Funding Opportunity Announcement (FOA) Template – New, Non-research, Domestic

Partnerships to Improve Community Health (PICH)

CDC-RFA-DP14-1417

National Center for Chronic Disease Prevention and Health Promotion

Effective date: 09/30/14

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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 DP-14-1417. 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:

Partnerships to Improve Community Health (PICH)

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-DP14-1417

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

CFDA Number: 93.331 – Partnership to Improve Community Health

F. Dates:

1. **Letter of Intent (LOI) Deadline: June 5, 2014 (Required)**
2. **Application Deadline: July 22, 2014**, 11:59 p.m. U.S. Eastern Daylight Time, on www.grants.gov
3. **Informational conference call for potential applicants:** May 28, 2014 from 4:00 pm-6:00 pm U.S. Eastern Daylight Time, Call-in Number: 888-324-7573 (toll free), Participant passcode: 5878439

G. Executive Summary:

1. **Summary Paragraph:**

CDC announces the availability of fiscal year 2014 (FY14) funds to implement FOA DP14-1417: Partnerships to Improve Community Health (PICH).

PICH is a new 3-year initiative to improve health and reduce the burden of chronic diseases. Eligible applicants include a variety of governmental agencies and non-governmental organizations, including local public health departments, school districts, local housing

authorities, local transportation authorities and American Indian tribes/Alaska Native villages and tribal organizations to work through multi-sectoral community coalitions that represent one of 3 designated geographic areas:

1. Large Cities and Urban Counties (with populations of 500,000 or more) plan to award 10-15 awards ranging between $1 million to $4 million,
2. Small Cities and Counties (with populations between 50,000-499,999) plan to award 15-20 awards ranging between $100,000 to $1.5 million, and
3. American Indian tribes and Alaskan Native villages and tribal organizations plan to award 5-10 awards ranging between $100,000 to $1 million.

Solving the nation's chronic disease problems requires the work of multiple sectors to create environments that support health and healthy behaviors. Applicants must have an existing multi-sectoral community coalition serving their community. Multi-sectoral community coalitions include representation from a variety of sectors, including businesses, schools, non-profit organizations, local health departments, health care organizations, community planning agencies, local housing authorities, local transportation authorities, social services, agricultural extensions programs, civic organizations, park and recreation departments, faith-based institutions, and other community-based organizations. When multiple sectors work toward common chronic disease prevention priorities, improvements in health can be amplified and accelerated.

PICH supports the implementation of population-based strategies that expand the reach and health impact of the policy, systems, and environmental (PSE) improvements. Applicants will identify and implement PSE strategies across multiple sectors that reach large numbers of people and have moderate to large effects on health outcomes or chronic disease risk factors. Additionally, special efforts should be taken to ensure focus on priority populations. These are populations experiencing a disproportionate burden of chronic diseases or conditions. Applicants must demonstrate that the selected strategies are based on the results of an existing community health needs assessment completed within the last 3 years. All interventions should contribute to long-term outcomes of reduction in chronic diseases (i.e. heart disease, stroke, diabetes, and obesity) and related risk factors and conditions (i.e., tobacco use and exposure, poor nutrition, physical inactivity, and lack of access to chronic disease prevention, risk reduction and management opportunities).

a. Eligible Applicants (select one): Limited competition

b. FOA Type (select one): Cooperative agreement

c. Approximate Number of Awards: 30-40

d. Total Project Period Funding: $150,000,000, subject to availability of funds

e. Average One Year Award Amount: $900,000 (range: $100,000 - $4,000,000)

f. Number of Years of Award: 3 years

g. Approximate Date When Awards will be Announced: September 30, 2014

h. Cost Sharing and /or Matching Requirements:

Cost sharing funds are strongly encouraged for this project to facilitate sustainability. We encourage applicants to describe their plans to access resources from non-Federal sources in an amount not less than 15 percent of Federal funds awarded to a Large City and Urban

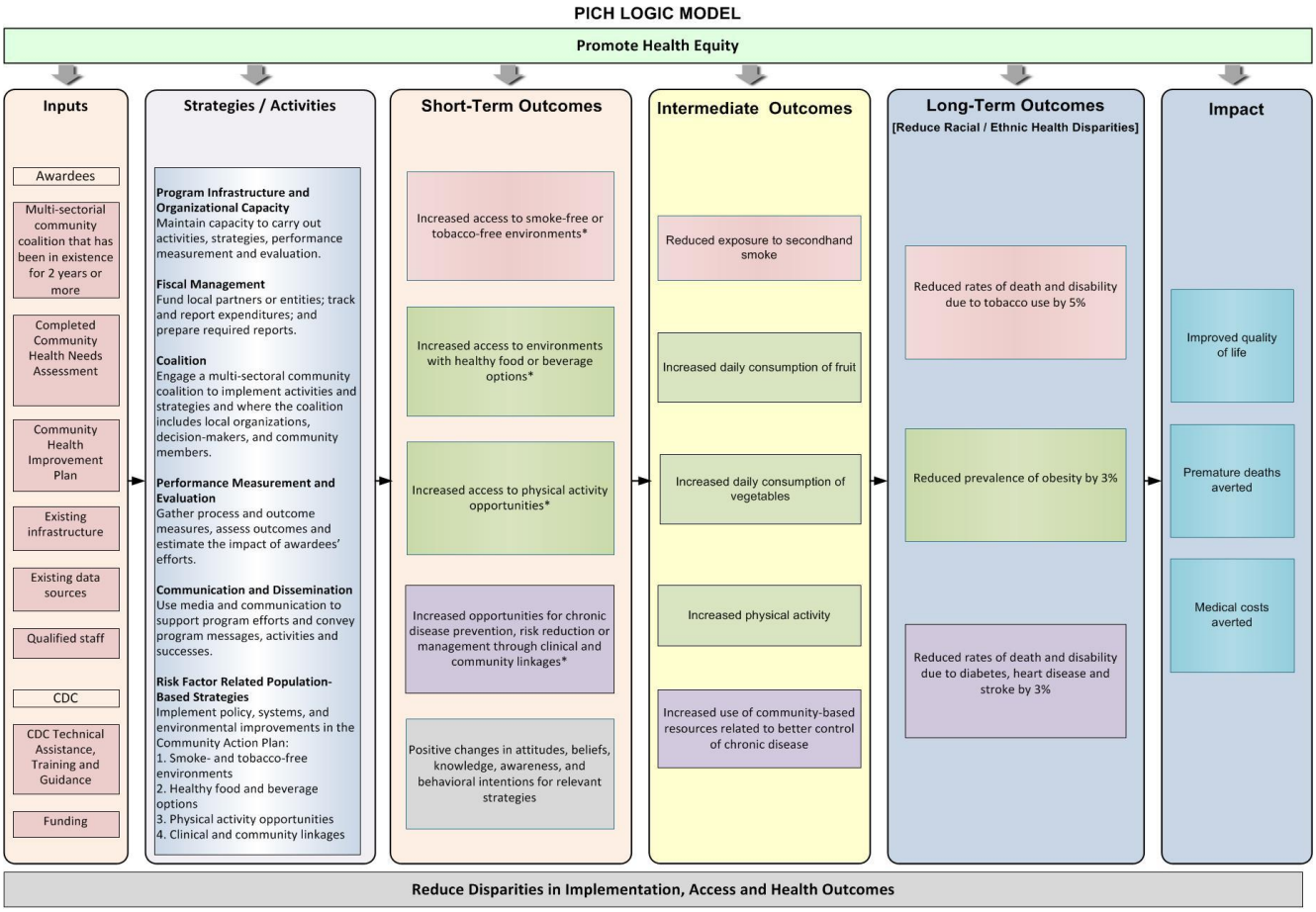
County as well as to Small City and Small County Awardees in Year 1, increasing by 5 percentage points every year, and ending at 25 percent by Year 3. American Indian tribes and Alaskan Native villages and tribal organizations may also share any plans to leverage other resources.

Part II. Full Text

A.	**Funding Opportunity Description**
1.	**Background**
a.	**Statutory Authorities:** This program is authorized under section 317(k)(2) of the Public Health Service Act, 42 U.S. Code 247b(k)(2).
b.	**Healthy People 2020:**
	Healthy People 2020 is committed to the vision of a society in which all people live long, healthy lives. This cooperative agreement supports relevant Healthy People 2020 goals: (1) Create social and physical environments that promote good health for all; (2) Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weight; (3) Improve access to comprehensive, quality health care services; and (4) Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure. This site is accessible at: http://www.healthypeople.gov.
c.	**Other National Public Health Priorities and Strategies:**
	This Funding Opportunity Announcement aligns with national health objectives aimed at creating social and physical environments that promote good health for all by encouraging collaboration across sectors, implementing evidence-based strategies, and measuring the effects of prevention activities. [IOM 2012, 2014]
d.	**Relevant Work:**
	This Funding Opportunity Announcement (FOA) builds on 15 years of CDC-funded community health programs for chronic disease prevention as well as the experience of national organizations and state and local programs nationwide. Specifically, this FOA is an extension of the lessons learned and the evidence demonstrating that making policy, systems and environment (PSE) changes contributes to improvements in short- and long-term health outcomes. Population-based strategies create greater access to healthier environments where people live, learn, work, and play. The FOA reflects the importance of cross-sector collaborations to build accepted and sustainable changes and the need to evaluate and communicate what works.
2.	**CDC Project Description**
a.	**Approach:** The following PICH logic model (see Figure 1 and Appendix A) provides a framework to use throughout program planning, implementation, and evaluation. Working backwards through the logic model from the desired impact will assure that awardees' strategies, activities, and

short-term outcomes are aligned to achieve impact. Thus, all proposed objectives and activities in the work plan, known as the Community Action Plan (CAP), should be connected to elements reflected in the logic model and contribute to the ultimate goals of improving quality of life, averting premature death and reducing medical costs.

Figure 1. PICH Logic Model



* Means outcomes that awardee is held accountable for in the project period.

i. Problem Statement:

Chronic diseases, including heart disease, cancer, stroke, diabetes, obesity, and related risk factors (e.g., tobacco use, physical inactivity, and poor diet), are the leading causes of death and disability in the United States, accounting for 7 of every 10 deaths. Medical care costs for people with chronic diseases account for more than 75% of the nation's $2.6 trillion medical care costs each year.

Many communities need help addressing these chronic diseases and their associated risk factors, such as limited access to healthy foods and limited opportunities for physical activity. Community coalitions that have engaged the community, established a network of organizations, analyzed local health issues, and developed plans to inform PSE interventions to promote and sustain health and quality of life would benefit from additional support to create a "healthy community." This FOA supports implementation of sustainable, community-based improvements that address the primary causes of chronic diseases.

ii. Purpose:

To provide funding to non-governmental entities, local public health offices, school districts, local housing authorities, local transportation authorities or American Indian tribes and Alaskan Native villages and tribal organizations to work through established multi-sectoral community coalitions that represent one of 3 designated geographic areas:

1. Large Cities and Urban Counties (with populations of 500,000 or more),
2. Small Cities and Counties (with populations between 50,000-499,999),
3. American Indian tribes and Alaskan Native villages and tribal organizations.

Awardees will enhance their existing infrastructure by improving their staffing and fiscal management to meet the needs of the PICH FOA and maintain a functioning multi-sectoral community coalition. Required planning activities for PICH include developing a strong CAP. In addition, awardees must develop sound measurement plans including: 1) the estimation of the number of people with increased access to healthier environments as a result of implemented strategies from the CAP, and 2) demonstration of increased actual use of at least one healthier environment implemented by the awardee.

Funding will support implementation of evidenced- and practice-based strategies that address previously-identified community gaps and needs within a defined jurisdiction in order to reduce the prevalence of chronic disease and related risk factors. In order to reduce heart disease, stroke, diabetes, and obesity, population-based strategies should have both broad reach and moderate to large effects on chronic disease risk factors. These strategies and how they will be implemented should be described in awardee's CAP. Strategies should focus, at a minimum, on two of the following four chronic disease risk factors or community conditions to reach a minimum of 75% of the population within a jurisdiction:

- Tobacco use and exposure,
- Poor nutrition,
- Physical inactivity, and
- Lack of access to chronic disease prevention, risk reduction, and management opportunities.

A targeted strategy must be identified and implemented to achieve a reduction in a health disparity experienced by one or more priority populations. Specifically, applicants are required to target special efforts toward priority populations at disproportionate risk for chronic diseases or conditions. All Americans should have equal opportunities to make healthy choices that allow them to live long, healthy lives, regardless of their income, education, race/ethnic background, sexual orientation, gender identity, or other factors. Health disparities represent preventable differences in the burden of disease, disability,

injury or violence, or in opportunities to achieve optimal health. Recipients will describe the intervention population selected, including relevant health disparities, and how selected interventions will improve health and reduce or eliminate one or more identified health disparities.

All activities supported through this FOA must contribute to area-wide health improvements and reductions in health disparities and should be based on a robust analysis of area health burden overall and across population subgroups (population subgroups may be defined by factors such as race or ethnicity, gender, age [e.g., youth, the elderly], education or income, disability, geographic location, or sexual orientation, among others).

In addition, awardees are expected to routinely communicate to partners, the public, decision makers, and key stakeholders about the work funded under this FOA, and disseminate the results of their work to decision makers and the public, as appropriate. Finally, in order to expand the evidence-base for effective community strategies, one innovative strategy based on evidence and/or best practices (as defined in the glossary) may be selected and implemented with assistance from CDC on an outcome evaluation plan to determine effectiveness.

iii. Outcomes:

Measurable outcomes are essential for determining the extent to which strategies achieve their objective of creating a healthier community with a lower burden of chronic disease and associated risk factors. PICH outcomes are categorized as short-term, intermediate, and long-term. The responsibility for outcome measurement will depend upon the outcome type, and is described below.

I. Short-term Outcomes - As part of their local evaluation plan, awardees will be responsible for measuring short-term outcomes. Monitoring progress on short-term outcomes provides an opportunity for awardees to make adjustments to strategies to ensure increased long-term health impact. All awardees will be expected to measure and report short-term outcomes (i.) through (iv.) below, that are relevant to the two or more chronic disease risk factors that are the focus of their CAP, as described on page 19. Outcomes (i.) through (iv.) are referred to as Awardee Reach, or the estimated number of people with access to healthier environments and opportunities. CDC will provide guidance on estimating Awardee Reach, after awards are made. Short-term outcome (v.) is optional at the discretion of the awardee. CDC will aggregate awardee short-term outcome data as part of the PICH National Evaluation Plan. Short-term outcomes include:

i. Increased access to smoke-free or tobacco-free environments.
ii. Increased access to environments with healthy food or beverage options.
iii. Increased access to physical activity opportunities.
iv. Increased opportunities for chronic disease prevention, risk reduction or management through clinical and community linkages.
v. Positive changes in attitudes, beliefs, knowledge, awareness, and behavioral intentions for relevant strategies.

II. Intermediate Outcomes - As part of the PICH National Evaluation Plan, CDC will be responsible for measuring intermediate outcomes. Because available data are typically not adequate to measure these changes in an individual community, CDC will identify communities with similar strategies and aggregate available data (e.g., from BRFSS) from multiple communities, as possible. In larger communities, adequate

data may be available for awardees to assess intermediate outcomes. Intermediate outcomes include:

i. Reduced exposure to secondhand smoke.
ii. Increased daily consumption of fruit.
iii. Increased daily consumption of vegetables.
iv. Increased consumption of healthy beverages.
v. Increased physical activity.
vi. Increased use of community-based resources related to better control of chronic disease.

III. Long-term Outcomes - As part of the PICH National Evaluation Plan, CDC will be responsible for estimating long-term outcomes. CDC will model changes in long-term outcomes based on performance monitoring and short-term outcome data. Long-term outcomes include:

- Reduced rates of death and disability due to tobacco use by 5% in the implementation area.
- Reduced prevalence of obesity by 3% in the implementation area.
- Reduced rates of death and disability due to diabetes, heart disease and stroke by 3% in the implementation area.

IV. Impact - As part of the PICH National Evaluation Plan, CDC will be responsible for estimating impact. CDC will model impact based on performance monitoring and short- and intermediate-term outcome data. Impact includes:

i. Improved quality of life
ii. Premature deaths averted
iii. Medical costs averted

iv. Funding Strategy:

N/A

v. Strategies and Activities:

Applicants will implement strategies and activities shown to improve health and reduce chronic diseases (e.g., heart disease, stroke, diabetes, obesity) and related risk factors (e.g., tobacco use and exposure, poor nutrition, physical inactivity, and lack of access to chronic disease prevention, risk reduction and management opportunities). The strategies and activities outlined in the PICH logic model are designed to address the chronic diseases and related risk factors through population-based strategies that lead to measurable health improvements. Applicants should identify and implement prevention efforts that result in PSE improvements that maximize public health impact by reaching large numbers of people and having moderate to large effects on health outcomes. Applicants will implement the population-based strategies across various settings (i.e., community, community institution/organization, faith-based, health care, school, work site) to increase access to healthier living for at least 75% of their jurisdiction's population. The following list includes the requirements for support of PICH efforts as well as sample population-based strategies that could be included within a CAP:

SUPPORT FOR PICH EFFORTS – *This list includes **required** infrastructure components for all applicants.*

Increase the number of infrastructure components supporting PICH recipient activities:

Program Infrastructure and Organizational Capacity

Applicants must describe their organizational capacity to carry out the activities, strategies, performance measures, and evaluation requirements outlined in the FOA. CDC anticipates that all applicants will demonstrate capacity to carry out the activities and evaluation over the 3-year project period.

- Maintain appropriate staffing to support the PICH program:
  - Identify a qualified staff person or equivalent responsible for managing the planning, implementation, monitoring, and reporting of the program, with management experience in population-based interventions relevant to the selected strategies.
  - CDC recommends using the public health benchmark of a minimum of 10% of the annual award to support evaluation activities.[1]
    - Provide support for planning and implementation, monitoring of short-term outcomes, and evaluation of an innovative strategy, if applicable, that is based on evidence and/or best practice.
    - Revise original evaluation plan and send to CDC for review and approval within 30 days after the CAP is finalized with CDC.
  - CDC recommends a minimum of 10% of the annual award to support strategic and integrated media and communication activities to help advance program efforts to key audiences (public, partners, stakeholders). This would include activities, such as buying and placing a radio ad, working with a local news outlet to feature program efforts to reduce chronic disease, and briefing community leaders at a partner event (see pg. 12).
    - Provide support for planning, implementing, and evaluating communication activities
    - Implementing, and evaluating communication activities.
    - Track and report activities annually.
  - Identify individuals with demonstrated capacity in administrative and fiscal management necessary to meet the needs of the program.
  - Establish and maintain other qualified staff, contractors, and consultants, as needed, sufficient in number and expertise to ensure project success and who have demonstrated skills and experience in partnership development, community engagement, health equity, and other competencies related to the strategies supported by the FOA over the course of the project period.
  - Ensure infrastructure needed to support partners in the coalition (e.g., communication plan, meeting schedule, decision-making process) that facilitate the active participation of all partners in the development, implementation, and evaluation of strategies within the CAP.
  - Participate in CDC convened webinars, peer calls, and trainings to facilitate peer

[1] Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs — 2014.Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014

exchange, training, and technical assistance.

Fiscal Management

Applicants must: 1) provide funding to appropriate local partners or entities committed to the PICH goals and the selected population-based strategies; 2) have established procedures to track and report expenditures; and 3) prepare the required reports on the designated schedule.

- Fund local community entities, including governmental agencies or non-governmental organizations to ensure local participation and effective implementation of the program.
    - Percentage of annual award going to local community entities should be: $749,999 or less (20%), $750,000 to $999,999 (40%), $1,000,000 or more (50%)
- Ensure that expenditures align with the goals of the PICH initiative and contribute to accomplishing outcome objectives within the CAP.
    - Recipients must track funds to ensure timely and effective obligation of funds, and compliance with all applicable federal laws, rules, and regulations, including those prohibiting the use of federal funds for lobbying
- Use fiscal management procedures for this funding to track and monitor expenditures.
- Implement reporting systems to meet the online reporting requirements and timelines as stated in the "Reporting Requirements" section of this FOA.
- Capture and report to CDC information about funds leveraged from other sources.
- Develop a plan within the first year of the award to continue the work initiated by this cooperative agreement once CDC funding ends.
    - The plan should be developed by the multi-sectoral coalition and include how accomplishments will be maintained and additional improvements will be made in the future.
    - The plan should include support from the community, including the sectors and organizations participating in the program and may include funding from other sources, such as other government, private sector partners, and foundations.

Coalition

Applicants must describe partner and community engagement throughout the project period, including the involvement of the multi-sectoral community coalition comprising an alliance of local organizations, decision-makers, and community members committed to participating actively in planning and implementation of the PICH CAP. CDC anticipates that all applicants will maintain a functioning multi-sectoral community coalition to carry out the PICH strategies over the 3-year project period.

- Provide evidence (e.g., charter dated 2012 or earlier, by-laws, and articles of incorporation) of a functioning multi-sectoral coalition that has been in existence for 2 or more years and successfully implemented local-level initiatives.
- Provide evidence of wide representation of sectors familiar with implementing the selected PICH strategies and activities. Coalition members should bring to the partnership knowledge

about the community itself, connections to other organizations within the community, a history of work in the community, successes implementing the selected strategies and ongoing efforts that relate to chronic disease prevention, risk reduction or management.

- Coalitions may include representatives from various categories:
  1) community (e.g., community development/planning, park and recreation department, and/or transportation organization);
  2) community institution/organization (e.g., local aging center and senior center, civic organization, YMCA, Boys and Girls Club, and/or active tranportation organizations);
  3) health care (e.g., federally qualified health center, rural clinic, private health care provider who accept Medicaid, and/or pharmacy);
  4) faith-based (e.g., church, synagogue, and/or community-center);
  5) school (e.g., local education agencies, school districts, school board members, school health advocates and/or parent teacher organizations); and
  6) work site (e.g., Chamber of Commerce representative, CEO, and/or Human Resources manager).
- For Tribal applicants, the community leaders should represent tribal enterprises and programs, across a variety of sectors, and reach a substantial proportion of the population.

- Each of the 6 different categories should be represented in the multi-sectoral community coalition. The coalition should include representatives of the sectors needed to accomplish program outcomes, including a representative from public health.

Performance Measurement and Evaluation

Performance measurement and evaluation allows the awardee and CDC to track progress, process measures, outcome measures, and estimate the impact of awardees' efforts.

- Proposed objectives and activities in the awardees' CAPs should clearly relate to the selected chronic disease risk factors and relevant short-term outcomes.
- Estimates of the targets for the relevant short-term outcomes related to awardee reach will be refined using CDC guidance after CAPs are approved.
- Input activities, objectives and projected awardee reach from the approved CAP into the CDC identified electronic performance monitoring and reporting system.
- Provide updates on CAP implementation progress to CDC through monthly calls with the Project Officer and quarterly awardee submission of progress data on activities and objectives in the CDC identified electronic performance monitoring and reporting system.
- Use CAP performance monitoring data for ongoing program improvement and midcourse corrections.
- Use CAP performance monitoring data and other available sources to document the steps taken to implement the selected strategies. Recipient must notify CDC Project Officer within two weeks of identification of any missed activities or other key implementation milestone(s) to schedule a technical assistance call.
- Track overall progress on short-term outcomes, as well as specific progress on activities designed to address health disparities.

- For those awardees opting to implement an innovative strategy, conduct outcome evaluation, including strategies applied in new populations or settings.
- Develop and distribute at least one unique dissemination document created for stakeholders or the broader community based on the outcome evaluation.
    - Developed by the end of Year 3, the document(s) may be briefing updates, reports, case studies, peer-reviewed manuscripts or use other formats.
    - Funded applicants can reach other professionals through peer reviewed manuscripts in journals, presentations at conferences, and guest editorials.
- Submit performance monitoring and financial expenditure data to CDC twice a year through the CDC identified electronic performance monitoring and reporting system.

Communication and Dissemination with the Public, Partners, and Stakeholders

Communicating accurate and timely information is a necessary component of effective public health programs. Communication helps to inform, educate, and empower people about health issues. Applicants should plan to use media and communication to support their program efforts and convey program messages, activities and successes throughout the funding period. CDC has resources and technical assistance available to help funded applicants.

- Sharing lessons learned and impact is critical to help inform the ongoing community strategies and sustaining program efforts.
- Use media and communication to support program efforts and convey program efforts to key audiences (e.g., public, partners, stakeholders) at least every 3 months. This would include activities, such as buying and placing a radio ad, working with a local news outlet to feature a program strategy to reduce chronic disease risk factors, and briefing community leaders on a regular basis regarding activities and progress of the PICH interventions and programs reaching community members.
- Monitor and report media activities yearly. This will help funded applicants track their work and plan future activities.
    - A sample media tracking worksheet will be provided to funded applicants for their use.
- Submit at least two success stories per year (one every six months with the Interim and Annual Progress Reports).
    - CDC recommends using its online success story application (http://www.cdc.gov/nccdphp/dch/success-stories/) to meet this requirement.

SUGGESTED STRATEGIES FOR POPULATION-BASED APPROACH BY PICH-FOCUSED CHRONIC DISEASE RISK FACTORS (RFs)– *This list includes **examples** of local-level population-based strategies that can be selected for inclusion in the CAP and should be implemented consistent with applicable federal laws.*

RF #1*: Increase the number of people with access to tobacco- and smoke-free environments:*

- Increase the number of settings that have a 100% smoke-free policy.
- Increase the number of smoke-free multi-unit housing complexes that have a smoke-free policy.

- Use point-of-sale communication strategies to reduce access to some or all tobacco products
- Prevent youth access to tobacco products, including electronic cigarettes and other electronic nicotine delivery systems

RF #2: ***Increase the number of people with access to environments with healthy food and beverage options:***

- Increase policies and practices to support breastfeeding (e.g., health care, workplaces, childcare settings)
- Increase availability of local farmers' fruits and vegetables via farmer distribution agreements with public and private organizations (e.g., work sites, hospitals, schools, other community settings)
- Increase availability of healthy foods in communities, including working with community partners to incentivize new grocery store development, expanding farmers markets, small store initiatives, mobile vending carts, and restaurant initiatives
- Promote purchase of fruits, vegetables, and other healthy foods through food assistance program incentives, such as accepting EBT payments at Farmer's Markets and providing "Health Bucks" coupons to EBT users who purchase fruits and vegetables.
- Increase availability and affordability of healthy foods and beverages in institutional settings, workplaces, prisons, senior centers, childcare settings, and government facilities

RF #3: ***Increase the number of people with access to physical activity opportunities:***

- Increase employee physical activity opportunities in workplaces through flexible work hours, access to gyms, and promoting the use of stairs (instead of elevators)
- Work with education partners such as Parent-Teacher Associations, School Board Associations and others to share information on the current state of children's elementary school physical activity levels, and how quality physical education programs can improve their children's health and academic performance. Offer technical assistance to schools districts implementing quality physical education programs.
- Increase opportunities for physical activity in public settings:
    - Improved community designs to make streets safe for pedestrians, bicyclists, and public transit users (e.g., neighborhood slow zones, community-wide traffic calming)
    - Joint use agreements (e.g., school grounds open to the public during off hours)
- Improve physical activity and education policies and practices in early child care settings
- Work with community partners to assess the impact of community changes on community health and well-being, including physical activity opportunities.

RF #4: ***Increase the number of people with access to opportunities for chronic disease prevention, risk reduction, or management through clinical and community linkages:***

- Increase access to chronic disease preventive services and self-management programs (e.g.

tobacco cessation support groups) in worksites and community settings

- Increase number of referrals to community-based resources and services for chronic disease risk reduction and management (e.g., hypertension, diabetes, and obesity)
- Increase number and training of multi-disciplinary teams (i.e., physicians, pharmacists, community health workers), including core competency training for community health workers and cultural competence training for health care providers
- Establish health IT systems to:
    - Collect data on populations bearing a disproportionate burden of chronic disease
    - Provide feedback on quality of care across health care providers and health care organizations

1. Collaborations –

a. With CDC funded programs:

Recipients are encouraged to collaborate with the following CDC-funded programs, if they currently are funded or become funded in your state, county, city, or Tribe.

- State- and/or local-level CDC funded programs for chronic disease (e.g., Division of Community Health, Office on Smoking and Health; Division for Heart Disease and Stroke Prevention; Division of Cancer Prevention and Control; Division of Population Health; Division of Diabetes Translation; Division of Nutrition, Physical Activity, and Obesity)
- Million Hearts Initiative® - http://millionhearts.hhs.gov/index.html
- Healthy Community Design Initiative - http://www.cdc.gov/healthyplaces/

Building and/or continuing strategic partnerships and collaborations with organizations that have a role in achieving the long-term outcomes of this FOA are encouraged. Applicants should collaborate with the relevant programs based on community needs and provide evidence of such collaboration or partnerships using MOU, MOA, or letters of support. Applicants should file the MOU or MOA, as appropriate, name the file "MOUs/MOAs", and upload it as a PDF file at www.grants.gov. Applicants may file letters of support, as appropriate; name the file "Letters of Support", and upload it as a PDF file at www.grants.gov. MOUs/MOAs are encouraged but not required for this FOA.

b. With organizations external to CDC:

Recipients are encouraged to collaborate with these organizations and other similar types of organizations as well as access resources external to CDC.

- Centers for Medicare and Medicaid Services (CMS) - Health Care Innovation Awards - http://innovation.cms.gov/initiatives/Health-Care-Innovation-Awards/
- National Prevention Strategy (http://www.surgeongeneral.gov/initiatives/prevention/strategy/index.html)
- U.S. Partnership for Sustainable Communities (http://www.sustainablecommunities.gov/grants.html)

2. Target Populations:

This funding will help address the burden of chronic diseases and their associated risk factors among populations living in these 3 geographic areas:

1. Large Cities and Urban Counties (with populations of 500,000 or more),
2. Small Cities and Counties (with populations between 50,000-499,999), and
3. American Indian tribes and Alaskan Native villages and tribal organizations.

In order to maximize the efficient use of federal funds, we encourage communities with a population of 50,000 or fewer to collaborate with other smaller communities in one coordinated application. Special effort should be taken to ensure focus on priority populations. These are populations experiencing a disproportionate burden of chronic diseases or conditions. Priority populations can be defined in a variety of ways. Some of these include income and level of education, disability status, linguistic isolation, and food deserts, as well as information from sources such as vital statistics, data from local health surveys and hospitals. It is recommended to define priority populations on the basis of income and level of education.

Priority populations will, in general, be considered to be a group of census tracts where the population has the following characteristics:

- at least 30% with income below 100% federal poverty level, and
- at least 25% of adults >25 years of age without a high school education.

When defining a priority population on the basis of income and level of education, it is recommended to provide the following information:

- a map of the census tracts where the selected priority population resides
- a list of the census tracts
- the demographic makeup of that area (age, sex and race/ethnicity)
- % with income below 100% federal poverty level
- % of adults ≥25 years of age without a high school education.

These data can be obtained from the census bureau: http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t. Applicants may find it easier to access these data from the following web site: CHNA.org.

Inclusion:

Representatives from sectors relevant to creating a healthy community are expected to participate in projects funded under this FOA.

b. Evaluation and Performance Measurement:

i. CDC Evaluation and Performance Measurement Strategy:

CDC Evaluation Strategies for PICH include:

- Implement the National Evaluation Plan which is based on outcome and process measures:
  1. Aggregate short-term outcomes across awardees by intervention strategies, as appropriate.
  2. Measure intermediate-term outcomes. Intermediate-term outcomes will reflect changes in targeted health-related behaviors (see outcome measures, above) at the population level. Because available data are typically not adequate to measure these changes in an individual community, CDC will identify communities whose strategies have similar objectives and aggregate available data (e.g., BRFSS) for multiple communities, as possible.
  3. Model long-term outcomes from Awardee Performance Monitoring data and Awardee Reach data.
  4. Model impact from Awardee Performance Monitoring data and Awardee Reach data. Project Officers will monitor process measures through use of the performance monitoring and reporting system.

- Provide detailed guidance and technical assistance on:
  1. CDC performance monitoring and reporting system.
  2. Measurement of Awardee Reach which will be rolled up into Short-term Outcome measures, i.e. the number of people who have access to healthier environments as a result of the implementation of awardee strategies.
  3. Awardee assessment of actual use of at least one implemented healthier environment.
  4. Awardee outcome evaluation for an innovative strategy, if selected. This will include finalization of the awardee Outcome Evaluation Plan.

ii. Awardee Evaluation and Performance Measurement Plan:

CDC may revise the existing requirements through an addendum to this notice, which could include additional recipient requirements for evaluation and performance measurement, in which case a detailed explanation of any additional requirements will be provided in the Notice of Award to successful applicants. Any additional reporting requirements will not exceed applicable grants regulations limits. The Awardee Evaluation and Performance Measurement Plan will be comprised of three components:

- Tracking progress and completion of strategies. By using the CDC identified electronic performance monitoring and reporting system, each awardee will provide to CDC Project Officers overall progress on infrastructure and short-term outcome objectives, as well as, specific progress on milestones on a quarterly basis. This collection of data is known as *performance monitoring data*. CDC will provide training and guidance on the use of the performance monitoring and reporting system.
    - Use ongoing performance monitoring data, along with any community health assessment data, for ongoing program improvement and midcourse corrections.
    - Track overall progress on outcome objectives as well as specific progress on activities designed for priority populations. Use performance monitoring data and other available sources to document the steps taken to implement PSE improvements by describing successes, barriers, and challenges.

- Measurement of Short-term Outcomes. Using detailed guidance from CDC (provided post-award), awardees will set targets and then monitor progress towards these targets on the number of people who have access to healthier environments as a result of the implementation of each awardee strategies describe in the CAP objectives. This is known as Awardee Reach for each intervention. These targets will be ultimately rolled up into the relevant short-term outcomes.
    - For example, an awardee might be implementing two strategies that are targeting different populations in different sectors. One strategy is increasing physical activity in elementary age children by assisting schools in their implementation of quality physical education programs in all 80 elementary schools in the community, which would increase physical activity for 55,000 children enrolled in these schools. The awardee will track the successful implementation of these programs in each school so that they will know how many children have access to an improved physical activity environment. The second strategy is increasing physical activity in 350 early care/child care centers by implementing quality physical education programs in these settings, which would increase physical activity for 2,000 children enrolled in these programs. The awardee will track the successful implementation of these programs in each early care/child care centers, so that they will know how many children have access to an improved physical activity environment. The target short-term outcome would combine the target Awardee Reach for these two strategies, and progress would be tracked over time. Thus, the target short-term outcome would be 57,000 people with increased access to physical activity opportunities.

- Report Awardee Reach data for each strategy and update on a quarterly basis.

- Assessment of actual use of a healthier environment. With guidance from CDC, awardees will assess the actual use of at least one healthier environment they created by implementing an intervention. This is required for all awardees regardless of funding level and must be completed before the end of the 3-year project period. This assessment is complementary to the estimated Awardee Reach for the selected healthier environment.

    - For example, an awardee plans to implement strategies to increase access to healthier foods in corner stores. They decide, in collaboration with CDC Evaluation Technical Assistance, to assess whether healthier foods are purchased at these stores after the intervention is in place. Therefore, they develop an assessment plan. Using the same assessment method, they measure the purchases of healthier foods in a selected number of stores before the intervention, and after the intervention was completed.

    - CDC Evaluation Technical Assistance will work closely with the awardee to design a simple, low cost assessment. Whenever possible, the assessment will use methods and survey questions successfully used in other community health improvement programs.

    - Report the results of this assessment to CDC.

- Outcome evaluation for an innovative strategy (if applicable). In order to expand the evidence base for effective community strategies, innovative intervention(s) may be implemented, and include outcome evaluation to determine intervention effectiveness. The evaluation methodology should be designed with sufficient rigor to measure impact on chronic disease risk factors or other relevant outcomes. This methodology should be described in the Outcome Evaluation Plan Template (Appendix B). CDC evaluation technical assistance liaisons will provide assistance with the finalization of the Outcome Evaluation Plan and the selection of common measures and metrics.

    - Within 30 days after finalizing the CAP with the Project Officer, submit to CDC an outcome evaluation plan for innovative strategies that meets the criteria described above and is directly tied to appropriate components of the CAP (refer to Evaluation Guide on Developing an Evaluation Plan available at: www.cdc.gov/dhdsp/programs/nhdsp_program/evaluation_guides/evaluation_plan.htm

    - The plan must include a logic model that illustrates the relationship between program activities and expected outcomes and reflects initiative priorities.

    - The plan activities must be described on a timeline as they relate to proposed objectives in the CAP.

    - The plan must include a methodological overview and a description of how the planned evaluation activities will:

- Target high impact goals,
- Assess impact on health disparities, and
- Ensure broad sharing of evaluation findings to the public, partners, and community leaders as appropriate. (See *Communication and Dissemination with the Public, Partners, and Stakeholders*, page 12).

  - The plan may focus on particular geographic or physical settings, age groups, or priority populations experiencing a disproportionate burden of chronic disease and conditions.
  - The plan must identify area- and program-specific data sources to assess strategies outcomes, including as appropriate changes in proper nutrition, physical activity, exposure to second hand smoke, and risk reduction or chronic disease management through clinical and community linkages.

In addition, Awardees should adhere to the following guidance:

- Awardees are encouraged to use available data to measure intermediate-term outcomes, when possible. However, as mentioned above, due to lack of adequate, existing data in many communities, primary responsibility for measuring intermediate-term outcomes will rest in most cases with CDC.
  - Communities with access to adequate data to measure intermediate-term outcomes might include: 1) counties with a large number of respondents to the Behavioral Risk Factor Surveillance System (BRFSS), 2) counties that conduct the Youth Risk Behavior Surveillance System (YRBSS), 3) school districts that routinely record the height and weight of students.
- The awardee should share their successes and lessons learned through the creation and dissemination of two (or more) success stories per year (one submitted every 6 months with the Interim and Annual Progress Report). As stated previously, CDC recommends using its online success story application (http://www.cdc.gov/nccdphp/dch/success-stories/) to meet this requirement.
- Use the outcome evaluation to develop a project summary for community leaders by the end of Year 3. Awardee will work with CDC to identify the best format for a given effort.

c. Organizational Capacity of Awardees to Execute the Approach:

Eligible applicants include a variety of governmental agencies and non-governmental organizations, including local public health departments, school districts, local housing authorities, local transportation authorities, American Indian tribes and Alaskan Native villages and tribal organizations. Eligible applicants must work through a multi-sectoral community coalition that represents one of 3 designated geographic areas. The community coalition will have successfully:

1. Worked in a designated geographic area that is either (a) Large City and Urban County (with populations of 500,000 or more); (b) Small City and County (with populations between 50,000-499,999); or (c) American Indian tribes and Alaskan Native villages;
2. Worked with a variety of organizations and agencies that are committed to improving the health of their community. The multi-sectoral coalition will have been in existence for 2 or more years);
3. Helped complete a community health needs assessment in the defined jurisdiction after May 1, 2011;
4. Helped populations with high documented burdens of chronic diseases, conditions and risk factors (for example, a documented diabetes prevalence rate greater than 8.3% among the population);
5. Implemented strategies to address chronic disease risk factors related to tobacco use or exposure; poor nutrition; physical inactivity; or limited access to opportunities for chronic disease prevention, risk reduction, or management through clinical and community linkages;
6. Implemented evidenced- and practice-based, PSE strategies that lead to community-wide improvements;
7. Met reporting requirements related to federal programmatic, financial, and management benchmarks as required by the FOA; and
8. Conducted mass communication and evaluation efforts in support of community change projects.

d. Work Plan:

Applicants must develop and submit a CAP for implementing strategies within the designated geographic area and for the intervention population(s), that is capable of attaining the defined outcome measures. CAPs should be based on a comprehensive understanding of community needs and gaps to address those needs. This information should be obtained through the required community health needs assessment that the applicant or their community partners have completed in the past three years (after May 1, 2011). In addition, applicants should demonstrate a selection process for priority populations that is addressed in the CAP (e.g., CHNA, http://assessment.communitycommons.org/chna/About.aspx).

Once the needs and gaps have been established, communities should employ a prioritizing method for the selection of strategies (e.g., CHANGE Tool, found at http://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/change.htm). Per guidance in the Strategies and Activities section (page 8) of this FOA, applicants are to implement strategies and activities that are shown to accelerate changes in chronic diseases and related risk factors. Thus, the CAP should encompass evidence- and practice-based strategies will result in PSE improvements by the end of the 3-year project period. The CAP should encompass a detailed work plan for the first year of the project period and a high level description for the remaining two years. When designing the CAP, the following should be included:

- Population-based approach that leads to PSE improvements.
- Strategies should focus on at least two of the following four chronic disease risk factors or community

conditions:
    - Tobacco use and exposure,
    - Poor nutrition,
    - Physical inactivity, and
    - Lack of access to chronic disease prevention, risk reduction and management opportunities.

- Policy, systems, and environmental (PSE) strategies that demonstrate moderate to large effects on health outcomes or chronic disease risk factors and increase access to healthier living opportunities to at least 75% of the population within the jurisdiction.
    - If the designated geographic area has a population of 2 million people, at least 1.5 million people must have access to healthier living opportunities as a result of a single intervention or a combination of strategies.
        - For example, to address obesity and increase access to physical activity opportunities in the jurisdiction, the population-based strategies may include multiple interventions, such as improved access to public transportation, incentives to use active transit, and joint use agreements with school districts and local faith-based institutions. The combination of three strategies would reach more than 75% of the population in the designated geographic area.
    - Population-based strategies will be implemented across various settings, such as community, community institution/organization, faith-based, health care, school, and work site.

- All awardees are required to do an assessment of the actual use of at least one of the healthier environments they have created.

- For awards opting to implement one innovative strategy, outcome evaluation will be completed to determine the strategy's effectiveness.
    - Evaluation should be:
        - designed with a methodology of sufficient rigor to measure their impact, inform the evidence base at the end of the project period, and demonstrate whether or not improvements in health outcomes occurred as a result.
        - conducted in collaboration with CDC.

- Infrastructure strategies (e.g., coalition, communication) should be included to ensure effective implementation of PICH activities.

- SMART Objectives (i.e., **S**pecific, **M**easurable, **A**chievable, **R**elevant, **T**ime-framed) for each strategy, including objective description, baseline and target, focal population, estimated number of people reached, and evaluation plan.
    - A suggested template for the CAP is provided in Appendix C, and an example CAP is provided in Appendix D. Applicants are not required to use the template; however, it does contain the required elements that will be used in the performance monitoring system for this award, which applicants will be required to report on a quarterly basis.
    - Ten specific activities (or milestones) for each SMART objective. Ensure integration across objectives within the CAP to reach the target population(s).

- A targeted strategy must be identified and implemented to ensure inclusion of priority populations experiencing a disproportionate risk of chronic diseases or conditions. As an example, if increasing the nutrition quality of foods available to community residents, one strategy included in the CAP may be to share information on nutrition standards for government food procurements. A targeted strategy may be to implement this strategy in senior centers to reach at risk elders and older adults.
    - Programs to promote local-level changes must be culturally competent and meet the health literacy and linguistic needs of specific populations in the intervention area.
    - Populations of special focus, experiencing a disproportionate risk of chronic diseases or conditions, might include one or more of the following:
        A) Racial and ethnic groups,
        B) Low-income persons,
        C) Medically underserved, and
        D) Persons with disabilities.

- Additional outputs expected from this funding consist of:
    - Use assessment of at least one implemented healthier environment.
    - Outcome evaluation plan for any selected innovative strategies within 30 days after the CAP is finalized (if applicable),
    - Communication plan within 60 days after the CAP is finalized,
    - Sustainability plan by the end of Year 2,
    - Media impression worksheet of activities (with Annual Progress Report),
    - One (or more) success stories every six months (submitted with the Interim and Annual Progress Reports) created to share impact, accomplishments and lessons learned,
    - Use the outcome evaluation to develop a project summary for community leaders by the end of Year 3.

CDC provides feedback and technical assistance to the awardee to finalize a CAP post-award at the start of the budget period (September 30, 2014). Additionally, the CAP will be reviewed and finalized annually in collaboration with CDC.

The Years 2-3 of the CAP should be high level and provide a basic outline of the objectives and related activities to be continued, proposed plan for ensuring that the CAP remains congruent with community needs, timeline to successfully meet the 3-year project period, and outcome measures.

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). HHS 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.

In addition, the DCH strategy for monitoring awardee performance will primarily include:

- Utilizing CDC identified electronic performance monitoring and reporting system to track overall awardee progression outcome objectives as well as specific progress on activities on a quarterly basis.

f. CDC Program Support to Awardees:

CDC will have substantial involvement beyond site visits and regular performance and financial monitoring during the project period. CDC activities to ensure the success of the project will include the following:

Technical Assistance and Training:

- Provide post-award technical assistance.
- Host monthly performance monitoring and quarterly program calls.
- Conduct onsite visits to ensure achievement of success.
- Provide criteria for data collection requirements.
- Develop submission specifications and tools for data transmission to CDC.
- Provide subject matter expertise regarding implementation strategies, communication strategies, and evaluation.
- Provide guidance on available software tools and resources such as the Success Story Application, Community Health Online Resource Center, A Practitioner's Guide for Advancing Health Equity: Maximizing Local Strategies to Advance Health Equity, Community Health Media Center, Community Commons, and Vulnerable Populations Footprint.
- Facilitate collaborative opportunities with national partners.
- Support awardee development of manuscripts.
- Provide training and CDC-convened meetings.

Information Sharing Among Awardees:

- Facilitate routine conference calls, webinars, and information exchange between awardees.
- Develop mechanism for sharing lessons learned.

Additional Support:

- Receive, evaluate, and provide feedback on work plans, evaluation plans and reports.
- Provide web-based tools and educational materials for program support, communication, dissemination, and evaluation.

B. Award Information
1. **Type of Award:** Cooperative Agreement CDC's substantial involvement in this program appears in the CDC Program Support to Awardees section.
2. **Award Mechanism:** U58 Cooperative Agreement
3. **Fiscal Year:** FY2014
4. **Approximate Total Fiscal Year Funding:** $50,000,000
5. **Approximate Total Project Period Funding:** $150,000,000
6. **Total Project Period Length:** 3 years
7. **Approximate Number of Awards:** 30-40
8. **Approximate Average Award:** $900,000
9. **Floor of Individual Award Range:** $100,000
10. **Ceiling of Individual Award Range:** $4,000,000
11. **Anticipated Award Date:** September 30,2014
12. **Budget Period Length:** 12 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).
13. **Direct Assistance:** Direct Assistance (DA) is not available through this FOA.

C. Eligibility Information

1. Eligible Applicants:

Government Organizations:

- Local public health offices
- American Indian tribes or Alaskan Native villages
- Local Housing Authorities
- School districts
- Local transportation authorities

Non-government Organizations:

- Nonprofit with 501C3 IRS status (other than institution of higher education)
- Nonprofit without 501C3 IRS status (other than institution of higher education)]

2. Special Eligibility Requirements:

3. Justification for Less than Maximum Competition:

PICH is a new 3-year initiative to improve health and reduce the burden of chronic diseases. To provide funding to non-governmental entities, local public health offices, school districts, local housing authorities, local transportation authorities or Indian tribes that work through established multi-sectoral community coalitions that represent one of 3 designated geographic areas:

1. Large Cities and Urban Counties (with populations of 500,000 or more) with 10-15 awards ranging between $1 million to $4 million

2. Small Cities and Counties (with populations between 50,000-499,999) with 15-20 awards rangning between $100,00 to $1.5 million, and

3. Tribes (federally recognized) and tribal organizations with 5-10 awards ranging between $100,000 to $1 million.

Language in the federal fiscal year 14 Omnibus Bill mandated that the funds provided "…shall be available for a program consisting of three-year grants of no less than $100,000 per year to non-governmental entities, local public health offices, school districts, local housing authorities, local transportation authorities or tribes to implement evidence based chronic disease prevention strategies."

4.	**Cost Sharing or Matching:**
	Cost sharing funds are strongly encouraged for this project to facilitate sustainability measures. We encourage applicants to describe their plans to access resources from non-Federal sources in an amount not less than 15 percent of Federal funds awarded to a Large City and Urban County as well as to Small City and Small County Awardees in Year 1, increasing by 5 percentage points every year, and ending at 25 percent by Year 3. American Indian tribes and Alaskan Native villages and tribal organizations may also share any plans to leverage other resources.
5.	**Maintenance of Effort:**
	Maintenance of effort is not required for this program. However, funds received under this FOA should supplement, not supplant, existing activities.

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 by 5 p.m. or postmarked by June 5, 2014, Eastern Daylight Time.

b. **Application Deadline:** July 22, 2014, 11:59 p.m. U.S. Eastern Daylight 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):**

Applicants are required to submit a Letter of Intent (LOI) as part of the application process to be eligible to apply for this program. Failure to submit an LOI will result in non-responsiveness, and the applicant will be prohibited from continuing the application process.

The LOI is an opportunity for the applicant to demonstrate that it meets standards provided in the "Organizational Capacity" and "Special Eligibility Requirements" sections. The LOI should be no more than two pages (8.5 x 11), double-spaced, printed on the applicant organization's letterhead, printed on one side, with one-inch margins, written in English (avoiding jargon), and unreduced 12-point font. If emailed, the LOI should be sent from the applicant organization's email address. A sample LOI template with the required elements included is provided in Appendix E.

The LOI must include:

1. FOA Number and title of this FOA
2. Descriptive title of the proposed project
3. Name, location, and total population of the designated geographic area in which the proposed project will be implemented
4. The mission statement of the applicant
5. Brief description of the experience of the applicant in preventing and controlling chronic diseases
6. Name and brief description of the established coalition that will help plan, manage, and implement the activities to be conducted in the proposed project, including the date at which the coalition came into existence
7. Brief descriptions of at least 2 projects/strategies/ significant community-wide activities related to preventing and controlling chronic diseases in which the coalition has participated

8. The date and owner of the most recent community health needs assessment conducted in the designated geographic area in which the proposed project will be implemented
Name, address, telephone number, and email address of both the proposed Principal Investigator and the Project Director (names must match application)
9. Name, address, telephone number, and e-mail address of the primary contact for writing and submitting this application

LOIs may be sent via email to PICHLOI@cdc.gov, or by U.S. express mail or delivery service to:

Mrs. Dana Ewing – FOA #14-1417
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Rd, MS E-09
Atlanta, GA 30341

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. This 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 describing 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.)

In addition to the project period outcomes required by CDC, applicants should include any additional outcomes they anticipate.

iv. **Strategy and Activities:** Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the project period outcomes. Whenever possible, applicants should use evidence-based program strategies as identified by the Community Guide[2] (or similar reviews) and reference it explicitly as a source. Applicants may propose additional strategies and activities to achieve the outcomes. Applicants must select existing evidence-based strategies that meet their needs, or describe the rationale for developing and evaluating new strategies or practice-based innovations. (See CDC Project Description: Strategies and Activities section.)

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

[2] http://www.thecommunityguide.org/index.html, [2]http://www.countyhealthrankings.org/roadmaps/what-works-for-health

employed that lack a strong evidence base of effectiveness.

- Describe whether evaluation data are based on measures that could be available to other awardees. Using such data can strengthen the overall program evaluation by allowing aggregation of data among multiple awardees.

For awardees that implemented an innovative strategy, an outcome evaluation plan should be submitted within 30 days after the CAP is finalized, as outlined in the reporting section of the FOA.

d. Organizational Capacity of Applicants to Implement the Approach:

Applicants must represent organizations or coalitions that have successfully:

1. Worked in a designated geographic area that is either (a) Large City or Urban County (with populations of 500,000 or more); (b) Small City or County (with populations between 50,000-499,999); or (c) American Indian tribes and Alaskan Native villages;
2. Participated in and supported a multi-sector coalition of organizations and agencies that are committed to improving the health of their community (that is, a functioning, multi-sectoral coalition that has been in existence for 2 or more years);
3. Helped complete a community health needs assessment in the defined jurisdcition after May 1, 2011;
4. Helped populations with high documented burdens of chronic diseases, conditions and risk factors (for example, a documented diabetes prevalence rate greater than 8.3% among the population);
5. Implemented strategies to address chronic disease risk factors related to tobacco use or exposure; poor nutrition; physical inactivity; or limited access to opportunities for chronic disease prevention, risk reduction, or management through clinical and community linkages
6. Implemented evidenced- and practice-based population-based approach that leads to community-wide improvements
7. Met reporting requirements related to federal programmatic, financial, and management benchmarks as required by the FOA; and
8. Conducted mass communication and evaluation efforts in support of community change projects.

Applicants must provide evidence (e.g., meeting minutes, dated charter, by-laws, articles of incorporation, or dated membership rosters) that the coalition has been in existence for 2 or more years and successfully implemented local-level changes. Coalition members should include a wide representation of organizations and sectors, such as state, community and tribal leaders and community members familiar with implementing the selected strategies and activities. Examples could also include representatives from education agencies (e.g., local education agencies, school districts, school board members, or parent teacher organizations); school health advocates; community development/planning agencies (e.g., land use or transportation); state and local Offices of Minority Health; key state and community-based governmental and non-governmental organizations; health care,

voluntary, and professional organizations; business, state, community, and faith-based leaders; local aging centers and senior centers; Federally Qualified Health Centers (FQHCs); and universities, among others. Linkages with health plans, foundations, and other state and community partners working together to promote health and prevent chronic diseases are encouraged.

Applicant must address in the "Project Narrative" the organizational capacity requirements as described in this section. - Applicants should provide additional evidence or documentation of organizational capacity by naming a file "Evidence of Organizational Capacity" 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), or their bona fide agents, political subdivisions of states (in consultation with states), American Indian tribes and Alaskan Native villages and tribal 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 most 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.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC awardees.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

17. Other Submission Requirements:

a. **Electronic Submission:** Applications must be submitted electronically at www.grants.gov. 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 for Chronic Disease Prevention and Health Promotion 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:

An objective review panel will evaluate complete and responsive applications according to the criteria listed in the criteria section of the FOA. Applicants will be notified electronically if the application did not meet eligibility and/or published submission requirements thirty (30) days after the completion of Phase II review.

I. Approach (45 points)

a. Background (10 points)

i. Designated Geographic Area- does the applicant clearly define the area, and provide demographics of the population in the geographic area? (5 points)

ii. Description of chronic disease burden in the designated geographic area (e.g., risk factor prevalence, morbidity and mortality) – does applicant provide details of burden related to chronic disease? (Should be full score if evidence shows above national rates, such as located in county with adult diabetes prevalence greater than 8.3% or adult obesity greater than 35.9 %.) (5 points)

b. Problem Statement (5 points)

Does applicant provide a clear, concise statement of the community problem(s) to be addressed by this project if funded?

c. Purpose (5 points)

Does applicant provide a clear, concise statement of intent of project, and does this align with "Purpose" of FOA?

d. Outcomes (10 points)
Does the applicant provide clearly stated 3 year outcomes that would result from this project (should address at least 2 of the 4 stated chronic disease risk factors)?

e. Strategies and Activities (15 points)- Does the CAP include the following:
   i. Population-based approach that leads to population-wide improvements at the organizational and community levels (2 points)
   ii. Strategies that will demonstratecommunity-wide impact and increase access to healthier living opportunities to at least 75% of their population (5 points)
   iii. Strategies for and a formal commitment to sustain the coalition and the continued implementation of additional activities and strategies beyond the project period of this FOA (3 points)
   iv. Annual objectives in SMART format, with timelines for achieving and links to community health needs assessment noted in Objective Description (2 points)
   v. Plans for communicating the health benefits of creating a healthier community (3 points)

II. Evaluation and Performance Management (25 points)

a. Evaluation support – at least 10% budgeted (5 points)

b. Evaluation capacity- experienced applicant staff or experienced contracted organization identified to conduct evaluation work (specify in CVs and reports/manuscripts) (10 points)

c. Evaluation Plans/Performance Management Plans (10 points)
Performance Management Plan - activities listed and data collection efforts identified to determine progress on achieving annual objectives

III. Applicant's Organizational Capacity to Implement Approach (30 points)

a. Applicant-
   i. Does the applicant provide documentation that it is a member of a multi-sectoral community coalition (5 points)
   ii. Does the applicant provide a description of support for evaluation and communication activities that allocates at least 10% of the total budget for each and identifies available experienced (5+ years) communication staff, from the applicant or partners? (5 points)

b. Community coalition-
   i. Does the applicant provide documentation of existence greater than 2 years? (5 points)
   ii. Does the applicant provide documentation of active membership by sector (e.g., rosters, meeting minutes, press releases, briefing documents, presentations) with at least 6 sectors represented? (5 points)
   iii. Does the applicant provide documentation of previously conducting successful chronic disease-related projects in past 5 years? (10 points)
   iv. Does the applicant provide evidence of collaborations, such as Letters of support/commitment (e.g., MOU with specified roles and document commitment to

perform select tasks) from coalition members and at least 3 potential partners, not on coalition? (0 points)

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:

The following factors also may affect the funding decision:

- geographic distribution of highest scoring applications;
- representation of a varied mixture and type of strategies;
- inclusion of communities of varying sizes; and
- inclusion of populations and areas with a high burden of chronic diseases.

The Selecting Official shall rely on the rank order established by the objective review as the primary factor in making awards. However, in order to maximize the reach and impact of federal funding, the Selecting Official may depart from the rank order to achieve a balance of awards representing different 1) geographic areas of the United States, 2) types of eligible organizations, or 3) specific project foci across the three categories of eligible applicants specified below. When doing so, the Selecting Official will follow the objective rank order within an eligibility category.

2) Geography. The intent is to fund awards in a manner that achieves geographic diversity across the 3 designated geographic areas:

a) Large Cities and Urban Counties (with populations of 500,000 or more)plan to award 10-12 awards ranging between $1 million to $4 million,

b) Small Cities and Counties (with populations between 50,000- 499,999) plan to award 15-18 awards ranging between $100,000 to $1.5 million, and

c) American Indian tribes and Alaskan Native villages and tribal organizations plan to award 5-10 awards ranging between $100,000 to $1 million.

3) Diversity of eligible applicants. The intent is to fund applicants representing a variety of governmental agencies and non-governmental organizations, including local public health departments, school districts, local housing authorities, local transportation authorities and American Indian tribes/Alaska Native villages and tribal organizations.

4) Project focus. The intent is to balance awards across eligible categories serving the primary focus areas (tobacco use and exposure; poor nutrition; physical inactivity; and lack of access to chronic disease prevention, risk reduction and management opportunities) to assure that no single focus is significantly underserved in comparison with other foci.

2. Announcement and Anticipated Award Dates:

Successful applicants will receive a Notice of Award (NoA) from the CDC Procurement and Grants Office (PGO). Applicants not selected for this funding will receive a letter from the programmatic contact listed in Section G. All notifications will be made by September 30, 2014.

F. Award Administration Information

1. Award Notices:

Awardees will receive an electronic copy of the 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 awardeePrincipal Investigator and business official.

Any applicant awarded funds in response to this FOA will be subject to the DUNS, SAM Registration, and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements.

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

2. Administrative and National Policy Requirements:

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

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

- AR-9: Paperwork Reduction Act
- AR-10: Smoke-Free Workplace
- AR-11: Healthy People 2020
- AR-12: Lobbying Restrictions
- AR-14: Accounting System Requirements
- AR-21: Small, Minority, And Women-owned Business
- 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-35: Nutrition Policies

Organization-specific ARs:

- AR-8: Public Health System Reporting (community-based, nongovernment organizations)
- AR-15: Proof of Non-profit Status (nonprofit 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 NoA 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 30 days after the CAP is finalized. This more detailed plan for any innovative strategies 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 how lessons learned and findings will be shared with the public, partners, professionals, and community leaders, as appropriate.
- 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. A CDC management information system will assist with the development of this report.

This report must include the following:

- **Performance Measures** (including outcomes)–Awardees must report on performance measures for each budget period and update measures (including reach numbers, media impressions worksheet), as 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 (submit one success story every six months, to include at least 2 success stories per year).
- **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.

A 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.

See Applicant Evaluation and Performance Measurement Plan Section.

iv. Federal Financial Reporting (FFR): The annual FFR form (SF-425) is required and must be submitted through eRA Commons within 90 days after the end of the calendar quarter in which the budget period ends. 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. (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, including reach numbers.
- 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 submission of success stories and an Implementation Guide.
- Additional forms as described in the Notice of Award, including Equipment Inventory Report and Final Invention Statement.

In addition, awardees must include the following information in their Final Performance Report:

- Summary of successes, challenges, lessons learned, and recommendations on ways to advance this community model.

A CDC management information system will assist with the development of this Final Performance Report. Awardees must email the report to the CDC PO and the GMS listed in the "Agency Contacts" section of the FOA.

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 all inquiries, please submit through this web link provided. www.cdc.gov/chronicdisease/about/PICH

For **programmatic technical assistance**, contact:

Dr. Shannon Griffin-Blake, Branch Chief
Department of Health and Human Services
Centers for Disease Control and Prevention

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

Mrs. Dana Ewing, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office

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 for Choric Disease Prevention and Health Promotion -
Division of Community Health -

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, if applicable

I. Packaged 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.

Community Action Plan: serves as the work plan or roadmap for the work that will be done under this FOA. Defines multi-year and one-year objectives and strategies and milestones to accomplish them. Awardee identifies baseline and targeted changes and how they will be measured. (DCH)

Community health needs assessment: a process that uses quantitative and qualitative methods to systematically collect and analyze data to understand health within a specific community. An ideal assessment includes information on risk factors, quality of life, mortality, morbidity, community assets, forces of change, social determinants of health and health inequity. *(Adapted from NACCHO and S. Rosenbaum)*

Communication: The means of delivering a message through radio, television, newspapers, magazines, online outlets, etc. to reach or impact people widely.

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.

Earned media: Mentions and articles in news or feature stories in radio, print, TV, and digital.

Environmental Change: Physical, social, or economic factors designed to influence people's practices and behaviors. *(CHANGE Tool)* More information can be found at: *http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a2.htm*

Evidence-based method: A strategy for explicitly linking public health or clinical practice recommendations to scientific evidence of the effectiveness and/or other characteristics of such practices. (Community Guide) Evidence-based public health practice is the careful, intentional and sensible use of current best scientific evidence in making decisions about the choice and application of public health interventions. (Community Commons)

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: Health disparities are differences in health outcomes and their determinants between segments of the population, as defined by social, demographic, environmental, and geographic attributes.

Health Equity: Health equity is attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities. (Healthypeople.gov.)

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.

Implementation Guide: a document or series of documents that outlines the resources and processes and that are needed to implement a given strategy including budget, staffing, content, communication, and evaluation, as relevant. (DCH) Implementation guidance includes any and all services and/or

materials that aid in the implementation of a prevention strategy in a different setting, including but not limited to: training, coaching, technical assistance, support materials, organizational/systems change consultation, and manuals/guides. Implementation guidance is typically created to help researchers/practitioners implement it appropriately in their own setting with have high fidelity, carried out as intended.

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.

Innovative Strategy/Intervention: An innovative strategy / intervention includes those not represented in the peer-reviewed literature but are often informed by the evidence and best practices. (DCH) Innovations are new products, programs, ideas or practices that are implemented, adopted or disseminated within groups, organizations or networks. It is about doing things differently.

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.

Letters of Involvement/Support: Letters from partners that describe in detail a comprehensive contribution to the overall program strategy. This letter should provide a clear understanding of exactly what the coalition partner will contribute to the intervention that will assist the program with successful outcomes in the reduction of health disparities utilizing the guidelines as established in the FOA.

Limited English Speaking Household -- A "limited English speaking household" is one in which members of a household 14 years old and over speak a non-English language and do not speak English "very well." In other words, all members 14 years old and over have at least some difficulty with English. By definition, English-only households cannot belong to this group. Previous Census Bureau data products have referred to these households as "linguistically isolated." (Census Bureau)

Linguistic Isolation: A linguistically isolated household is one in which all adults age 14 years and older speak a language other than English at home and have some limitation in

communicating in English. See *Limited English Speaking Household*. (Census Bureau)

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.

Multi-sectoral Community Coalitions: Include representation from a number of organizations in a community that may include businesses, pre-K through secondary education, universities, non-profit organizations, local health departments, health care organizations, community planning agencies, local housing authorities, social services, agricultural extensions programs, civic organizations, park and recreation departments, faith-based institutions, and other community-based organizations as well as community members.

National Organization: A national non-governmental, not-for-profit organization, has an established board, articles of organization, by-laws, and state or local chapters serving the public good to deliver social benefit for which they are chartered across the country. Often require reporting, monitoring and oversight of chapter activities.

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.

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.

Paid Media: Pushes out information in a one-way advertising model.

Partner Media: Media channels operated by partners such as listservs, web sites, newsletters, social media, etc.

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.

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.

Policy: For purposes of this FOA, policy refers to programs and guidelines adopted and implemented by institutions, organizations and others to inform and establish practices and decisions and to achieve organizational goals. Policy efforts do not include activities designed to influence the enactment of legislation, appropriations, regulations, administrative actions, or Executive Orders ("legislation and other orders") proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, and awardees may not use federal funds for such activities. This restriction extends to both grass-roots lobbying efforts and direct lobbying. However, for state, local, and other governmental grantees, certain activities falling within the normal and recognized executive-legislative relationships or participation by an agency or officer of a state, local, or tribal government in policymaking and administrative processes within the executive branch of that government are not considered impermissible lobbying activities and may be supported by federal funds. Please refer to Additional Requirement (AR) 12 referenced in the FOA for further guidance on this prohibition.

Population in Poverty: Percent or number of individuals that are living in households with income below 100% of the Federal Poverty Line. Available at www.chna.org

Population with No High School Diploma: Percent or number of persons aged 25 or older without a high school diploma or equivalency. Available at www.chna.org

Poverty Rate: Poverty is considered a key driver of health status. This indicator reports the percentage of the population living below 100% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status. www.communitycommons.org

Practice-based Strategy: Strategies based on lessons learned and best practices that may or may not be

published.

Priority Populations: Priority populations can be defined in a variety of ways. Some of these include income and level of education, disability status, linguistic isolation, and food deserts, as well as information from sources such as vital statistics, data from local health surveys and hospitals. It is recommended when defining priority populations on the basis of income and level of education, priority populations will, in general, be considered to be a group of census tracts where the population has the following characteristics:

- at least 30% with income below 100% federal poverty level, and
- at least 25% of adults >25 years of age without a high school education.

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.

Settings: Includes community, community institution/organization, government, faith-based, health care, school, business, and work site.

Social Determinants of Health: Social determinants of health are 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.
(US Department of Health and Human Services. Social determinants of health. http://www.healthypeople. gov/2020/topicsobjectives2020/overview. aspx?topicid=39. Accessed July 19, 2013.)

Stakeholder: A person or organization with direct interest, involvement, or investment in a coalition or its efforts. (Community Commons)

Strategies: Means by which policy, programs, and practices are put into effect as population-based approaches (e.g., offering healthy food and beverage options in vending machines at schools, implementing activity breaks for meetings longer than one hour) versus individual-based approaches (e.g., organizing health fairs, implementing cooking classes, disseminating brochures). (Community Commons & CHANGE Tool) More information can be found at:
http://www.rwjf.org/pr/product.jsp?id=42514; http://www.cdc.gov/mmwr/pdf/rr/rr5807.pdf

Sustainability: A community's ongoing capacity and resolve to work together to establish, advance, and maintain effective strategies that continuously improve health and quality of life for all. (Community

Commons)

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.

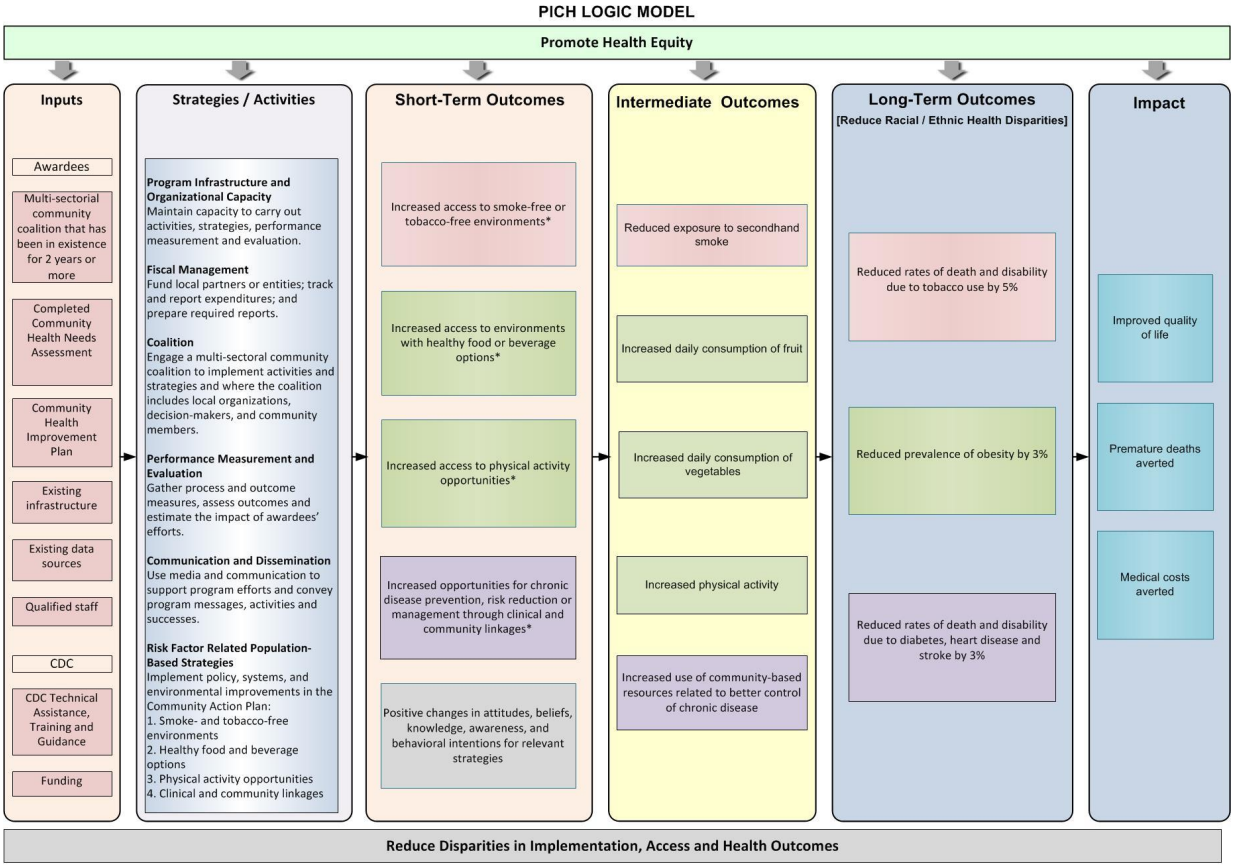
Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.

Tribes: Any Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688), which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians. Eligible applicants are listed on the Bureau of Indian Affairs website (www.bia.gov/DocumentLibrary/index.htm).

Vulnerable Populations Footprint — A tool that can serve as a valuable resource and allows users to identify the percent of residents living in poverty and the percent of adults who do not have a high school diploma in order to specify an intervention area. It is a resource for identifying communities that are in greatest need and guiding interventions to help meet those needs.

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.

Appendix A: PICH Logic Model



* Means outcomes that awardee is held accountable for in the project period.

Appendix B: Annual Outcome Evaluation Plan

All Partnerships to Improve Community Health (PICH) awardees are required to submit an updated/revised evaluation plan for each strategy being evaluated as a component of the annual progress report. CDC requests that each evaluation plan include an ***Evaluation Narrative, Logic Model, and Evaluation Work Plan***.

The main components of the Evaluation Plan are described below:

1. The ***Evaluation Narrative*** describes your plan for evaluating a select strategy. You are not required to evaluate every strategy within your CAP. Instead, focus your evaluation(s) on select strategies that are: (a) expected to be high impact and produce change in health behaviors or health outcomes, (b) innovative, and (c) of high interest to your community. The evaluation should fill a gap in the evidence base using methods and measures that will allow the results of the evaluation to be disseminated and ultimately aggregated with other studies in the literature (the CDC evaluation technical assistant team will provide specific study method recommendations).

    - CDC expects awardees to focus their evaluation efforts on measuring the impact of select strategies expected to (1) decrease tobacco use, (2) increase physical activity and healthy nutrition, and (3) increase access to chronic disease prevention, risk reduction and management opportunities.

    - Suggestions for the content and format of your narrative are provided in a template below. You are not required to use the format outlined in this document, but CDC is expecting at least this level of detail in your plans and thus using this format will help ensure you provide the evaluation information required by CDC.

2. **Evaluation Logic Model**. Your logic model should specify the CAP activities and their anticipated short, intermediate, and long term impacts on health behaviors and health outcomes. Awardees are encouraged to develop separate logic models for each strategy being evaluated in order to provide sufficient detail regarding expected impacts.

3. Complete one ***Outcome Evaluation Work Plan*** for each strategy you are evaluating (see template below). The evaluation objectives will specify your goal in undertaking the evaluation activities. Evaluation plans are required.

Evaluation Narrative Template

Your Evaluation Narrative should describe the approach you are using to evaluate a select strategy in your CAP. The Narrative and Outcome Evaluation Work Plan together should provide sufficient detail for CDC to assess: (a) the feasibility of the plan, (b) how subpopulations will be addressed in the evaluation plan, (c) how changes in health disparities will be documented, (d) the methodology, sampling, and instruments you will use, and (e) the staff involved in conducting your evaluation.

Your Evaluation Narrative should include the following components:

1. Selected strategy(s). Briefly summarize the major CAP strategy activities being evaluated. Note whether the activities are evidence-based or innovative.

2. Evaluation questions. Articulate your questions and the specific indicator(s) associated with each question. Also include whether the indicator is associated with a short, intermediate or long term outcome, and how answering the evaluation question will help to fill gaps in the evidence base. You should include at least one evaluation question specific to the DCH goal of addressing health disparities.

3. Evaluation target population. Describe in detail the target population that will be examined by the evaluation in terms of sample size, demographics, geographic location, etc. Describe plans to assess the relative impact of your strategy on the target population and/or specific health disparate subpopulations within your community. Indicate how your sampling plans will ensure that the subpopulations are adequately represented. If statistical power computations were performed, briefly describe them.

4. Data collection plan and timeline. Describe the anticipated strategy timeline and note how your baseline and follow-up data collections are aligned with that timeline. Your data collection timeline should ensure, to the extent possible, the evaluation data capture the impact of the strategy activities.

5. Evaluation staffing plan. Identify, by name and position, the individuals who will be working on the evaluation. Also provide a Point of Contact for the evaluation and include contact information (phone, address, email) for that individual. Describe the evaluator(s) affiliation and relationship to the awardee (e.g., staff, contractor, in-kind, research assistant).

6. Instruments, sampling plans, and power calculations. Describe the design of your evaluation, including all methods, instruments, etc. All of these documents should be attached so they can be uploaded into the CDC performance monitoring and reporting system.

7. Data analysis plan. Describe your plans for analyzing evaluation data. Analysis plans should address how you intend to assess the relative impact of the strategy on health disparate subpopulations and for the jurisdiction overall.

8. Dissemination plan. Describe your plans for meeting dissemination requirements, including which evaluations you plan to report in peer-reviewed manuscripts.

9. Technical assistance and training needs. Indicate any areas for TA or specific requests for training. CDC's evaluation contractors are prepared to assist you with developing and implementing your Evaluation Narrative and Work plan.

DCH Outcome Evaluation Work Plan Template

Introduction: The outcome evaluation work plan template includes a list of prepopulated milestones that are essential to every evaluation. Additional instructions are provided in the template and in a glossary of terms below for your convenience. You are encouraged to use your evaluation work plan(s) as a communication tool with your partners. Your evaluation TA Liaison will also use the work plan to monitor your evaluation implementation progress over the coming year.

OUTCOME EVALUATION WORK PLAN [Insert Evaluation Plan Title Here] Date Submitted: _____		
Site Name		
Project Period Evaluation Objective		
Annual or Multi-year Evaluation Objective		
CAP PPOs associated with this outcome evaluation work plan *Specify one or more.*	Number(s)	PPO(s)

CAP AOs associated with this evaluation work plan *Specify one or more.*	Number(s)	AO(s)
Strategic Direction *Check the strategic directions represented by the intervention being evaluated.*	☐ Tobacco use and exposure, ☐ Poor nutrition, ☐ Physical inactivity, and ☐ Lack of access to chronic disease prevention, risk reduction and management opportunities.	

Evaluation Questions , Instruments, and Indicators *Please list your evaluation questions, associated instruments and indicators. Please highlight any questions that address health disparities. Add more rows as needed.*	**Evaluation Question(s)**	**Instrument(s)**	**Indicator(s)**

Evaluation Target Population *Please complete the questions and table to the right.*	Which of the following best describes your evaluation target population? *(Check only one).* ☐Evaluation of jurisdiction-wide intervention on the general population, only (no differential impact of intervention on sub-population is planned) ☐Evaluation of jurisdiction-wide intervention on the general population, <u>and</u> will assess differential impact of intervention on sub-populations (specify below) ☐Evaluation of targeted intervention on one or more specific health disparate sub-populations, only (specify below)		
	For each of your instruments, please complete the following table. Instruments that share the same target sample can be combined in one table. List the instrument(s) that share the same target sample: Total target sample size for instrument(s):		

Targeted Sub-populations/Groups Below are examples of targeting populations due to a disproportionate burden of chronic diseases. *Check the groups that are included in your evaluation target population*	Target Sample Size	*Check this box if you are planning to assess differential impact of the intervention on this group relative to the general population*
☐ People w/disabilities		☐
☐ Immigrants/Non-native English speakers		☐
☐ Low SES/income		☐
☐ Homeless/transient		☐
☐ Uninsured/underinsured		☐
☐ People w/mental illness/substance abuse conditions		☐
☐ Gender: _____		☐
☐ Geography (urban, rural or frontier): _____		☐
☐ Age: _____		☐
☐ Race/ethnicity: _____		☐

	☐ Other disparate subpopulation: _____		☐

Repeat table as needed for instruments that have a different target sample than described above.

Evaluation Implementation Milestones *The shaded boxes represent essential milestones for every evaluation. . Please indicate the current status of each milestone, and list the specific activities that must be completed to achieve each milestone. Add more rows to include additional activities under each milestone as needed. You can also add additional milestones at the end of table.*	**Status** *Please check one per milestone.*	**Timeline**		**Output Measure** *How will you know the milestone and activities are complete?*	**Lead Staff and Key Partners** *Who is responsible?*
		Initiation **(MM/YYYY)**	**Completion** **(MM/YYYY)**		
1. Collect Baseline Data	☐ Complete ☐ In progress ☐ Not yet started ☐ N/A				
Activities/Tasks: (Check activities that are complete)					

☐					
☐					
☐					
2. Analyze Baseline Data	☐ Complete ☐ In progress ☐ Not yet started ☐ N/A				
Activities/Tasks: (Check activities that are complete)					
☐					
☐					
☐					
3. Disseminate Baseline Data	☐ Complete ☐ In progress ☐ Not yet started ☐ N/A				

Activities/Tasks: (Check activities that are complete)					
☐					
☐					
☐					
4. Collect Follow-Up Data (1)	☐ Complete ☐ In progress ☐ Not yet started ☐ N/A				
Activities/Tasks: (Check activities that are complete)					
☐					
☐					
☐					
5. Analyze Follow-Up Data (1)	☐ Complete ☐ In progress ☐ Not yet started				

	☐ N/A				
Activities/Tasks: (Check activities that are complete)					
☐					
☐					
☐					
6. Disseminate Follow-Up Data (1)	☐ Complete ☐ In progress ☐ Not yet started ☐ N/A				
Activities/Tasks: (Check activities that are complete)					
☐					
☐					
☐					
7. Collect Follow-Up Data (2)	☐ Complete ☐ In progress				

	☐ Not yet started ☐ N/A				
Activities/Tasks: (Check activities that are complete)					
☐					
☐					
☐					
8. Analyze Follow-Up Data (2)	☐ Complete ☐ In progress ☐ Not yet started ☐ N/A				
Activities/Tasks: (Check activities that are complete)					
☐					
☐					
☐					
9. Disseminate Follow-Up Data (2)	☐ Complete				

	☐ In progress ☐ Not yet started ☐ N/A				
Activities/Tasks: (Check activities that are complete)					
☐					
☐					
☐					
10. Collect Follow-Up Data (3)	☐ Complete ☐ In progress ☐ Not yet started ☐ N/A				
Activities/Tasks: (Check activities that are complete)					
☐					
☐					
☐					

11. Analyze Follow-Up Data (3)	☐ Complete ☐ In progress ☐ Not yet started ☐ N/A				
Activities/Tasks: (Check activities that are complete)					
☐					
☐					
☐					
12. Disseminate Follow-Up Data (3)	☐ Complete ☐ In progress ☐ Not yet started ☐ N/A				
Activities/Tasks: (Check activities that are complete)					
☐					
☐					

☐					
13. Other Evaluation Milestone(s) (please describe)	☐ Complete ☐ In progress ☐ Not yet started ☐ N/A				
Activities/Tasks: (Check activities that are complete)					
☐					
☐					
☐					

Glossary of Terms in the Outcome Evaluation Work Plan Template:

Evaluation Plan Title: Use a descriptive title that captures what is being evaluated (EX: Healthy Eating/Active Living in Childcare)

Site Name: PICH Awardee name

Project Period Evaluation Objective: The long-term evaluation goal to be accomplished. In general, this evaluation objective should reflect a broad, 5 year vision for evaluation although it is possible your evaluation is planned for a shorter period. The objective should be SMART- specific, measureable, attainable, relevant, and time bound. It should describe the implementation strategy and setting.

Annual or Multiyear Evaluation Objective: The evaluation goal(s) to be accomplished annually or over multiple years. You may wish to identify an objective for each year.

Evaluation Question: A single question or series of questions your evaluation seeks to answer. CDC recommends at least one evaluation question address the long-term impact of the intervention on health behaviors and/or health outcomes. (Ex: Do changes in food procurement practices in childcare settings result in higher fruit and vegetable consumption by children?)

Instrument: An established tool for collecting or observing data. Instruments may include surveys, interview/focus group guides, observation tools, and/or data abstraction tools. List the specific questionnaire, survey, interview, or observation measure you plan to use. Examples include BRFSS, SOPLAY, and NEMS.

Indicator: A tangible, measurable attribute that is the focus of the evaluation. (Ex: servings of fruits and vegetables consumed per meal)

Evaluation Target Population: The number and demographics of the population(s) you plan to sample with your instruments.

Activities/Tasks: Activities, if possible, should be specific, measurable and sufficient in quantity such that their completion should lead to the accomplishment of the evaluation milestones. For example, if you are administering multiple instruments as part of your

baseline data collection, you should list the administration of each instrument as a separate activity/task under Baseline Data Collection.

Timeline: The specific month and year for which milestones and activities will be ***initiated and completed***.

Output Measure: The result or product that will exist at the completion of the milestone evaluation activity. (Ex: surveys, observation records).

Lead Staff/Key Partner: Specify the staff member and/or key partner with responsibility for ensuring the completion of the milestone evaluation activity.

Appendix C: Suggested CAP Template

COMMUNITY ACTION PLAN TEMPLATE – for Division of Community Health (FY2014 FOAs)

Note: The format of this template correlates with the data entry fields in CDC's Chronic Disease Management Information System, which will eventually be used by DCH awardees.

Project Period Objective (PPO)

*Measures how many **people** will be affected by the "reach" of all the Annual Objectives (AOs) associated with this PPO; exception is for "Infrastructure" PPO**

Risk Factor/Program Goal/Short-term Outcome (choose one per PPO)	--- Tobacco- and Smoke-free Environments --- Environments with Healthy Food or Beverage Options --- Physical Activity Opportunities --- Opportunities for Prevention of Chronic Diseases through Clinical and Community Linkages					
Objective ID	1.0					
Measurement	Direction of Change	Unit of Measurement	What Will Be Measured	Baseline	Target	Data Source
	Increase	Number of people	*(to be entered by applicant)***	*(to be entered by applicant)*	*(to be entered by applicant)*	*(to be entered by applicant)*
Timeframe: Start Date	*(To be entered by applicant; Start Date must be earlier than September 29, 2015)*					
End Date	*(To be entered by applicant; End Date must be no later than September 29, 2017)*					
PPO *(recommended final wording)*:	➢ Increase the number of people with increased access to environments with healthy food or beverages from [*Baseline*] to [*Target*] by September 2017. ➢ Increase the number of people with increased access to opportunities for prevention of chronic diseases through clinical and community linkages from [*Baseline*] to [*Target*] by September 2017. ➢ Increase the number of people with increased access to physical activity opportunities from [Baseline] to [Target] by September 2017. ➢ Increase the number of people with increased access to tobacco-free environments from [*Baseline*] to [*Target*] by September 2017.					
PPO Description	(*Describe the objective and how it will impact the problem: Descriptions should provide contextual information about the objective's purpose, how the objective will impact the health problem, and specificity about the objective's scope and people reached. Additionally, it should include background, history, and rationale for the objective, and provide a clear summary how associated Annual Objectives will achieve proposed reach. Together, the Annual Objectives should represent a coherent strategy to reach this PPO*					

* Recommended wording for any “Infrastructure” PPO: By September 29, 2017, increase the number of infrastructure components supporting community health activities from 0 to XX. Annual Objectives related to coalition support, communications, evaluation planning, and sustainability would be placed in this PPO.

**See definitions on page 5 to determine what the text in this field should be for each of the PPO areas

Annual Objective (AO)

*Measures how many **settings** will be affected by the attainment of this AO*

Related PPO: [*insert PPO the AO refers to here]*						
AO Objective ID	1.1 *(if you have more than one AO under the same PPO then the second AO would be 1.2 and so on)*					
Measurement	Direction of Change	Unit of Measurement	What Will Be Measured	Baseline	Target	Data Source
	(Select one: Increase, Decrease or Maintain)	number of	*(to be entered by applicant)*	*(to be entered by applicant)*	*(to be entered by applicant)*	*(to be entered by applicant)*
Timeframe: Start Date	*(To be entered by applicant; Start Date must be earlier than September 29, 2015)*					
End Date	September 29, 2015					
Setting/Sector *(select only one setting per AO)*	___ Community ___ Community Institution/Organization ___ Faith-based ___ Health Care ___ School ___ Work Site ___ Other (Specify) _____					
Related Strategy *(select only*	*(to be entered by applicant)*					

one evidence- or practice-based strategy per AO)	
Justify the selection of this strategy	*(to be entered by applicant)*
Estimated number of Units *(for the selected Setting)*	*(to be entered by applicant)*
Estimated number of people reached *(for the selected setting)*	*(to be entered by applicant)*
Population Focus *(applicant should select one)*	___ General Population ___ Specific Population (*review list of options in Definitions; select only if objective is designed to help only a specific group)*
Objective description	*(to be entered by applicant; should include how the applicant envisions the achievement of milestones will achieve the objective.)*

Activities

List at least 4 and no more than 10 Milestones per AO

Related AO: *[insert AO the milestones refer to here]*							
*Milestone ID	* Milestone Title	* Milestone Description	*Start Date	*End Date	Lead Staff	Key Partners	Output/ Measure
1.1.1							
1.1.2							
1.1.3							
1.1.4							
1.1.5							
1.1.6							
1.1.7							
1.1.8							
1.1.9							
1.1.10							

Appendix D: Example CAP Template

COMMUNITY ACTION PLAN TEMPLATE – for the Division of Community Health (FY2014 FOAs)

EXAMPLE OF COMPLETED TEMPLATE

Project Period Objective (PPO)

*Measures how many **people** will be affected by the "reach" of all the Annual Objectives (AOs) associated with this PPO; exception is for "Infrastructure" PPO**

Risk Factor/Program Goal/Short-term Outcome (choose one per PPO)	--- Tobacco- and Smoke-free Environments --- Environments with Healthy Food or Beverage Options -X-- Physical Activity Opportunities --- Opportunities for Prevention of Chronic Diseases through Clinical and Community Linkages					
Objective ID	1.0					
Measurement	Direction of Change	Unit of Measurement	What Will Be Measured	Baseline	Target	Data Source
	Increase	number of people	with increased access to physical activity opportunities	0	750,000	*Walkability Assessment*
Timeframe: Start Date	*September 30, 2014*					
End Date	*September 29, 2017*					
PPO *(recommended final wording)*:	Increase the number of people with increased access to physical activity opportunities from 0 to 750,000 by September 2017.					
PPO Description	In County X, which has a total population of 1,000,000, physical inactivity is a significant risk factor for the community-at-large. Based on 2011 BRFSS data for the county, it is estimated that 20% of adults engage in no leisure time activity. Barriers to increasing physical activity among the county's population are a lack of connected walking routes, a community norm that encourages use of automobiles for all trips, and minimal understanding among stakeholders of the health benefits of having increased physical activity. Strategies in support of this objective will include communications efforts to increase community awareness of the need for physical activity opportunities, improve access to public transportation, community infrastructure changes to support biking or walking, planning for adopting Complete Streets protocols, and Neighborhood/district/jurisdiction plans that support biking or walking.					

Appendix E: Letter of Intent (LOI) – Sample Template

Please note – while this exact form is not required, the elements found in the table below must be included in your LOI. A sample letter using the table is provided below. The LOI should be on the letterhead of the applying organization or emailed from the organization's email address to PICHLOI@cdc.gov.

June 5, 2014

Mrs. Dana Ewing – FOA #14-1417
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Rd, MS E-09
Atlanta, GA 30341

Dear Mrs. Ewing:

Please accept this Letter of Intent (LOI) to apply for the Funding Opportunity Announcement DP14-1417 - Partnerships to Improve Community Health (PICH). Enclosed is our completed required LOI elements table, outlining our proposal. We look forward to submitting our complete application.

Sincerely,

Applicant Organization Administrator

Required LOI Element	Applicant Response
1. Descriptive title of the proposed project	
2. Name, location, and total population of the designated geographic area in which the proposed project will be implemented	

3. The mission statement of the applicant *(copied from organization documents)*	
4. Brief description of the experience of the applicant in preventing and controlling chronic diseases	
5. Name and brief description of the established coalition that will help plan, manage, and implement the activities to be conducted in the proposed project, including the date at which the coalition came into existence	
6. Name, address, telephone number, and email address of both the proposed Principal Investigator and the Project Director (names must match application)	
7. Brief descriptions of at least 2 projects/strategies/ significant community-wide activities related to preventing and controlling chronic diseases in which the coalition has participated	
8. The date and owner of the most recent community health needs assessment conducted in the designated geographic area in which the proposed project will be implemented	
9. Name, address, telephone number, and e-mail address of the primary contact for writing and submitting this application	