dated, and accurate Federal Financial Report (FFR) for the budget period from which funds will be transferred (as much as 75% of unobligated balances); and
- Include a list of proposed activities, an itemized budget, and a narrative justification for those activities.

The awardee must submit the Annual Performance Report via www.grants.gov 120 days before the end of the budget period.

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

iv. **Federal Financial Reporting (FFR):** The annual FFR form (SF-425) is required and must be submitted through eRA Commons2 within 90 days after each budget period ends. The report must include only those funds authorized and disbursed during the timeframe covered by the report. The final report must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. The final FFR expenditure data and the Payment Management System's (PMS) cash transaction data must correspond; no discrepancies between the data sets are permitted. Failure to submit the required information by the due date may affect adversely the future funding of the project. If the information cannot be provided by the due date, awardees are required to submit a letter of explanation and include the date by which the information will be provided.

v. **Final Performance and Financial Report:** At the end of the project period, awardees must submit a final report including a final financial and performance report. This report is due 90 days after the project period ends. (CDC must include a page limit for the report with a maximum of 40 pages).

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

Awardees must email the report to the CDC PO and the GMS listed in the "Agency Contacts" section of the FOA.

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[2]https://commons.era.nih.gov/commons/

4. *Federal Funding Accountability and Transparency Act of 2006 (FFATA):*
The FFATA and Public Law 109-282, which amends the FFATA, require full disclosure of all entities and organizations that receive federal funds including awards, contracts, loans, other assistance, and payments. This information must be submitted through the single, publicly accessible Web site, www.USASpending.gov. Compliance with these mandates is primarily the responsibility of the federal agency. However, two elements of these mandates require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through SAM; and 2) similar information on all sub-awards, subcontracts, or consortiums for greater than $25,000. For the full text of these requirements, see: http://www.gpo.gov/fdsys/browse/collection.action?collectionCode=BILLS.

G. Agency Contacts

CDC encourages inquiries concerning this FOA.

For **programmatic technical assistance**, contact:
      Joseph Ralph, Project Officer
      Department of Health and Human Services
      Centers for Disease Control and Prevention
      4770 Buford Highway, Mailstop – F-58
      Telephone: 770-488-0539
      Email: CMQ8@cdc.gov

For **financial, awards management, or budget assistance**, contact:
      Valerie McCloud, Grants Management Specialist
      Department of Health and Human Services
      CDC Procurement and Grants Office
      University Park, 2600 Flowers Road
      Koger Building, Stanford Room 2100
      Atlanta, GA 30341
      Telephone: 770-488-4790
      Email: VMcCloud@cdc.gov

For assistance with **submission difficulties related to www.grants.gov,** contact the Contact Center by phone at 1-800-518-4726.
      Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

For all other **submission** questions, contact:
      Technical Information Management Section
      Department of Health and Human Services
      CDC Procurement and Grants Office

2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700
E-mail: pgotim@cdc.gov

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

H. Other Information

National Center of Environmental Health - http://www.cdc.gov/nceh/
Healthy Community Design Initiative - http://www.cdc.gov/healthyplaces/default.htm

Following is a list of acceptable attachments that 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
- CDC Assurances and Certifications
- Work Plan
- Table of Contents for Entire Submission
- Resumes/CVs
- Letters of Support
- Organizational Charts
- Non-profit organization IRS status forms, if applicable
- Indirect Cost Rate , if applicable
- Memorandum of Agreement (MOA)
- Memorandum of Understanding (MOU)
- Bona Fide Agent status documentation

I. Glossary

CDC may add to glossary.

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

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.

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

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

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

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

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

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

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

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

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

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

Dun & Bradstreet at http://fedgov.dnb.com/webform/displayHomePage.do.

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

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.

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

Healthy People 2020: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.

Inclusion: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.

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

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

Letter of Intent (LOI): A preliminary, non-binding indication of an organization's intent to submit an application.
Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at

any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

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

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

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

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

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

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

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

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

Program Strategies: Public health interventions or public health capabilities.

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

Project Period Outcome: An outcome that will occur by the end of the FOA's funding period.

Public Health Accreditation Board (PHAB): National, nonprofit organization that improves tribal, state, local, territorial, and U.S. public health departments and strengthens their quality and performance through accreditation.

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

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

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

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

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