Centers for Disease Control

National Center for Injury Prevention and Control

Rape Prevention and Education: Using The Best Available Evidence for Sexual Violence Prevention

CDC-RFA-CE19-1902

Application Due Date: 10/29/2018

Rape Prevention and Education: Using The Best Available Evidence for Sexual Violence Prevention

CDC-RFA-CE19-1902

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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 CDC-RFA-CE19-1902. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

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

B. Notice of Funding Opportunity (NOFO) Title:

Rape Prevention and Education: Using The Best Available Evidence for Sexual Violence Prevention

C. Announcement Type: New - Type 1

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

New-Type 1

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-CE19-1902

E. Assistance Listings (CFDA) Number:

93.136

F. Dates:

1. Due Date for Letter of Intent (LOI):	**09/30/2018**
2. Due Date for Applications:	**10/29/2018**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Date for Informational Conference Call:

This call will be for eligible applicants (see Eligibility Section) on **September 13, 2018, 2:00pm-3:30pm EST.**

To register and access the webinar, visit:

https://violenceprevention.adobeconnect.com/rpe/

For audio, call this number and use the following conference ID: 1-855-348-8390; Conference ID: 13679017

If you are having trouble registering for or accessing the webinar, please contact the Agency Contact for this NOFO, Justin Horn, JGI7@cdc.gov; 770-488-4096.

The purpose of this conference call/webinar is to help potential applicants understand the scope and intent of this Program Announcement: RPE: Using The Best Available Evidence for Sexual Violence Prevention. Participation on the conference call is not mandatory. Potential applicants

are requested to call in using only one telephone line. A Frequently Asked Questions (FAQ) document will be made available following the call. Because this is a competitive process, applicants should follow the requirements for this program as they are laid out in the funding announcement and any related amendments. Applicants who want to submit questions prior to the call, or should applicants find they have additional questions or need clarification after the call, please see the Agency Contact listed at the end of this Notice of Funding Opportunity (NOFO). Responses from inquiries received and the conference call FAQs will be posted on http://www.grants.gov within seven days of the final call.

G. Executive Summary:

1. Summary Paragraph:

The overarching purpose of the Rape Prevention and Education (RPE) program is to prevent sexual violence (SV) perpetration and victimization. The NOFO will advance this goal by using a public health approach to decrease SV risk factors and increase SV protective factors through the implementation and evaluation of prevention strategies based on the best available evidence across multiple levels of the Social Ecological Model (SEM). State and territorial health departments (SHDs), as the NOFO recipients, will be responsible for the overarching management and implementation of the RPE program at the state level. SHDs will work with their sub-recipients, including SV coalitions, rape crisis centers, NGOs, CBOs, local health departments, educational institutions and other stakeholders to implement and evaluate SV prevention programs, practices, and policies. As a result of this NOFO, community and environmental improvements are expected related to providing opportunities to empower and support girls and women, creating protective environments, and promoting social norms that protect against violence. These changes are expected to culminate in increases in protective factors and decreases in risk factors related to SV, ultimately leading to decreasing the rates of SV perpetration and victimization.

a. Eligible Applicants: Limited

b. NOFO Type: Cooperative Agreement

c. Approximate Number of Awards: 59

Awards issued under this NOFO are contingent upon the availability of funds and submission of a sufficient number of meritorious applications.

d. Total Period of Performance Funding: $195,000,000

Awards issued under this NOFO are contingent upon the availability of funds and submission of a sufficient number of meritorious applications.

e. Average One Year Award Amount: $500,000

Category A~ 36.5 million

Awards will be made to states and territories using the following population based funding formula: U.S. Virgin Islands, the Commonwealth of the Northern Mariana Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, Palau, American Samoa and Guam with approved applications will receive $40,000; the 50 states, District of Columbia and Commonwealth of Puerto Rico with approved applications will receive a base of $180,000.

The reminder of the funds will be allocated utilizing the percentage of each state's population (50 states, DC and Puerto Rico) divided by the total US population (from the 2016 census), as

stated in VAWA.

Category B~ $2.5 million

Additional funding will be available for Category B recipients. These will be competitive awards for up to 15 state health departments with demonstrated capacity to implement and evaluate a higher percentage of community-level prevention strategies. Approved applications will receive $200,000 - $250,000.

Awards issued under this NOFO are contingent upon the availability of funds and submission of a sufficient number of meritorious applications.

f. Total Period of Performance Length: 5
g. Estimated Award Date: 02/01/2019
h. Cost Sharing and / or Matching Requirements: N
Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

Part II. Full Text

A. Funding Opportunity Description

Part II. Full Text

1. Background

a. Overview

Sexual violence (SV) is a significant public health problem affecting the lives of millions of people in the United States. One in three women and one in six men have experienced some form of contact SV in their lives. SV can lead to serious short- and long-term health consequences including physical injury, poor mental health, and chronic physical health problems, which contribute to a substantial public health burden (Smith et al., 2017). In 2013, The Violence Against Women Act (VAWA) reauthorized CDC's Rape Prevention and Education (RPE) Program, which funds state health departments (SHD) to work on SV prevention activities. This NOFO, CE #19-1902 Rape Prevention and Education: Using The Best Available Evidence for Sexual Violence Prevention, aims to reduce the risk factors and increase the protective factors associated with sexual violence perpetration and victimization, in addition to the eventual reduction of SV victimization rates. Example risk factors to be reduced through implementation of the strategies and activities in this NOFO include associating with delinquent peers; availability and use of substances; community violence and neighborhood poverty; and poor employment opportunities (Wilkins, et al, 2014). Examples of protective factors to be increased include community support and connectedness and connection/commitment to school. Implementing strategies that address shared risk and protective factors with other forms of violence, particularly intimate partner violence and child abuse and neglect, can create more impactful change at the community and societal levels, especially as they relate to adverse childhood experiences. Implementation of this NOFO will also lead to increased use of the public health approach to violence prevention, increased use of SV indicators, improved implementation of community-level prevention strategies, and improved evaluation. This NOFO will require

SHD recipients to implement activities, including establishing public/private partnerships, developing a state action plan, creating and implementing a state evaluation plan, identifying and tracking SV indicators, and implementing programs, practices, and policies identified within the Division of Violence Prevention's (DVP) STOP SV: A Technical Package to Prevent Sexual Violence, with an emphasis on community-level strategies. Additionally, SHDs will work with their sub-recipients to ensure the implementation of strategies from STOP SV and align goals and objectives with the SHD's state action plan. STOP SV gathered the best available evidence for SV prevention, and describes example programs, practices and policies that reduce rates of SV victimization and perpetration and/or impact the risk and protective factors related to SV (Basile, et al, 2016).

This NOFO builds upon the efforts implemented in the previous NOFO, CE #14-1401: Rape Prevention and Education Program. CE 14-1401 required recipients to implement SV prevention strategies based on the public health approach and using effective principles of prevention (Nation et al., 2003). Recipients were required to measure the increased use of the public health approach and the principles of prevention; however, outcome evaluation was not required, and guidance on the types of strategies to be implemented was not provided. This current NOFO will continue the focus on using the public health approach, and will require increased implementation at the community-level of the Social Ecological Model (SEM; refer to page 16 for description), using guidance from the STOP SV Technical Package.

b. Statutory Authorities

This cooperative agreement is funded under section 393A(a) of the PHS Act (42 USC § 280b-1b(a) for Category A and under section 392(a)(1) of the PHS Act (42 USC § 280b-1(a)(1)) for Category B.

c. Healthy People 2020

This program addresses the Healthy People 2020 focus are of Injury and Violence Prevention (https://www.healthypeople.gov/2020/topics-objectives/topic/injury-and-violence-prevention).

Healthy People 2020 includes developmental goals of reducing sexual violence.

- IVP-39.2 (Developmental) Reduce sexual violence by current or former intimate partners
- IVP-40 (Developmental) Reduce sexual violence
- IVP.40.1 (Developmental) Reduce rape or attempted rape
- IVP.40.2 (Developmental) Reduce abusive sexual contact
- IVP.40.3 (Developmental) Reduce non-contact sexual violence

d. Other National Public Health Priorities and Strategies

This NOFO aligns with and supports the "Injury and Violence Free Living" priorities of the National Prevention Strategy by strengthening programs, practices, and policies to prevent violence and by designing safer environments and fostering economic growth. https://www.surgeongeneral.gov/priorities/prevention/strategy/injury-and-violence-free-living.html

e. Relevant Work

This NOFO builds upon the work of several CDC efforts (e.g., previous NOFOs) and their

lessons learned:

- CE 14-1401: Rape Prevention and Education Program
- Competitive Evaluation Supplement (CDC-RFA-CE14-14010101SUPP16) Building Evaluation Capacity Supplemental funding to build RPE programs' evaluation capacity
- Program Administrative Supplement (CDC-RFA-CE14-14010501SUPP18)
- CDC/Division of Violence Prevention's STOP SV: A Technical Package to Prevent Sexual Violence

For more info, visit https://www.cdc.gov/violenceprevention/rpe/index.html

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-CE19-1902

Logic Model: Rape Prevention and Education: A Public Health Approach to Sexual Violence Prevention

Bold indicates period of performance outcome

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Core: State Health Department Identify and establish public/private partnerships that can provide TA and support evaluation capacity of sub-recipients to facilitate and monitor the implementation of prevention programs/practices/policies Develop a state action plan for implementing approaches corresponding to the focus areas (promoting social norms; teaching skills; creating protective	**Increase alignment between state level goals and prevention strategies at state and local levels** **Increased capacity from partnerships to access and use data and leverage support** **Increase data driven decision-making for program selection** **Demonstrate the selection of sub-recipients based on data driven decision-**	**Increased use of partnerships to implement community/societal-level strategies and improve coordination of state SV prevention efforts** **Demonstrate use of data driven decision making for program delivery** **Demonstrate the use of indicator data to track implementation and outcomes**	Decrease rates of SV perpetration & victimization

environments; and providing opportunities to empower and support girls and women) Develop and implement a state-level evaluation plan (goals of the state align with sub recipient implementation) Identify and track SV indicators Participation in CDC-sponsored program support activities Category-specific: Prevention Strategy Implementation Based on the Best Available Evidence: *Category A Recipients*: Implement no more than 50% of all strategies at the individual/relationship-level with approaches corresponding to the teaching skills focus area Implement at least 50% of all strategies at the community/societal-level (not solely in school settings) *Category B Recipients*: Implement no more than 25% of all strategies at	**making** **Increase the number of process and outcome evaluation activities implemented from the state evaluation** **Increase percentage of community/societal-level approaches implemented** **Demonstrate tracking of state-level SV indicators**	**Demonstrate environmental and community changes that result from selected community/societal-level strategies** **Increases in protective/decrease risk factors related to SV perpetration & victimization**	

the individual/relationship level and implement no less than 75% of all strategies at the community/societal level (not solely in school settings) *Territorial recipients please reference Core & Category A strategies and activities for requirements.			

i. Purpose

The purpose of this NOFO is to utilize the best available evidence to prevent sexual violence. Recipients, state and territorial health departments, will be responsible for the overarching management of the RPE program at the state level, and will oversee and monitor the activities of their sub-recipients (including, but not limited to, SV coalitions, rape crisis centers, NGOs, CBOs, local health departments, educational institutions and other stakeholders). NOFO activities include both core and category-specific strategy implementation and evaluation, emphasizing community-level work.

ii. Outcomes

Measurable outcomes are essential for determining the extent to which implemented approaches and activities achieve their intended effects. At the time of application, recipients must submit a logic model that specifies the overall efforts for the NOFO in using a public health approach with short-term, intermediate, and long-term outcomes. The logic model must clearly reflect the overall CDC NOFO goals and objectives. Recipients should also indicate the connections and relationships among state and local level activities, along with its short, intermediate, and long-term outcomes, as well as illustrate their linkages in the logic model. Recipients must specify the potential risk and protective factors (shown in the NOFO logic model under intermediate outcomes) that the recipient intends to address through its prevention program efforts for the NOFO. Example risk factors include associating with delinquent peers; availability and use of substances; community violence and neighborhood poverty; and poor employment opportunities. Examples of protective factors include community support and connectedness and connection/commitment to school. Recipients will be able to finalize this logic model within the first 90 days from the start of the NOFO project period.

With technical guidance and support from CDC, recipients will identify, measure, and monitor indicators aligned with the outcomes related to the activities and strategies specified in their logic model. While recipients are only expected to achieve the short-term and intermediate outcomes

during the NOFO project period, CDC will work with recipients to identify and develop strategies for measuring outcomes that track long-term impact on SV. Recipients are required to report their progress and accomplishments using CDC's Monitoring and Reporting System (MRS). The Evaluation and Performance Measurement section further describes the methods for evaluation and performance monitoring of this NOFO.

Recipients are expected to achieve the following short-term outcomes within the first two years of the project:

- Increase alignment between state level goals and prevention strategies at state and local levels
- Increased capacity from partnerships to access and use data and leverage support
- Increase data-driven decision-making for program selection
- Demonstrate the selection of sub-recipients based on data-driven decision-making
- Increase the number of process and outcome evaluation activities implemented from the state evaluation
- Increase percentage of community/societal-level approaches implemented
- Demonstrate tracking of state-level SV indicators

Recipients are expected to achieve the following intermediate outcomes within the three to five years of the project:

- Increased use of partnerships to implement community/societal-level strategies and improve coordination of state SV prevention efforts
- Demonstrate use of data driven decision making for program delivery
- Demonstrate the use of indicator data to track implementation and outcomes
- Demonstrate environmental and community changes that result from selected community-level strategies
- Increases in protective/decrease risk factors related to Recipients are not required to demonstrate progress on long-term outcomes during the funding period; however, CDC recommends that they use the funding period to identify potential data sources and mechanisms for measuring the following long-term outcomes:
- Decrease rates of SV perpetration & victimization

iii. Strategies and Activities

Recipients will be expected to use, and ensure their *sub-recipients'** use the public health approach and conduct prevention strategy implementation of programs and/or *policy*** activities utilizing *STOP SV: A Technical Package to Prevent Sexual Violence*. Alternatively, a new program or policy, or the continuation of an existing effort that demonstrates a link between the program/policy to the desired outcome (e.g., decreasing risks and/or increasing protective factors) may be proposed with documented evidence of effectiveness and a clear demonstration of a link between the strategy and targeted outcomes.

* *Sub-recipients*

Per the CFR 200: Sub-recipient means a non-Federal entity that receives a sub-award from a pass-through entity to carry out part of a Federal program; but does not include an individual that is a beneficiary of such program. A sub-recipient may also be a recipient of other Federal awards directly from a Federal awarding agency.

**Policy-Related Activities

RPE funds may be used for policy-related activities such as analyzing data to identify trends and opportunities; analyzing and understanding policy options; collaborating with stakeholders to educate about policy issues; providing evidence and education to key stakeholders and policymakers; educating the public about existing policies; and evaluating the impact of policies. For example, a state health department recipient may choose to work with stakeholders to conduct a health impact assessment on a certain policy or benefit and then disseminate the results of that assessment to relevant stakeholders.

Please see the following guidance concerning prohibitions on the use of CDC award funds for impermissible lobbying: see https://www.cdc.gov/obesity/downloads/Anti-Lobbying-Restrictions-for-CDC-Grantees-July2012-508.pdf

CDC understands the importance of working across the SEM in order to most effectively reduce rates of SV. Individual-level approaches focused on teaching skills to improve social-emotional learning, healthy relationships, and healthy sexuality have strong evidence for reducing rates of SV perpetration and victimization. Relationship-level approaches focused on bystander intervention and engaging men and boys as allies has a growing evidence-base for SV prevention. Much of the evidence-base for SV primary prevention exists within these focus areas. For this reason, recipients will be permitted to continue to implement skills-based learning and relationship-level bystander approaches (e.g., those strategies that are only targeted at changing peer norms through bystander education and training) in addition to community-level strategies. Community-level strategies have the greatest potential to have the largest impact on rates of SV perpetration and victimization because they target the characteristics of settings that increase or buffer against the risk for violence, particularly the social, economic, and environmental characteristics of neighborhood, school, workplace, and other organizational settings (Dahlberg, 2018), as indicated by the outer levels of SEM (DeGue, Hipp, & Herbst, 2016). The SEM provides a framework for understanding the way risk and protective factors at one level interact with those in another level. While it is essential to take a comprehensive approach by implementing strategies across the SEM, community and societal level strategies have the greatest chance to impart lasting change. Through this NOFO, CDC is encouraging the expansion of strategies being implemented and evaluated at the community-level as well as a comprehensive approach across the SEM.

Applicants are encouraged to select the Category (A and/or B) that best aligns with their capacity to implement a specified percentage of community-level strategies, and potential to achieve the greatest reach and impact.

Category A is non-competitive and open to be awarded to all SHDs and eligible territories with the submission of a technically acceptable application. Applicants are expected to demonstrate how they will implement all activities and strategies outlined in the logic model (Territories will fall under Category A).

Category B is a competitive category for states with the capacity to implement and evaluate a

greater percentage of evidence-based community/societal-level strategies than identified in the Category A requirements. Applicants will self-select to apply for either Category A or Category B, as mutually exclusive categories. CDC will fund up to 15 states in Category B at an increased funding level to implement the majority of their strategies (75%) at the community/societal level (which takes more intensive evaluation than evaluating individual/relationship-level strategies). Applicants that apply for Category B funding who are not funded for Category B will automatically be funded under Category A.

Category A:

Category A recipients are required to implement no more than 50% of strategies at the individual/relationship level approaches and implement at least 50% of strategies at the community/societal-level. Eligible territories are required to only implement activities identified under Category A. Territories should work with CDC to use the CDC-developed SV indicator database and corresponding guidance to select indicators that align with their evaluation plan, whenever possible.

Territories will be expected to implement strategies at both individual- and relationship-levels. Territorial recipients will be permitted to implement more than 50% of total strategies on teaching skills and promoting social norms

Category B:

Recipients selected for Category B will be required to implement no more than 25% of strategies at the individual/relationship level and implement no less than 75% of all strategies at the community/societal-level. Further explanation of requirements to implement activities for Categories A and B are described below.

Logic Model Strategies and Activities

Both Category A and Category B recipients will implement Strategies and Activities 1-5 (Core) below. There are different, category-specific expectations for each of the Categories under Activity 6 described below:

Strategies and Activities:

1. Identify and establish public/private partnerships that can provide technical assistance and help support evaluation capacity of sub-recipients to facilitate and monitor the implementation of prevention programs, practices and policies.

All states and territories must engage in a systematic process of identifying potential public and private partnerships that can provide technical assistance on program implementation and evaluation. In addition, all recipients should ensure that their sub-recipients engage in a systematic process of identifying partnerships also.Once potential partners are identified, recipients should establish formal partnerships (through mechanisms such as contracts, consultations, or memorandums of understanding). Partnerships should perform the following functions:

- Provide technical assistance on program selection and implementation.
- Provide technical assistance on program evaluation at the SHD.
- Provide assistance in building program implementation and evaluation capacity of sub-recipients.

- Provide technical assistance on program evaluation at the local-level.

2. Develop a state action plan for implementing approaches corresponding to the focus areas.

Within the first four months, all states and territories must work with identified state-level partners and stakeholders to either develop, or enhance an existing, state action plan (SAP) to help them strategically and intentionally plan, prioritize, and establish a baseline portfolio of individual-,relationship-, and community-level prevention approaches based on the best available evidence to prevent SV. The SAP should not exceed 50 pages, however exceptions may be made on a case-by-case basis. Sub-recipients should be involved in the process, as well, as the programs implemented at the local-level must align with the state-level action plan. This draft is due to CDC within four months of the award date. A final SAP is due with the annual APR submission, due 120 before the end of the fiscal year. The following components must be included in the SAP:

- The ways in which the recipient and partners will prioritize primary prevention at the outer layers of the Social Ecological Model (SEM)
- The ways in which health disparities and disproportionate burden will be addressed using state or local level data
- The ways in which coordination with partners will be increased and/or maintained
- The ways in which the recipient plans to leverage partnerships and resources to increase and sustain primary prevention efforts in the state
- Tracking and use of statewide data, including, but not limited to, SV indicators
- Plans for implementation of the strategies selected for each focus area
    - Implementation plans should include the following:
        - The selected strategies and corresponding focus areas and level of the SEM
        - Description of the target population and setting for each strategy
        - The evidence, theory, or rationale to support the selection of each strategy
        - The essential elements and complementary components
        - The risk and protective factors to be addressed by each strategy
        - A high-level description of how the recipient or sub-recipient intends to implement the strategy

- A summary of current primary prevention program or policy strategies being implemented in the state, with an emphasis on increasing community and societal level strategies
- A sustainability plan component that describes how RPE work will be sustained at the state and local level.

3. Develop and implement a state-level evaluation plan

Recipients will develop and implement a state-level evaluation plan that includes process and outcome evaluation. The state-level evaluation should describe how the recipient plans to evaluate the SV prevention efforts per NOFO and indicated performance measurement requirements (see “Evaluation and Performance Measurement” Section of this NOFO). Those NOFO efforts include the State Action Plan, selected prevention focus areas, specific strategies or approaches, and collaboration and partnerships. Recipients are expected to do the following for this NOFO activity.

- Recipients are expected to finalize the state-level logic model that was submitted with their application and submit the finalized logic model within 90 days of award. As described in the "Outcomes" Section, the logic model must demonstrate the overall efforts of the NOFO, State Action Plan, state and sub-recipient efforts, selected focus areas, specific programs or approaches. The logic model must also demonstrate linkages between those efforts and specified short, intermediate, and long-term outcomes, which include specified risk and protective factors.
- Recipients must develop and submit a draft state-level evaluation plan within four months of the award date. A final state-level evaluation plan will be due with the annual APR, due 120 days before the end of the first fiscal year. Recipients' evaluation plan should include both process and outcome evaluation components, which will provide measures and indicators to assist recipients in determining the extent to which selected SV prevention strategies are implemented, the quality of implementation and changes in outcomes including, but not limited to changes in risk and protective factors at the state level. Tracking implementation of prevention strategies will help explain how RPE efforts contributed to selected SV outcomes.
- Recipients are expected to identify, track, and report on SV indicators aligned with their state-level evaluation plan and efforts for this NOFO. See "Activity #4 Identify and Track SV Indicators" for more information.
- Recipients are expected to implement their state-level evaluation plan no later than the beginning of year 2 of this project period (February 1, 2020), and are expected to report annually on measures and indicators described in the "Evaluation and Performance Measurement" Section of this NOFO, which include state-level achievement of NOFO activities, progress on the State Action Plan, implementation measures related to program efforts, and SV outcome indicators and measures.
- Recipients are expected to support sub-recipients to track implementation measures and outcomes, and use those data for the state-level evaluation and reporting per the Evaluation and Performance Measures requirements of this NOFO. This support may include providing technical assistance, evaluation support, or ensuring adequate local evaluation capacity. This also may include qualitative and quantitative program evaluation methods, as well as review of existing data and documents.
- Recipients are expected to ensure that sub-recipients' implementation and evaluation activities align with and contribute to state action and evaluation plans and efforts, including identifying and tracking SV indicators aligned with strategies, and choosing populations of interest to target specific risk and protective prioritized in the SAP.
- Recipients are expected to report progress on program evaluation activities as part of the annual reporting as well as any findings to date using CDC's Monitoring and Reporting System (MRS). Recipients will provide an updated state-level evaluation plan, especially as program efforts change, to ensure alignment between program evaluation and prevention efforts. The evaluation plan is a living document that describes and should reflect program evaluation activities being conducted. Recipients will submit an updated evaluation plan annually as part of the annual progress report.
- Recipients are also expected to translate evaluation findings and facilitate use of data for program planning, delivery, and improvement. Recipients are expected to share lessons learned to advance program evaluation and monitoring among all RPE recipients and sub-

recipients.

- Recipients may use guidance provided by CDC and support and consultations with CDC or CDC-supported technical assistance providers to support these evaluation activities.
- Upon award, CDC will provide specific guidance for the logic model and state-level evaluation plan. CDC will provide feedback on materials submitted as part of the application to facilitate completion of these deliverables.

4. Identify and track SV Indicators

As part of the evaluation plan, recipients must identify, track, and report on state-level SV indicators for this NOFO. Indicators, for the purpose of this NOFO, are measures or other factors with empirical or theoretical links to SV. These could be SV outcomes, risk or protective factors, or conditions that can serve as proxies for SV and are periodically available to track over time. Selected indicators must link back to the outcome evaluation component of the state-level evaluation plan. See "Evaluation and Performance Measurement" section of this NOFO for more information about specific measurement requirements. Recipients are expected to do the following for this NOFO activity.

- Recipients will select SV indicators to track and include them in the draft state-level evaluation plan, due four months following the award date, or June 1, 2019. Selection of final indicators must be submitted with the final state-level evaluation plan, due with the APR. Recipients are encouraged to select indicators for which there are publicly-accessible state-level and local-level data that can measure SV outcomes (e.g., SV perpetration or victimization) or risk and protective factors related to SV (e.g., proxies for gender norms).
- Recipients are expected to track and report annually the selected SV indicators, using CDC's MRS no later than the beginning of year 2 of this project period (February 1, 2020).
- Recipients are expected to assess, plan, and continue to enhance existing structures, functions, and capacity, if necessary, to support monitoring and reporting of state-level SV indicators and to conduct outcome evaluation over time. This includes staffing, funding, data use agreements, data system, software, or other resources. Recipients may build upon any action steps identified as part of CE14-1401 to enhance evaluation capacity throughout this NOFO. Recipients will track and report on recommendation action steps to enhance evaluation capacity as part of annual reporting.
- Recipients may use guidance provided by CDC and support and consultations with CDC or CDC-supported technical assistance providers to support these evaluation activities. Recipients may use existing guidance on selecting indicators from CE14-1401 supplemental funding for the following building evaluation capacity activities:
    - Conduct Indicator Selection Readiness Assessment:
        - RPE Outcome Indicator Selection Readiness Assessment Guidance
    - Complete Indicator Selection Criteria:
        - Indicator Selection Criteria Guidance
        - SV Indicators Searchable Database
        - Database Instructions for Use

- Upon award, CDC will provide specific guidance for each deliverable. CDC will provide feedback on materials submitted as part of the application to facilitate completion of these deliverables.

5. Participate in CDC-sponsored program support activities

Recipients are required to participate in the following activities that are designed to support implementation of the NOFO.

- Attendance at the annual Recipients' meeting
- Participation in CDC-provided regularly scheduled technical assistance and training, including but not limited to, monthly Project Officer calls, webinars, and routine site visits.

Recipients are additionally expected to participate in the following training and technical support activities.

- RPE leadership and/or regional trainings for the purposes of training, technical assistance, and sharing lessons learned
- Participation in e-learning collaboratives on sexual violence prevention and evaluation, facilitated by a CDC-funded technical assistance provider
- Participation in sexual violence prevention and evaluation training, technical assistance, and resources provided in-person or virtually by the CDC-funded National Technical Assistance Resource Center for the Prevention of Sexual Violence

6. Prevention Strategy Implementation

Category A: Implement no more than 50% of total strategies at the individual/relationship level with approaches corresponding to the teaching skills and promoting social norms focus areas and implement at least 50% of total strategies at the community/societal-level (not solely in school settings). [Focus areas are outlined in detail on page 22.]

Category B: Implement no more than 25% of total strategies at the individual/relationship level approaches corresponding to the teaching skills and promoting social norms focus areas and implement no less than 75% of total strategies at the community/societal-level (not solely in school settings). [Focus areas are outlined in detail on page 22.]

<u>Community/societal-level strategy implementation</u>

Recipients will be expected, with coordination of their sub-recipients, to implement strategies at the community-level (either 50% or 75%) within the following areas: *Promoting Social Norms* (e.g., community-level: changing community norms supportive of violence; societal level: changing societal norms supportive of violence), *Provide Opportunities to Empower and Support Girls and Women* (e.g., societal level: address gender, economic, and educational inequalities; community-level: modifying the characteristics of settings that increase or buffer against the risk for violence), and *Create Protective Environments*. Category B recipients are required to implement at least one strategy from both *Provide Opportunities to Empower and Support Girls and Women and Create Protective Environments.*

The NOFO community-level focus areas are Focus Area 1- promote social norms to protect

against violence, Focus Area 3 - provide opportunities to empower and support girls and women, and Focus Area 4 - create protective environments. Although several of the approaches in Focus Area 1 and Focus Area 3 target individual- and relationship-level changes, certain programs (i.e., Coaching Boys into Men, Bringing in the Bystander, Powerful Voices) have great potential to change social contexts around the acceptability of violence and gender equity. This is particularly the case when components aimed at changing social norms and community conditions are included (e.g., social norms campaigns, social marketing campaigns, changes to educational policy and practices, or changes in female leadership and education in a community).

Focus Areas

The specific focus areas for the SV prevention strategies and approaches of interest are based on guidance from *STOP SV: A Technical Package to Prevent Sexual Violence* (Basile, et al, 2016). *STOP SV* provides strategies, approaches, and example programs based on the best available evidence that communities and states can use to prioritize their efforts on activities with the greatest potential to reduce sexual violence. Recipients are expected to select example program, practice, or policy efforts from *STOP SV* or continue or propose a program or policy area that is not included as an example in *STOP SV*, but meets the following criteria:

- **Fits within one of the *STOP SV* Focus Areas**
- Has **documented evaluation results** or **is grounded in theory of primary prevention of SV**
- **Addresses risk and protective factors for SV**
- Demonstrates a **link between the theory of the program/policy effort and targeted outcomes** addressing SV
- Has **implementation materials, as needed,** available to practitioners
- **Is feasible to implement and evaluate**

The focus areas of interest in this NOFO are outlined below:

Focus Area 1: Promoting Social Norms That Protect Against Violence

Approaches that focus on changing the social norms (group-level beliefs and expectations of members' behavior) related to the acceptance of violence and restrictive gender norms of target groups have the potential to reduce rates of SV perpetration and victimization (Basile, et al, 2016). The approaches with existing evidence for this strategy are **Bystander Approaches** and **Mobilizing Men and Boys as Allies**. Bystander approaches are designed to build peer leadership for promoting social norms that protect against violence and that encourage safe intervention for all forms of SV. Approaches that mobilize men and boys as allies focus on promoting positive norms around masculinity, gender, and violence, which are then diffused through peer social networks. While these specific programs are focused on training individuals and changing interpersonal relationships, the overarching aim is to change social norms around gender equity and the acceptability of violence (DeGue, Hipp, and Herbst, 2016). In order to be considered community-level, programs proposed within this focus area should include one or more components which aim to change social norms (e.g., a social norms or social marketing campaign), thereby addressing social norms at the setting-level (school or community).

Focus Area 2: Teach Skills to Prevent Sexual Violence

Individual-level approaches that emphasize building individual skills around social-emotional

learning, healthy relationships, and healthy sexuality have the ability to reduce SV perpetration and victimization, as well as reduce associated risk factors and promote protective factors (Basile, et al, 2016). **Social-Emotional Learning Approaches** are often implemented with children and youth to build skills around problem-solving, communication, empathy, and conflict resolution. Another approach, **Teaching Healthy, Safe Dating and Intimate Relationship Skills to Adolescents**, work to prevent SV within dating relationships by improving communication and conflict resolution skills, as well as providing expectations for healthy, respectful relationship behavior. **Promoting Healthy Sexuality** focuses on programs that teach skills around sexual communication, sexual respect, and consent. This approach has positive impacts on delaying sexual initiation and reducing sexual risk-taking, which are risk factors for SV perpetration.

Focus Area 3: Provide Opportunities to Empower and Support Girls and Women

Education, employment, financial stability, and opportunities for personal growth and community engagement are important protective factors for women's risk of SV victimization (Basile, et al, 2016). Policies and programs that work to improve financial stability and increase employment, education, and leadership opportunities can also reduce the risk factors associated with SV victimization. **Strengthening Economic Supports for Women and Families** is critical to ensuring women have access to fair and equal economic and workforce opportunities, including equal pay for equal work, access to work supports such as quality affordable childcare, and paid family and medical leave. Programs, practices and policies that address this approach at the community/societal-level have the potential to decrease gender inequality and economic instability, both risk factors for SV. Programs that encourage leadership development, job skills training, and community engagement increase positive outcomes for adolescent girls in education, employment, and civic engagement. By **Strengthening Leadership and Opportunities for Adolescent Girls**, communities can contribute to improved educational and occupational outcomes and potentially reduce risk for SV by decreasing gender inequality and increasing socio-economic status (SES). Activities that align with this approach mostly occur at the individual level, although programs that change the educational environment or address inequalities around female leadership and education may occur at the community/societal-level.

Focus Area 4: Create Protective Environments

In order to achieve population-level reductions in SV rates, SV prevention should include community/societal-level strategies that change community characteristics so they are safe, healthy, and protective (Basile, et al, 2016). Community/societal-level prevention strategies go beyond changing individual attitudes, beliefs, and behaviors, and focus on modifying community structures, social norms, environment, and policies. The three approaches with existing evidence are **Improving Safety and Monitoring in Schools, Establishing and Consistently Applying Workplace Policies, and Addressing Community-Level Risks Through Environmental Approaches**. Improving safety and monitoring in schools include modifying the school environment to reduce SV and to increase safety and support for students. Workplace policies establish and enforce standards of behavior in the work environment and create healthy organizational climates, which in turn can help prevent sexual harassment and gender-based bullying. Strategies that address community-level risks by addressing the community environment can reduce the risk for SV by changing the physical environment, and incentivizing behavioral expectations.

For more information on each of the focus areas mentioned above, please see *STOP SV: A*

Technical Package to Prevent Sexual Violence (https://www.cdc.gov/violenceprevention/pdf/sv-prevention-technical-package.pdf).

Focus Areas: STOP SV	**Approaches**	**SEM Level**
Promoting *Social norms* that Protect Against Violence	• Bystander approaches	• Relationship level (some programs/practices/policies may fall under **community-level**, e.g., social norms or social marketing campaigns)
	• Mobilizing men and boys as allies	• Relationship level (some programs/practices/policies may fall under **community-level**, e.g., social norms or social marketing campaigns)
Teach Skills to Prevent Sexual Violence	• Social-emotional learning	• Individual/Relationship-level
	• Teach healthy, safe dating and intimate relationship skills to adolescents	• Individual level
	• Promoting healthy sexuality	• Individual/Relationship-level
Provide Opportunities to Empower and Support Girls and Women	• Strengthening economic supports for women and families	• **Community/societal-level**
	• Strengthening leadership and opportunities for	• Individual-level (some programs/practices/policies may fall under **community/societal-**

	girls	**level**, e.g., changes to the educational environment that support gender equity or changes to community conditions that improve leadership opportunities)
Create *Protective* Environments	• Improving safety and monitoring in schools	• **Community/societal-level**
	• Establishing and consistently applying workplace policies	• **Community/societal-level**
	• Addressing community-level risks through environmental approaches	• **Community/societal-level**

Employing the Public Health Approach

This NOFO will require recipients to utilize the public health approach to select, implement, and evaluate selected SV prevention strategies. The public health approach (Dahlberg and Krug, 2002) is a four-step process used by public health practitioners to systematically understand and prevent violence:

1. Define and Monitor the Problem
2. Identifying Risk and Protective Factors
3. Develop and Test Prevention Strategies
4. Assure Widespread Dissemination

Often violence prevention practitioners may not be involved in every step of the process, but partners can provide expertise at every step. The first step of the process, *Define and Monitor the Problem*, outlines the details of understanding the "who, what, when, where, and how" of violence. Data can come from many sources: hospitals, police departments, schools, communities, registries, and population-based surveys, to name a few. Data are analyzed to understand where violence occurs, who is most often committing or experiencing these crimes, how often it is occurring, and the mechanisms of violence.

Next, public health practitioners move to *Identifying Risk and Protective Factors*. This step helps preventionists understand what factors put people more at risk for perpetrating or experiencing violence and what factors protect them from committing or experiencing violence. The third step, *Develop and Test Prevention Strategies*, involves using data to design and implement prevention

programs or policies. Programs should be designed based on a theory or logic, and should be based on the best available research and data. Program evaluation also occurs at this step, and should be occur along with program design and implementation.

The final step of the process, *Assure Widespread Dissemination*, underscores the importance of broadly sharing effective programs and policies for more widespread implementation and adoption. Communities should implement programs and policies with the best available evidence. Dissemination activities include training (including train-the-trainer), webinars, toolkits, and technical assistance.

For more information on the public health approach mentioned above, please see the Public Health Approach to Violence Prevention https://www.cdc.gov/violenceprevention/overview/publichealthapproach.html).

1. Collaborations

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

Recipients are *strongly encouraged* to work with other RPE-funded state and territorial health departments, and funded sub-recipients to foster and sustain SV primary prevention at the national-level by sharing programs results, including lessons learned, challenges, successes, evaluation findings, and tools developed. Sharing should occur through CDC- and technical assistance provider-sponsored webinars, conference calls, recipient meetings and trainings, and regional and national conferences. Recipients are *strongly encouraged* to assist in facilitating collaboration among sub-recipient RPE programs to maximize reach and impact for the strategies selected. Recipients are *strongly encouraged* to collaborate with CDC-funded technical assistance providers for capacity building technical assistance and training.

Applicants should describe how they intend to work with other RPE-funded state and territorial health departments and CDC-funded technical assistance providers, as well as how they intend to encourage collaboration among locally funded programs.

Recipients are *strongly encouraged* to collaborate with DELTA Impact (CE18-1801) State Domestic Violence Coalition recipients and Core State Violence and Injury Prevention Program (Core SVIPP) (CE16-1602) recipients, if they are funded in their states. Recipients should also collaborate with any other CDC-funded programs in their jurisdiction who serve the same priority populations and have a vested interest in achieving the NOFO-related outcomes. Applicants should describe their plan for collaborating with the DELTA Impact recipient, specifically around Activity 2 in their project narrative. They should also describe current or potential collaborations with other CDC recipients. Recipients are encouraged to plan their activities in a manner that is complementary with other CDC-funded programs operating in the community. A list of CDC-funded violence programs is available at http://www.cdc.gov/violenceprevention/fundedprograms/index.html. A few of those and other CDC-funded programs are highlighted below:

- DELTA Impact : https://www.cdc.gov/violenceprevention/delta/impact/index.html ;
- National Centers of Excellence in Youth Violence Prevention (YVPC), https://www.cdc.gov/violenceprevention/acestudy/index.html
- Preventing Teen Dating and Youth Violence by Addressing Shared Risk and Protective Factors (CDC-RFA-CE16-1605); https://www.cdc.gov/violenceprevention/fundedprog

rams/teendating.html
- National Violent Death Reporting System (NVDRS), http://www.cdc.gov/violenceprevention/nvdrs/index.html
- Core State Violence and Injury Prevention Program (Core SVIPP), http://www.cdc.gov/injury/stateprograms/
- Injury Control Research Centers (ICRCs), http://www.cdc.gov/injury/erpo/icrc/
- E-Learning new NOFO, recipient pending award
- Violence Prevention Technical Assistance Center (contract pending award)
- The Guide to Community Preventive Services (The Community Guide), link: The Guide to Community Preventive Services

b. With organizations not funded by CDC:

Applicants should engage in partnerships with multi-sector agencies and organizations in order to advance sexual violence prevention and evaluation efforts that will maximize reach and impact.

Recipients are *strongly encouraged* to collaborate with the following non-CDC funded entities:

- Recipients are *encouraged* to foster and sustain partnerships with State Sexual Assault Coalitions and national partners, as well as state and community organizations, including but not limited to those in the business community, universities, emergency management, hospitals, media, non-government organizations, nonprofit agencies, other federal, state, or local government agencies, the public health community and tribes or tribal organizations. Applicants must demonstrate how their organization has already established, or will establish, strategic broad based, multi-sectoral partnerships at the state level with these stakeholders. Applicants must describe any key state-level partners who would likely partner in the development of the State Action Plan.
- Recipients are also required to participate in, and facilitate sub-recipients' participation in, national opportunities for sharing information by compiling and disseminating RPE program results (including but not limited to lessons learned, successes, challenges, evaluation findings, and tools developed), via multiple mechanisms such as listservs, conference calls, recipient meetings, web conferences and regional and national conferences.

2. Target Populations

Sexual violence affects millions of women and men every year, yet some populations are disproportionately affected by sexual violence victimization. Similarly, certain risk factors increase the likelihood of SV perpetration. In order to make a significant impact on SV perpetration and victimization rates, it is important to address the risk and protective factors associated with SV. This includes developing SV prevention programs that meet the needs of target populations. Together with CDC, recipients should work to reduce health disparities and improve social determinants of health among populations at greatest risk, including, but not limited to: people with disabilities, non-English speaking populations, tribal populations, rural communities and other geographically underserved areas, sexual and gender minorities, and people with limited health literacy.

CDC does not define specific target populations. However, applicants should use data to identify

the target populations and communities to be served through the RPE project. Specific target populations may vary by state. Applicants should provide a detailed description in their application of how they intend to identify target populations and communities and provide relevant data sources that will be used for this process. Applicants should include a description of how they will address health disparities, including, but not limited to, race, ethnicity, gender identify, sex, sexual orientation, geography, socioeconomic status, disability status, primary language, and health literacy. Applicants should describe how they will make their programs accessible and available to participants regardless of age, race/ethnicity, sexual orientation, gender identity, sex, or socio-economic status.

a. Health Disparities

Recipients should work to reduce sexual violence perpetration and victimization risk factors across the entire target population, but should place special emphasis on reducing the health disparities that contribute to higher rates of violence victimization and perpetration. Little evidence exists for program implementation within racial, ethnic, and tribal communities, and within LGBTQ populations. Recipients should use data to determine where health disparities exist and should plan, implement, and evaluate strategies that address these health disparities. Adaptations of existing programs to meet the needs of populations of interest is encouraged.

iv. Funding Strategy

Category A~ 36.5 million

Awards will be made using the following population based funding formula: U.S. Virgin Islands, the Commonwealth of the Northern Mariana Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, Palau, American Samoa and Guam with approved applications will receive $40,000; the 50 states, District of Columbia and Commonwealth of Puerto Rico with approved applications will receive a base of $180,000.

The reminder of the funds will be allocated utilizing the percentage of each state's population (50 states, DC and Puerto Rico) divided by the total US population (from the 2016 census), as stated in VAWA

Category B~ $2.5 million

Additional funding will be available for Category B recipients. These will be competitive awards for up to 15 state health departments with demonstrated capacity to implement and evaluate a higher percentage of community-level prevention strategies. Approved applications will receive $200,000 - $250,000.

Awards issued under this NOFO are contingent upon the availability of funds and submission of a sufficient number of meritorious applications.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

CDC’s evaluation and performance measurement approach for this NOFO is to assess the process and outcomes of the RPE program through the recipient’s state-level evaluation, which includes evaluation of sub-recipient activities; and CDC’s evaluation of the NOFO activities and the

initiative.

Recipient's State and Local Level Evaluation

The recipient's State Evaluation Plan (hereafter referred to as the evaluation plan) must describe how the recipient will fulfill the NOFO evaluation and performance measurement requirements described in this section (with guidance and technical assistance from CDC). As part of the application, recipients must provide a logic model that describes their overall NOFO strategies and activities and expected outcomes for this work. The applicants' logic model must demonstrate the overall efforts of the NOFO and include the state and sub-recipient selected strategies and approaches, as well as expected short-, intermediate, and long-term outcomes. For Category B recipients, the logic model should include additional selected NOFO activities, but the outcomes will remain the same for Categories A and B. The logic model also must demonstrate state level alignment efforts between activities and outcomes, as well as alignment between sub-recipient strategies and activities with state level outcomes. Recipients are expected to finalize the state-level logic model that was submitted with their application and submit the finalized logic model within 90 days of award.

1. Recipients must develop and submit ONE evaluation plan that addresses these three components: Evaluation of the implementation (process) and outcomes for the state action plan
2. Evaluation of the implementation (process) and outcomes for the selected prevention strategies and approaches implemented by the recipient and all sub-recipients
3. The approach and methods for continuous program improvement

Recipients must develop and submit a draft state-level evaluation plan within four months of the award date. The plan will include SV indicators identified to track.

Components of the Evaluation Plan

At the state level, CDC expects recipients to identify, measure, track, and report on:

1. Achievement of NOFO activities as outlined in their annual work plan related to their prevention activities and sub-recipient activities.
2. Progress on the state action plan, including resource realignment efforts, coordination and collaboration with other state partners.
3. State and local level indicators that measure short- and intermediate term outcomes of community and societal level primary prevention approaches, including but not limited to targeted risk and protective factors

In developing the evaluation plan, CDC expects recipients to include a description of how they will track the progress of their state action plan, the implementation of recipient and sub-recipient selected prevention strategies and approaches, as well as outcomes identified in the NOFO logic model. The state action plan includes, but is not limited to, the following elements, which should be addressed in the evaluation plan:

- The ways in which the recipient and partners will prioritize primary prevention at the outer layers of the Social Ecological Model (SEM)
- The ways in which health disparities and disproportionate burden will be addressed using

state or local level data
- The ways in which coordination with partners will be increased and/or maintained
- The ways in which the recipient plans to leverage partnerships and resources to increase and sustain primary prevention efforts in the state
- Tracking and use of statewide data, including, but not limited to, SV indicators
- Plans for implementation of the strategies selected for each focus area

This includes tracking indicators related to NOFO activities; use of data for prevention strategy and target population selection; and specifying potential risk and protective factors that are the intended outcomes of their selected strategies. The evaluation plan also should include indicators and description of how sub-recipient prevention activities align with state-level goals and outcomes.

In order to track progress on building public and private partnerships, recipients should consider indicators that measure the extent to which recipients coordinate across sectors, engage and collaborate with multisector partnerships formed to promote SV prevention, and share and link data sources to increase evaluation of SV prevention activities.

CDC expects recipients to focus (as much as possible) on the use of publicly available state and local level data to develop the evaluation plan. One way recipients can accomplish this is by identifying and tracking indicators that address state risk and protective factors for SV that align with the prevention strategies and approaches they are implementing. CDC will consult with recipients and provide feedback on identified indicators and data sources. Applicants do not need to propose specific indicators at the time of the application.

Although CDC expects recipients to track indicators that assess long-term outcomes, CDC does not expect recipients to achieve long-term outcomes during the funding period.

To promote continuous quality improvement in implementation of prevention activities and strategies, as well as establishing feedback loops among recipients, sub-recipients and other state partners, recipients should develop an approach and method for program improvement. This may include using existing program data (e.g., process evaluation information) and collecting new information as needed. The program improvement component should include describe the following:

- The process and plan for how evaluation findings and data will be used for continuous program improvement (e.g. adjusting activities and implementation for the NOFO or for selected prevention strategies and approaches).
- The process for which recipient will engage and promote continuous program improvement practice among sub-recipients
- The methods for continuous program improvement (e.g. rapid cycle, Plan, Do, Study, act) and how lessons learned will be shared with particularly sub-recipients within the state as well as the other recipients and sub-recipients
- How to produce, translate, disseminate, and communicate information about their prevention approach, from their evaluation, and other lessons learned to scientific, health care and public health audiences, and to the general public

Recipients will work with CDC to finalize their evaluation plan. The final state-level evaluation plan, which must include final SV indicators to track, is due with the APR (120 days before the

end of the first fiscal year). Upon award, CDC will provide recipients with guidance and a template for the evaluation plan. CDC highly recommends that recipients use the template to describe their approach to the evaluation, data collection, and data sources, as required annual reporting templates will have a similar format.

The evaluation plan must propose methods to answer the following evaluation questions at the state level, which includes tracking and reporting on sub-recipient activities (including, but not limited to):

Process Evaluation

***For state-level activities*:**

1. How has the recipient leveraged multisector partnerships and resources toward SV prevention?
2. To what extent has the recipient made progress on state action plan goals and objectives?
3. How has the recipient used data to select and prioritize sub-recipients, prevention strategies and approaches and target populations?
4. To what extent are sub-recipient activities aligned with state level goals and outcomes stated in the state action plan and recipient work plan?
5. Which factors are critical for implementing selected prevention strategies and approached?

***For local level activities*:**

1. To what extent has progress been made on implementation of the selected SV prevention strategies and approaches during the project period?
2. What are barriers to successful implementation?
3. What is the reach/exposure to the SV prevention program efforts?
4. What factors are critical to implementing SVSV prevention program strategies?

Outcome Evaluation

***For state-level activities*:**

1. What has the state accomplished to achieve the overall goals and objectives of the NOFO
2. To what extent has the state built or enhanced partnerships for SV prevention?
3. To what extent has the state increased the use of, access to, and sharing of state level data related to SV prevention efforts?
4. To what extent have targeted risk and protective factors of SV outcomes changed at the state level?

Category B – additional evaluation activities

Process

1. To what extent have recipients expanded reach/exposure of individual and relationship strategies beyond Category A prevention strategies?
2. To what extent have recipients expanded the reach/exposure of community –level prevention strategies beyond category A strategies?

3. How do Category B prevention strategies enhance and reinforce Category A prevention strategies?

Outcome

1. To what extent have targeted risk and protective factors for SV outcomes changed at the state level?

Recipients should include specific measures for outcomes listed in the logic model and included in their evaluation plan. Applicants should include, but are not limited to, the following measures:

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	**Example Measures**
<u>Core:</u> <u>State Health Department</u> Identify and establish public/private partnerships that can provide TA and support evaluation capacity of sub-recipients to facilitate and monitor the implementation of prevention programs/practices/policies Develop a state action plan for implementing approaches corresponding to the focus areas (promoting social norms; teaching skills; creating protective environments; and providing opportunities to empower and support girls and women) Develop and implement a state-level evaluation plan (goals of the state align with sub recipient	Increased capacity from partnerships to access and use data and leverage support Increase alignment between state level goals and prevention strategies at state and local levels Increase data driven decision-making for program selection Demonstrate the selection of sub-recipients based on data driven decision-making Increase the number of	Increased use of partnerships to implement community/societal-level strategies and improve coordination of state SV prevention efforts Demonstrate use of data driven decision making for program delivery Demonstrate the use of indicator data to track implementation and outcomes	• # of public/private partnerships established/maintained • # and types of state action plan activities partners support (e.g., implementation, evaluation) • # and types of activities in the state action plan implemented • # of funded prevention program/policies and practices that align directly with state level goals • # of common state and local level outcomes • # and type of data use/share agreements with partners • # of partners who access existing data sources to advance state action plan activities • Types of data used to select prevention approaches, target populations, and sub-recipients • Documented uses of data for program selection and

implementation) Identify and track SV indicators Participation in CDC-sponsored program support activities	process and outcome evaluation activities implemented from the state evaluation Demonstrate tracking of state-level SV indicators		delivery • # and types of outcomes being measured • # and types of indicators being tracked • # and types (process vs. outcome) of activities implemented from the evaluation plan • Percentage/proportion/rate change in SV indicators from year to year • # and types of program improvement activities implemented
Category A Recipients: Implement no more than 50% of all strategies at the individual/relationship-level with approaches corresponding to the teaching skills focus area Implement at least 50% of all strategies at the community/societal-level (not solely in school settings) *Category B Recipients*: Implement no more than 25% of all strategies at the individual/relationship level and implement no less than 75% of all strategies at the community/societal level (not solely in school settings)	Increase percentage of community/societal-level approaches implemented	Demonstrate environmental and community changes that result from selected community/societal-level strategies Increases in protective/decrease risk factors related to SV perpetration & victimization	• Total number and types of prevention programs, policies and practices (i.e., approaches) implemented • Proportion of budget allocated to individual/relationship vs. community/societal-level approaches • # of implemented community/societal level approaches • Progress on implementation objectives (e.g., # completed vs. in progress) • # of individuals, organizations or communities reached • # and types of adaptations made to prevention approaches • # and types of environmental and community changes • #, % or rate change in

			targeted risk and protective factors • # of community-level risk and protective factors addressed by selected prevention approaches

There is NO expectation that recipients must conduct statewide primary data collection for the purpose of the evaluation. However, recipients' evaluation activities may include collecting additional qualitative and quantitative data to measure program level efforts. CDC will expect recipients to use state and/or local level publicly available data (e.g., school administrative, and state or national level data) to track indicators related SV outcomes. Upon award, CDC will work with recipients to identify indicators and potential data sources they can use to track key outcomes and will provide technical assistance to recipients to help them identify additional indicators and measures that support the evaluation of the specific NOFO activities.

Recipients are expected to implement their state-level evaluation plan and track the selected SV indicators no later than the beginning of year 2 of this project period (February 1, 2020). They are expected to report annually on the selected SV indicators and on their evaluation findings as well as progress on their NOFO activities, including evaluation and efforts to enhance capacity to track and report on SV indicators.

CDC's Program Evaluation of the NOFO Initiative

Using recipients' information provided through their annually submitted process, outcomes, and performance indicators and related measures, CDC will aggregate and synthesize those data to inform the CDC evaluation of the NOFO initiative across all recipients to capture program impact in addition to performance monitoring and continuous program improvement. CDC's program evaluation activities may include collection of additional quantitative and qualitative data. This effort will inform and highlight the progress and achievements that recipients are making toward NOFO goals of using the best available evidence to address risk and protective factors for SV prevention.

ii. Applicant Evaluation and Performance Measurement Plan

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

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant)
- Plans for updating the Data Management Plan (DMP), if applicable, for accuracy

throughout the lifecycle of the project. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see https://www.cdc.gov/grants/additionalrequirements/ar-25.html.

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

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

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

At the time of application, applicants must provide a summary of the state-level-evaluation indicating how they plan to address requirements for their evaluation and performance measurement (up to 5 pages-as an appendix to the application); and demonstrate how they will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of the NOFO. In addition, the applicant must provide a logic model that outlines the goals, objectives, activities and outcomes proposed at the state and local levels to accomplish the purpose of the NOFO. The logic model and accompanying narrative should highlight the theory of change that specifies how the proposed program efforts are linked and work cohesively to achieve the goals of the NOFO. At a minimum, the summary of the evaluation plan must include:

- A brief discussion of the problem and population(s) of focus.
- A description of the type of evaluation to be conducted (i.e., process, outcome, or both).
- Key components of the state-level evaluation and evaluation questions to be addressed by the evaluation.
- How the applicant will collect data and use evaluation findings for continuous quality improvement.
- Available data sources, feasibility of collecting evaluation and performance data, and other relevant information (e.g., proposed measures).

Upon award, CDC will provide further guidance, templates, and support to help recipients develop and submit a draft state-level evaluation plan within 4 months of award, and a finalized state-level evaluation plan at APR (120 days before the end of the first fiscal year).

c. Organizational Capacity of Recipients to Implement the Approach

All responsive and qualifying applicants will receive Category A funding.

Funding for Category B will be provided to qualified applicants with the proven capacity to

implement and evaluate community-level strategies and serve populations at highest risk of victimization and perpetration of sexual violence. All applicants should demonstrate success in the following:

General Capacity: Applicants must demonstrate that they have adequate and appropriate organizational infrastructure and capacity at the SHD to lead RPE efforts and support the requirements of this cooperative agreement including the proposed staffing plan to successfully implement the program activities and achieve project outcomes. This includes expertise in sexual violence prevention and partnership development, as well as capacity in the areas of program planning, program evaluation, performance monitoring, budget management, financial reporting, and personnel management, and ability to develop, award and manage required procurement efforts. Successful applicants will demonstrate that they have the capacity to initiate immediately the activities required under this cooperative agreement. Category B applicants should demonstrate capacity to successfully implement and evaluate programming at the community-level.

The applicant should describe in their project staffing plan who will have day-to-day responsibility for key tasks such as: leadership of the project; monitoring of the project's on-going progress; training and technical assistance; preparation of reports; program evaluation; and communication with partners and CDC. The applicant should also provide information about the role of any contractual organizations, consultants, or partner organizations in implementing program strategies and activities and achieving project outcomes.

Applicants should provide resumes for SHD staff who will have a substantial role in the leadership of this project. Files should be named "CVs.Resumes.name of state" and should be uploaded with their application. Organizational charts for significant partners or contractors should be uploaded as part of this application.Applicants must demonstrate experience in or capacity to provide training and technical assistance in the area of SV prevention. In addition, they must demonstrate experience in or willingness to support sub-recipients to implement *STOP SV* approaches.

Partnership and Collaboration: Applicants should provide evidence of successful collaboration with a broad range of partners such as rape crisis centers; sexual violence coalitions; local health departments; faith-based organizations; tribal organizations; national organizations that target the selected population or health disparities; and/or university/academic institutions.

Applicants must demonstrate existence of an established, successful collaborative effort with a broad range of partners or entities such as the state SV Coalition; criminal justice organizations; health organizations; youth organizations; local health departments; community health centers; faith-based organizations; tribal organizations; national organizations that target the selected population or health disparities; or university/academic institutions. If these partnerships do not currently exist, the applicant must discuss how they will develop the partnerships as part of the NOFO activities.

Sub-Recipient Capacity: Applicants must demonstrate that they have the necessary relationships in place with sub-recipients to begin implementation of the program or policy efforts outlined in this strategy at the time of award. In addition, the sub-recipients selected must have adequate capacity to implement the selected programs or policy efforts. This may include current or previous experience implementing similar approaches or articulation of the skills of the

sub-recipient staff in carrying out required activities.

Sustainability and Leverage: The applicant must have clear plans for leveraging funds and resources in order to sustain and expand SV primary prevention work during the NOFO period of performance and beyond.

Applicants must also provide an organizational chart, including notation of where the work will reside, resumes of key staff, and documentation of partners for this NOFO.

Use of Data: Applicants must demonstrate use of information and data (e.g., needs assessment, environmental scan, health disparity data, literature review, evaluation, or other reports), according to the public health approach, to inform the selection of sub-recipients and the enhancement/development of their state action plan, as well as the selection, planning and implementation of the selected programs, practices and policies. The applicant must demonstrate data or evidence of the need for the activities in this NOFO.

Evaluation: Successful applicants must demonstrate that they have capacity to develop and implement a state-level evaluation that includes evaluation of sub-recipient activities. This includes access to data, as well as, staff/personnel or contractors that has/have experience in evaluation methodology. The applicant's staff experience must include measuring, tracking, and evaluating the implementation of specific efforts, implementation of activities related to the SAP, improvements in organizational and community capacity, and trends and rates related to SV and its associated risk and protective factors. CDC recommends that the applicant have the capacity to be able to design and implement evaluations of the state and local program approaches selected in the SAP as well as design and implement an evaluation of the collective NOFO activities within the state. Below are recommended general and specific evaluation capacities:

- Experience with program evaluation and system or initiative evaluation.
- Basic awareness of primary prevention and statewide initiatives.
- Experience with the range of data collection strategies and evaluation designs.
- Awareness of or familiarity with the CDC Framework for Evaluation.
- Awareness of how program evaluation is different from research.
- Ability to work effectively with personnel and stakeholders.
- Ability to identify appropriate data collection strategies to support the evaluation questions and design.
- Ability or experience in the development and use of logic models to describe complex programs.
- Ability to work as part of an interdisciplinary team to plan and execute evaluations of prioritized aspects of the NOFO activities at a state level.
- Ability to understand the context of a program and how it affects program planning, implementation, outcomes, and can influence evaluation.
- Awareness of various evaluation designs (e.g., experimental, quasi-experimental, non-experimental).
- Experience with evaluations using mixed method approaches.
- Awareness of methods for designing evaluations so as to increase the likelihood that the findings will be used by primary evaluation stakeholders.
- Experience with designing and implementing both system level and program level evaluations.

- Ability to identify and assess existing data sources for their potential use in the evaluation.
- Ability to gather data using qualitative and quantitative approaches such as interviews, group processes, participant observation, surveys, electronic data files, or other methods.
- Ability to translate and facilitate use of findings and at for program planning, delivery, and continuous improvement.

For more detailed competencies see ***Appendix D.1** of **Module 1*** **of the CDC Asthma Program Evaluation Guide titled Learning and Growing through Evaluation**: https://www.cdc.gov/asthma/program_eval/asthmaprogramguide_mod1.pdf

Additional Required Application Documents

For the application, in addition to the **project narrative and NOFO work plan**, applicants must also provide the following documentation. Within the first six months from the start of the NOFO project period, recipients may work with CDC to enhance and finalize these items:

State Level Logic Model to show recipient's overall efforts for the NOFO; specify selected efforts and risk and protective factors; illustrate alignment among selected prevention focus areas, activities, and outcomes of the collective efforts; and indicate the connections and relationships among state and sub-recipient activities and outcomes. The applicant's logic model should reflect the overall CDC logic model in this NOFO to the maximum extent possible.

Summary of Evaluation Approach to highlight the intended methods to evaluate the process, implementation, and outcomes of the collective efforts of this NOFO within the state including program evaluations aligned with the approach described in the Evaluation and Performance Measurement Section of this NOFO. Summary should not exceed two pages. Recipients will be required to submit a formal state-level evaluation plan that describe the evaluation of the progress and outcomes of their SAP and prevention programs selected (within 4 months of award). CDC will provide additional guidance about the content and specific format of the evaluation plans upon award. More details are provided in the of this "Evaluation and Performance Measurement" section of this NOFO.

Staffing Plan describing plan for staff, including resumes and organizational charts for SHD staff and partners.

d. Work Plan

CDC will work with recipients on the format and content for the final work plans to be submitted after award. The post-award work plan format will be the same as the required annual progress report format, and recipients will be strongly encouraged to use the recommended format included in the NOFO to streamline annual reporting and reduce their reporting burden.

The following work plan format (see table below) is offered as an example to show the essential elements that should be included in the work plan submitted with the application. The work plan goals align with the intermediate outcomes shown in the logic model. Applicants may submit the work plan in a format that is most conducive for them; however, the essential elements must be included and it must be clear how the components in the work plan crosswalk to the strategies and activities, outcomes, and evaluation and performance measures presented in the logic model and the narrative sections of the NOFO. In addition, the work plan provides details of all necessary activities that will be supported through the approved budget, on personnel and/or

partners who will complete the activities, and on the timeline for completion. Post award, CDC will provide further details and standard tools or templates for an enhanced work plan to monitor recipients' activities as part of Evaluation and Performance Measurement.

The work plan demonstrates how project goals and objectives will meet the overall purpose, expected outcomes, and approach of this NOFO. The work plan describes how recipients plan to achieve the project's goals and objectives. The work plan should refer back to the specific logic model that describe the collective primary prevention approach within the state with specified outcomes to be achieved.

Additionally, the work plan should describe any anticipated challenges that will be addressed in order to successfully complete the activities in the NOFO, particularly related to development of the state action plan, and state level evaluation plan and implementation of selected prevention approaches.

Recipients must include the four required goals (and 8 required objectives) in their work plan. They should also propose additional goals and objectives that are specific to their application and to their proposed programs, practices and policies. Please provide one table for each goal and add additional rows for additional objectives.

Recipients must provide a detailed work plan in the first year and every subsequent year as part of the continuation application and annual progress reports. CDC will provide a recommended template to use that will be the same structure to the work plan required for the annual progress reports. The work plan allows the CDC's program to monitor the recipients' overall activities and their achievement of the project goals, objectives, and activities for the NOFO. The submitted work plan must describe in detail ongoing activities for each of the outcomes.

Example Workplan

NOFO Project Period **Goal 1: Increase the use of partnerships to implement relationship/community-level strategies and improve coordination of state SV prevention efforts** **(REQUIRED)**			
Objective 1: Develop an approach to improve partner coordination as specified in the State Action Plan (SAP) (REQUIRED)			
Process Measures	Outcome Measures	Start Date	End Date
Strategies and Activities	Who is Responsible	Start Date	End Date
1.			
2.			
3.			
Objective 2: Implement an approach to improve partner coordination as specified in the State Action Plan (SAP) (REQUIRED)			

Process Measures	Outcome Measures	Start Date	End Date
Strategies and Activities	Who is Responsible	Start Date	End Date
1.			
2.			
3.			
4.			
Objective 3: ADDITIONAL OBJECTIVES OPTIONAL			
Process Measures	Outcome Measures	Start Date	End Date
Strategies and Activities	Who is Responsible	Start Date	End Date
1.			
2.			
3.			
4.			
Objective 4: ADDITIONAL OBJECTIVES OPTIONAL			
Process Measures	Outcome Measures	Start Date	End Date
Strategies and Activities	Who is Responsible	Start Date	End Date
1.			
2.			
3.			
4.			
NOFO Project Period Goal 2: Increase use of data driven decision making for program delivery **(REQUIRED)**			
Objective 1: Increase the use of data for selection of focus populations and prevention approaches (REQUIRED)			

Process Measures	Outcome Measures	Start Date	End Date
Strategies and Activities	Who is Responsible	Start Date	End Date
1.			
2.			
3.			
4.			
Objective 2: Demonstrate the selection of sub-recipients based on data-driven decision-making (REQUIRED)			
Process Measures	Outcome Measures	Start Date	End Date
Strategies and Activities	Who is Responsible	Start Date	End Date
1.	1.	1.	1.
2.	2.	2.	2.
3.	3.	3.	3.
4.	4.	4.	4.
Objective 3: ADDITIONAL OBJECTIVES OPTIONAL			
Process Measures	Outcome Measures	Start Date	End Date
Strategies and Activities	Who is Responsible	Start Date	End Date
1.	1.	1.	1.
2.	2.	2.	2.
3.	3.	3.	3.
4.	4.	4.	4.
NOFO Project Period Goal 3: Increase use of indicator data to track implementation and outcomes (REQUIRED)			
Objective 1: Identify state-level indicators and data sources to include in the state evaluation plan			

(REQUIRED)			
Process Measures	Outcome Measures	Start Date	End Date
Strategies and Activities	Who is Responsible	Start Date	End Date
1.			
2.			
3.			
4.			
Objective 2: Track and report on indicators annually (REQUIRED)			
Process Measures	Outcome Measures	Start Date	End Date
Strategies and Activities	Who is Responsible	Start Date	End Date
1.			
2.			
3.			
4.			
Objective 3: ADDITIONAL OBJECTIVES OPTIONAL			
Process Measures	Outcome Measures	Start Date	End Date
Strategies and Activities	Who is Responsible	Start Date	End Date
1.			
2.			
3.			
4.			
NOFO Project Period **Goal 4: Create environmental and community changes that result from selected community-level strategies** **(REQUIRED)**			
Objective 1: Develop plans for implementation for environmental and community-level prevention strategies			

(REQUIRED)			
Process Measures	Outcome Measures	Start Date	End Date
Strategies and Activities	Who is Responsible	Start Date	End Date
1.			
2.			
3.			
4.			
Objective 2: ADDITIONAL OBJECTIVES OPTIONAL			
Process Measures	Outcome Measures	Start Date	End Date
Strategies and Activities	Who is Responsible	Start Date	End Date
1.			
2.			
3.			
4.			
Objective 3: ADDITIONAL OBJECTIVES OPTIONAL			
Process Measures	Outcome Measures	Start Date	End Date
Strategies and Activities	Who is Responsible	Start Date	End Date
1.			
2.			
3.			
4.			
NOFO Project Period Goal 5: Demonstrate changes in selected risk and protective factors (REQUIRED)			
Objective 1: Increase tracking of selected risk and protective factors (REQUIRED)			

Process Measures	Outcome Measures	Start Date	End Date
Strategies and Activities	Who is Responsible	Start Date	End Date
1.			
2.			
3.			
4.			
Objective 2: Implement state-level evaluation plan with process and outcome measures (REQUIRED)			
Process Measures	Outcome Measures	Start Date	End Date
Strategies and Activities	Who is Responsible	Start Date	End Date
1.			
2.			
3.			
4.			
Objective 3: ADDITIONAL OBJECTIVES OPTIONAL			
Process Measures	Outcome Measures	Start Date	End Date
Strategies and Activities	Who is Responsible	Start Date	End Date
1.			
2.			
3.			
4.			

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

- Tracking recipient progress in achieving the desired outcomes.

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

Monitoring may also include the following activities deemed necessary to monitor the award:

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

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

CDC and the recipient will work closely to assess milestones and performance measures aligned with selected program approaches and goals and objectives. Monitoring milestones and performance measures ensures the mutual success of CDC and the recipients in achieving the NOFO outcomes.

Post-award cooperative agreement monitoring and reporting activities will include, but is not limited to:

- Communicating as needed, or at minimum monthly;
- Participating in webinars and mandatory annual recipient meetings;
- Establishing a process for monitoring continuous program improvement over time;
- Ensuring that recipients are conducting activities outlined in the NOFO on a routine basis (e.g., data collection and analysis, partnership engagement, strategic communication, etc.);
- Ensuring that recipient's data collection methods will be able to generate and submit desired performance measure or data reports;
- Reviewing APR including documentation of successes, challenges, and lessons learned as prescribed by CDC and provide feedback to the recipient;
- Providing recipients with rapid feedback based on monitoring, performance, and evaluation data; and
- Participating in relevant meetings, committees, conference calls, and working groups related to the cooperative agreement requirements to achieve outcomes.
- Site visits, as needed.

f. CDC Program Support to Recipients (THIS SECTION APPLIES ONLY TO COOPERATIVE AGREEMENTS)

CDC will have substantial involvement beyond site visits and regular performance and financial

monitoring during the project period to ensure the success of the project. CDC will use monitoring and performance data to provide feedback to recipients, and to tailor technical assistance as needed. This may include direct technical assistance, rapid feedback, tools and resources, and consultation on all aspects of recipient activities, and facilitate information sharing among recipients. CDC will provide technical assistance and feedback in the following ways:

1. Provide CDC-developed tools and resources such as VETOViolence, *STOP SV: A Technical Package to Prevent Sexual Violence*, SV Indicator Tools, RPE Evaluation Plan Guidance, RPE Implementation Guidance, Community-Level Guidance, etc.
    - Review APRs (including MRS tools), evaluation plans and tools, and SAPs, and provide feedback.
    - Facilitate collaborative opportunities with state and national partners.
2. Information Sharing between Recipients:
    - Facilitate routine conference calls, webinars, and information exchange between recipients.
    - Develop mechanism for documenting and sharing lessons learned.
3. Evaluation**:** Facilitating successful evaluation of the outcomes and implementation of the collective activities in the state as described in the NOFO. Examples of resources and tools provided by CDC include, but are not limited to:
    - Identifying local and state data available to monitor SV indicators.
    - Using collected performance measures, reports, and/or data to provide recipients with feedback for continuous program improvement.
    - Assisting with planning and identifying measures to evaluate the selected programs and state and local efforts.
    - Providing guidance on evaluating recipient's performance of program activities and compliance with award performance standards.

B. Award Information

1. Funding Instrument Type:	Cooperative Agreement CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.
2. Award Mechanism: UF2 - Rape Prevention and Education	UF2
3. Fiscal Year:	2019
4. Approximate Total Fiscal Year Funding:	$39,000,000
5. Approximate Period of Performance Funding:	$195,000,000

This amount is subject to the availability of funds.

Awards issued under this NOFO are contingent upon the availability of funds and submission of a sufficient number of meritorious applications.

Estimated Total Funding:	$195,000,000
6. Approximate Period of Performance Length:	5 year(s)

7. Expected Number of Awards: 59

Awards issued under this NOFO are contingent upon the availability of funds and submission of a sufficient number of meritorious applications.

8. Approximate Average Award: $500,000 Per Budget Period

Category A~ 36.5 million

Awards will be made to states and territories using the following population based funding formula: U.S. Virgin Islands, the Commonwealth of the Northern Mariana Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, Palau, American Samoa and Guam with approved applications will receive $40,000; the 50 states, District of Columbia and Commonwealth of Puerto Rico with approved applications will receive a base of $180,000.

The reminder of the funds will be allocated utilizing the percentage of each state's population (50 states, DC and Puerto Rico) divided by the total US population (from the 2016 census), as stated in VAWA.

Category B~ $2.5 million

Additional funding will be available for Category B recipients. These will be competitive awards for up to 15 state health departments with demonstrated capacity to implement and evaluate a higher percentage of community-level prevention strategies. Approved applications will receive $200,000 - $250,000.

Awards issued under this NOFO are contingent upon the availability of funds and submission of a sufficient number of meritorious applications.

9. Award Ceiling: $3,500,000 Per Budget Period

This amount is subject to the availability of funds.

Category A~ 36.5 million

Awards will be made to states and territories using the following population based funding formula: U.S. Virgin Islands, the Commonwealth of the Northern Mariana Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, Palau, American Samoa and Guam with approved applications will receive $40,000; the 50 states, District of Columbia and Commonwealth of Puerto Rico with approved applications will receive a base of $180,000.

The reminder of the funds will be allocated utilizing the percentage of each state's population (50 states, DC and Puerto Rico) divided by the total US population (from the 2016 census), as stated in VAWA.

Category B~ $2.5 million

Additional funding will be available for Category B recipients. These will be competitive awards for up to 15 state health departments with demonstrated capacity to implement and evaluate a higher percentage of community-level prevention strategies. Approved applications will receive $200,000 - $250,000.

Awards issued under this NOFO are contingent upon the availability of funds and submission of a sufficient number of meritorious applications.

10. Award Floor: $40,000 Per Budget Period

Category A~ 36.5 million

Awards will be made to states and territories using the following population based funding formula: U.S. Virgin Islands, the Commonwealth of the Northern Mariana Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, Palau, American Samoa and Guam with approved applications will receive $40,000; the 50 states, District of Columbia and Commonwealth of Puerto Rico with approved applications will receive a base of $180,000.

The reminder of the funds will be allocated utilizing the percentage of each state's population (50 states, DC and Puerto Rico) divided by the total US population (from the 2016 census), as stated in VAWA.

Category B~ $2.5 million

Additional funding will be available for Category B recipients. These will be competitive awards for up to 15 state health departments with demonstrated capacity to implement and evaluate a higher percentage of community-level prevention strategies. Approved applications will receive $200,000 - $250,000.

Awards issued under this NOFO are contingent upon the availability of funds and submission of a sufficient number of meritorious applications.

11. Estimated Award Date: 02/01/2019

12. Budget Period Length: 12 month(s)

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

13. Direct Assistance

Direct Assistance (DA) is not available through this NOFO.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category: State governments

Additional Eligibility Category:

Government Organizations:

State governments or their bona fide agents (includes the District of

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

2. Additional Information on Eligibility

State health departments or their Bona Fide Agents (this includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau)[1].

[1] A Bona Fide Agent is an agency/organization identified by the state as eligible to submit an application under the state eligibility in lieu of a state application. If applying as a bona fide agent of a state or local government, a legal, binding agreement from the state or local government as documentation of the status is required.

The Notice of Funding of Funding Opportunity (NOFO) is funded under the Violence Against Women Act (VAWA) and Section 393A(a) of the PHS Act (42 USC § 280b-1b(a) and Section 392(a)(1) of the PHS Act (42 USC § 280b-1(a)(1)) legislative authority. The legislative authority requires CDC to fund the Rape Prevention and Education Program (RPE) and allocate funds in each fiscal year for each of the States, the District of Columbia, Puerto Rico and the U.S. Territories.

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

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

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

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

a. Data Universal Numbering System:

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

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

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

b. System for Award Management (SAM):

The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a recipient. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at ***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 "Applicant Registration" option at www.grants.gov.

All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants should start the registration process as early as possible.

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	1. Click on http:// fedgov.dnb.com/ webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify &	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/ webform) or call 1-866-705-5711

		update information under DUNS number		
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	1. Retrieve organizations DUNS number 2. Go to www.sam.gov and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/fsd-gov/home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

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

3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this notice of funding opportunity at www.grants.gov. If Internet access is not available, or if the online forms cannot be accessed, applicants may call the CDC OGS staff at 770-488-2700 or e-mail OGS ogstims@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 NOFO, it will not be processed. Office of Grants Services (OGS) personnel will notify the applicant that their application did not meet the deadline. The applicant must receive pre-approval to submit a paper

application (see Other Submission Requirements section for additional details). If the applicant is authorized to submit a paper application, it must be received by the deadline provided by OGS.

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

Due Date for Letter of Intent: **09/30/2018**

b. Application Deadline

Due Date for Applications: **10/29/2018** , 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Date for Information Conference Call

This call will be for eligible applicants (see Eligibility Section) on **September 13, 2018, 2:00pm-3:30pm EST.**

To register and access the webinar, visit:

https://violenceprevention.adobeconnect.com/rpe/

For audio, call this number and use the following conference ID: 1-855-348-8390; Conference ID: 13679017

If you are having trouble registering for or accessing the webinar, please contact the Agency Contact for this NOFO, Justin Horn, JGI7@cdc.gov; 770-488-4096.

The purpose of this conference call/webinar is to help potential applicants understand the scope and intent of this Program Announcement: RPE: Using The Best Available Evidence for Sexual Violence Prevention. Participation on the conference call is not mandatory. Potential applicants are requested to call in using only one telephone line. A Frequently Asked Questions (FAQ) document will be made available following the call. Because this is a competitive process, applicants should follow the requirements for this program as they are laid out in the funding announcement and any related amendments. Applicants who want to submit questions prior to the call, or should applicants find they have additional questions or need clarification after the call, please see the Agency Contact listed at the end of this Notice of Funding Opportunity (NOFO). Responses from inquiries received and the conference call FAQs will be posted on http://www.grants.gov within seven days of the final call.

5. CDC Assurances and Certifications

All applicants are required to sign and submit "Assurances and Certifications" documents indicated at http://wwwn.cdc.gov/ grantassurances/ (S(mj444mxct51lnrv1hljjjmaa)) /Homepage.aspx.
Applicants may follow either of the following processes:

- Complete the applicable assurances and certifications with each application submission, name the file "Assurances and Certifications" and upload it as a PDF file with 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/ grantassurances/ (S(mj444mxct51lnrv1hljjjmaa))/ 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 by the applicant within one year of the submission date.

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

CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-1132 annually. This questionnaire, which is located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, along with supporting documentation must be submitted with your application by the closing date of the Notice of Funding Opportunity Announcement. If your organization has completed CDC's Risk Questionnaire within the past 12 months of the closing date of this NOFO, then you must submit a copy of that questionnaire, or submit a letter signed by the authorized organization representative to include the original submission date, organization's EIN and DUNS.
When uploading supporting documentation for the Risk Questionnaire into this application package, clearly label the documents for easy identification of the type of documentation. For example, a copy of Procurement policy submitted in response to the questionnaire may be labeled using the following format: Risk Questionnaire Supporting Documents _ Procurement Policy.

Duplication of Efforts
Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g.,

equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual's time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether programmatic, budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award.
Report Submission: The applicant must upload the report in Grants.gov under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

6. Content and Form of Application Submission

Applicants are required to include all of the following documents with their application package at www.grants.gov.

7. Letter of Intent

A letter of intent is only requested for applicants applying for the Category B competitive funding. The due date for the letter is **September 30, 2018.**

Those applicants applying for Category A are not requested to submit a letter of intent.

The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications for **Category B** funding.

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

Dawn Fowler, Ph.D.

CDC, NCIPC/Division of Violence Prevention

Address: 4770 Buford Highway, NE (F-64)

Atlanta, GA 30341-3717

Telephone number: 404-368-1517

Email address: jwv1@cdc.gov

8. Table of Contents

(There is no page limit. The table of contents is not included in the project narrative page limit.): The applicant must provide, as a separate attachment, the "Table of Contents" for the entire submission package.
Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary

(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

(Unless specified in the "H. Other Information" section, maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. This includes the work plan. Content beyond the specified page number will not be reviewed.)
Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at www.grants.gov. The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire period of performance as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

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

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

Applicants should describe any specific target populations selected for any of the program and provide justification for the selection of that population using data whenever possible.

c. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

Recipients will be required to submit a more detailed Evaluation and Performance Measurement

plan (including the DMP elements) within the first 6 months of award, as described in the Reporting Section of this NOFO.

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

(Included in the Project Narrative's page limit)
Applicants must prepare a work plan consistent with the CDC Project Description Work Plan section. The work plan integrates and delineates more specifically how the recipient plans to carry out achieving the period of performance outcomes, strategies and activities, evaluation and performance measurement.

12. Budget Narrative

Applicants must submit an itemized budget narrative. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. The budget must include:

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

Indirect costs could include the cost of collecting, managing, sharing and preserving data. Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.
If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation through the Public Health Accreditation

Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.
Applicants must name this file "Budget Narrative" and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Recipients under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

13. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 2 CFR 200 which include, but are not limited to, the following:

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

14. Intergovernmental Review

Executive Order 12372 does not apply to this program.

15. Pilot Program for Enhancement of Employee Whistleblower Protections

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

16. Copyright Interests Provisions

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

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

17. Funding Restrictions

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

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such

proposed spending must be clearly identified in the budget.

- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (https://www.cdc.gov/grants/additionalrequirements/ar-35.html).

Applicants must adhere to Congressional legislation (Section 393B of the Public Health Service Act [42 U.S.C. 280b-1c]). The legislation stipulates the following:

- Applicants may not use more than five percent of the amount received for each fiscal year for administrative expenses. This five percent limitation is in lieu of, and replaces, the indirect cost rate.
- An applicant may not use more than two percent of the amount received for each fiscal year for surveillance studies or prevalence studies.
- Amounts provided to applicants must be used to supplement, and not supplant Preventive Health and Health Services Block grant, other Federal, State, and local public funds expended to provide the activities described above.
- Funds may not be used to provide direct counseling, treatment, or advocacy services to victims or perpetrators of sexual violence (with the exception of hotlines).
- Funds may not be used for media or awareness campaigns that exclusively promote awareness of where to receive victim services.

18. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan. The DMP is the applicant's assurance of the quality of the public health data through the data's lifecycle and plans to deposit data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information:
https://www.cdc.gov/grants/additionalrequirements/ar-25.html

19. Other Submission Requirements

a. Electronic Submission:

Applications must be submitted electronically by using the forms and instructions posted for this notice of funding opportunity at www.grants.gov. Applicants can complete the application package using Workspace, which allows forms to be filled out online or offline. All application attachments must be submitted using a PDF file format. Instructions and training for using Workspace can be found at www.grants.gov under the "Workspace Overview" option.
If Internet access is not available or if the forms cannot be accessed online, applicants may contact the OGS TIMS staff at 770- 488-2700 or by e-mail at ogstims@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 OGS 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 NOFO. Non-validated applications will not be accepted after the published application deadline date.

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

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

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

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

1. Include the www.grants.gov case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO listed below at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered.

   If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

E. Review and Selection Process

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

a. Phase 1 Review
All applications will be initially reviewed for eligibility and completeness by CDC Office of Grants Services. Complete applications will be reviewed for responsiveness by the Grants Management Officials and Program Officials. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

b. Phase II Review

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

ii. Evaluation and Performance Measurement
iii. Applicant's Organizational Capacity to Implement the Approach
Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements.

i. Approach Maximum Points:40

Category A (100 points total)		
Approach (40 points)	**Possible Points**	**Points Awarded**
NOFO Logic Model Alignment Efforts • To what extent has the applicant provided a clear, substantive NOFO logic model that outlines the goals, objectives, and activities proposed and how they will accomplish the purposes of the NOFO? The applicant addressed each NOFO Logic Model Activity Areas (1-5) and submitted proposed activities in each of the areas (Establishing public and private partnerships; enhancing an existing state action plan; creating a state evaluation plan;, identifying and tracking sexual violence indicators; Implement programs, practices, and policies) o The applicant clearly identified the outcomes they expect to achieve by the end of the project period, as identified in the logic model in the Approach section of the CDC Project Description.	5	
Strategies and Activities: General • To what extent did the applicant correctly use the NOFO criteria when proposing evidence-based prevention strategies? o The applicant has previous experience implementing community/societal- level strategies and sub recipients. o The applicant has identified/described how they have implemented community/societal- level strategies and to what extent. o The applicant proposed at least two strategies/focus areas in the NOFO. o The applicant provided narrative that addressed each of the criteria listed in the NOFO for each of the proposed strategies/approaches. o The applicant proposed a program or policy area not	8	

included as an example in STOP SV, but met the criteria listed in the NOFO. ○ To what extent did the applicant demonstrate their use of the public health approach to select, implement, and evaluate its selected prevention strategy? ○ The applicant logically describes how they will align program efforts.		
Strategies and Activities: Community/societal-level Strategies • The applicant outlines how they will implement no more than 50% of evidence based strategies at the individual/relationship level and implement no less than 50% evidence based strategies at the community/societal- level. • The applicant indicates that they will implement at least one community/societal- level strategy from the following focus areas: *Provide Opportunities to Empower and Support Girls and Women* and *Create Protective Environments*. • The applicant demonstrates an understanding of and capacity to implement community/societal- level sexual violence prevention strategies based on the best available evidence.	10	
Use of Data in Planning: General • To what extent were data (e.g., needs assessment, environmental scan, surveillance, evaluation, health disparities data, other sources) used to define the problem and any key target populations? • The applicant demonstrates use of data and best evidence about state and local needs to select prevention programs.	3	
Use of Data in Planning: Community-level Strategies • To what extent did the applicant provide data and evidence of their ability to implement a greater percentage of community-level strategies than individual/relationship level strategies?	5	
Feasibility • To what extent did the applicant provide sufficient detail in the work plan (e.g. completed all sections in the work plan outlined in the NOFO)? • Does the applicant's described approach to implement up to 50% of community level evidence based strategies seem feasible within the NOFO project period?	3	

Collaborations • Did the applicant demonstrate how their organization has established, or will establish, strategic broad-based, multi-sectoral partnerships at the state level? • Did the applicant describe how they intend to work with other RPE-funded state and territorial health departments and CDC-funded technical assistance providers?	3	
Target Populations/Health Disparities • Did the applicant describe how they intend to address health disparities and make programs accessible and available to all participants in their target population?	3	
Total	**40**	

Category B

Category B (100 points total)		
Approach (40 points)	**Possible Points**	**Points Awarded**
Strategies and Activities: Community/societal-level Strategies • The applicant has previous experience implementing community/societal- level strategies and sub recipients. • The applicant has identified/described how they have implemented community/societal- level strategies and to what extent. • The applicant outlines how they will implement no more than 25% of evidence based strategies at the individual/relationship level and implement no less than 75% evidence based strategies at the community/societal- level. • The applicant indicates that they will implement at least one community/societal- level strategy from both of the following focus areas (not solely in school settings): *Provide Opportunities to Empower and Support Girls and Women* and *Create Protective Environments*. • The applicant demonstrates an understanding of and capacity to implement community/societal- level sexual violence prevention strategies based on the best available evidence.	20	
Use of Data in Planning: Community/societal--level Strategies • To what extent did the applicant provide data and evidence of	10	

their ability to implement a greater percentage of community/societal--level strategies than individual/relationship level strategies?		
Feasibility • Does the applicant's described approach to implement up to 75% of community/societal- level evidence based strategies seem feasible within the NOFO project period?	10	
Total	**40**	

ii. Evaluation and Performance Measurement Maximum Points:0

Category A

Evaluation and Performance Measurement (35 points)	**Possible Points**	**Points Awarded**
Did the applicant submit a summary of the state-level evaluation that indicates how they plan to address the requirements for their evaluation and performance measurement plan described in the Evaluation & Performance Measurement section?	5	
Did the applicant submit a logic model that demonstrates the understanding and capacity to plan and implement evaluation of overall NOFO efforts, as well as sub-recipients' selected strategies and approaches?	5	
Did the applicant plan for both process and outcome evaluation? Did the applicant adequately describe outcomes, performance measures or indicators, and data sources?	5	
Did applicant describe how data and evaluation findings will be used for continuous program improvement?	5	
Does the applicant have adequate and appropriate staff, expertise, or resources to perform program evaluation and measurement, and use data for action (e.g., planning and continuous program improvement?	5	
Evaluation: Community-level Strategies Does their evaluation summary demonstrate how they will evaluate no more than 50% of evidence based strategies at the individual/relationship level and 50% at the community level?	10	
Total	**35**	

Category B

Evaluation and Performance Measurement (30 points)	Possible Points	Points Awarded
Evaluation: Community-level Strategies Does their evaluation summary demonstrate how they will evaluate no more than 25% of evidence based strategies at the individual/relationship level and 75% at the community/societal-level?	30	
Total	**30**	

iii. Applicant's Organizational Capacity to Implement the Approach — Maximum Points:0

Category A

Applicant's Organizational Capacity to Implement the Approach (25 points)	Possible Points	Points Awarded
General Capacity • To what extent does the applicant demonstrate that they have adequate and appropriate organizational infrastructure and capacity to support the requirements of this cooperative agreement including the proposed staffing plan to successfully implement the program activities and achieve project outcomes? • To what extent does the applicant provide an organizational chart, including notation of where this work will reside, resumes of key staff for this NOFO, and documentation of partners?	3	
General Capacity: Community-level Strategies • The applicant has adequate staff with the appropriate - expertise, experience, and capacity to implement and evaluate primary sexual violence prevention at a state and community level as demonstrated through previous experience and/or descriptions of capacity. • Does the applicant demonstrate capacity to provide training and technical assistance in SV prevention? • Does the applicant demonstrate capacity to successfully implement and evaluate strategies at the community-level?	10	
Commitment, Leveraging and Partnerships • To what extent does the applicant demonstrate commitment to enhancing or developing a state action plan, prioritizing	2	

primary prevention of sexual violence, by demonstrating that partners engaged with the planning efforts have agreed to enhance the plan by submitting relevant MOUs (or similar evidence) with their application package? • To what extent does the applicant demonstrate existence of an established, successful collaborative effort with a broad range of partners or entities such as local or state health departments; community health centers; faith-based organizations; tribal organizations; national organizations that target the selected population or health disparities; or university/academic institutions?		
Sub-recipient Capacity • To what extent does the applicant demonstrate that they have relationships in place with sub-recipients to begin implementation of the project at the time of award? • To what extent does the applicant demonstrate sub-recipients have capacity and experience to implement the selected programs, practices or policies?	3	
Sub-recipient Capacity: Community-level Strategies • To what extent does the applicant demonstrate the sub-recipients have the capacity to implement strategies at the community-level as evidenced by current or previous experience?	5	
Sustainability and Leverage • To what extent has the applicant described clear plans for leveraging funds and resources in order to sustain and expand sexual violence primary prevention work during the NOFO period of performance and beyond?	2	
Total	**25**	

Category B

Applicant's Organizational Capacity to Implement the Approach (30 points)	**Possible Points**	**Points Awarded**
General Capacity: Community-level Strategies • The applicant has adequate staff with the appropriate - expertise, experience, and capacity to implement and evaluate primary sexual violence prevention at a state and	20	

community/societal- level as demonstrated through previous experience and/or descriptions of capacity. • Does the applicant demonstrate capacity to provide training and technical assistance in SV prevention? • Does the applicant demonstrate capacity to successfully implement and evaluate strategies at the community/societal--level?		
Sub-recipient Capacity: Community-level Strategies • To what extent does the applicant demonstrate that sub-recipients have the capacity to implement strategies at the community/societal--level as evidenced by current or previous experience?	10	
Total	**30**	

Budget

Did the applicant provide a detailed budget and narrative justification consistent with stated objectives and planned activities?

Did the applicant include funding for at least one person to attend the Annual RPE Recipient Meeting and Leadership Training?

Did the applicant include funds for conducting program evaluation and performance monitoring?

Is the itemized budget and narrative reasonable for conducting the project and consistent with stated objectives, planned program activities, and funding restrictions?

Does the applicant's budget include Base + Population funding, as well as line items for the competitive funding?

c. Phase III Review

All eligible applications for Category A will be reviewed via a Technical Review or Summary Statement.

All eligible applications for Category B will be reviewed in the order by score and rank determined by the Objective Review Panel.

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

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

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

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

(1) Financial stability;

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

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

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

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

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

2. Announcement and Anticipated Award Dates

Applicants can anticipate notice of funding by **January 2, 2019**.

F. Award Administration Information

1. Award Notices

Recipients will receive an electronic copy of the Notice of Award (NOA) from CDC OGS. The

NOA shall be the only binding, authorizing document between the recipient and CDC. The NOA will be signed by an authorized GMO and emailed to the Recipient Business Officer listed in application and the Program Director.

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

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

2. Administrative and National Policy Requirements

Recipients must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.
Brief descriptions of relevant provisions are available at http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17.
The HHS Grants Policy Statement is available at http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf.

- AR-9: Paperwork Reduction Act

The Paperwork Reduction Act of 1995 (PRA): Offerors should be advised that any activities involving information collection (i.e., posing similar questions or requirements via surveys, questionnaires, telephonic requests, focus groups, etc.) from 10 or more non-Federal entities/persons, including States, are subject to PRA requirements and may require CDC to coordinate an Office of Management and Budget (OMB) Information Collection Request clearance prior to the start of information collection activities. This would also include information sent to or obtained by CDC via forms, applications, reports, information systems, and any other means for requesting information from 10 or more persons; asking or requiring 10 or more entities/persons to keep or retain records; or asking or requiring 10 or more entities/persons to disclose information to a third-party or the general public. For cooperative agreements PRA applicability will depend on the level of CDC involvement with the development, collection, dissemination, and management of information/data.

- AR-10: Smoke-Free Workplace
- AR-11: Healthy People 2010
- AR-12: Lobbying Restrictions
- AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities
- AR-14: Accounting System Requirements
- AR-16: Security Clearance Requirement
- AR-21: Small, Minority, And Women-owned Business
- AR-24: Health Insurance Portability and Accountability Act
- AR-25: Release and Sharing of Data
- AR-26: National Historic Preservation Act of 1966

- AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving," October 1, 2009
- AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973
- AR- 32: Executive Order 131410: Promoting Quality and Efficient Health Care in Federal Government
- AR-33: Plain Writing Act of 2010
- AR-34: Patient Protection and Affordable Care Act (e.g. a tobacco-free campus policy and a lactation policy consistent with S4207)

For more information on the Code of Federal Regulations, visit the National Archives and Records Administration at: http://www.access.gpo.gov/nara/cfr/cfr-table-search.html

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

3. Reporting

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

- Helps target support to recipients;
- Provides CDC with periodic data to monitor recipient progress toward meeting the Notice of Funding Opportunity outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the period of performance and to determine applicability of evidence-based approaches to different populations, settings, and contexts; and
- Enables CDC to assess the overall effectiveness and influence of the NOFO.

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

Report	When?	Required?
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes
Final NOFO Logic model	90 days post award	Yes
Draft State-level Evaluation Plan, include SV Indicators	4 months post award	Yes

Draft State Action Plan	4 months post award	Yes
Final State Level logic model	6 months post award	Yes
Final State Action Plan	At Annual Progress Report(120 days before the end of the budget period)	Yes
Final State-level Evaluation Plan, include final indicators	At Annual Progress Report (120 days before the end of the budget period)	Yes
Updated Evaluation Plan	Annually, At Annual Progress Report	Yes
Federal Financial Reporting Forms	90 days after the end of the budget period.	Yes
Final Performance and Financial Report	90 days after end of project period.	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30; April 30; July 30; and October 30.	Yes

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

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

Performance Measurement

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

Evaluation

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

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

b. Annual Performance Report (APR) (required)

The recipient must submit the APR via www.Grantsolutions.gov no later than120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.
This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**
    - Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.
    - Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
    - Recipients must describe success stories.
- **Challenges**
    - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
    - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Recipients**
    - Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance

outcomes.

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

The recipients must submit the Annual Performance Report via www.Grantsolutions.gov no later than 120 days prior to the end of the budget period.

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

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

e. Final Performance and Financial Report (required)
This report is due 90 days after the end of the period of performance. CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

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

Report, Final Invention Statement).

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

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, http://www.USASpending.gov. Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.
For the full text of the requirements under the FFATA and HHS guidelines, go to:

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

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

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

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

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

2) Quarterly Report: The recipient must quarterly submit a report on the amount of foreign taxes charged by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant. This report shall be

submitted no later than two weeks following the end of each quarter: April 15, July 15, October 15 and January 15.

3) Terms: For purposes of this clause:
"Commodity" means any material, article, supplies, goods, or equipment;
"Foreign government" includes any foreign government entity;
"Foreign taxes" means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

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

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

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

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

Dawn Fowler, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

Division of Violence Prevention

4770 Buford Highway NE, Building 106

MS F-64

Atlanta, GA 30341

Telephone: (770) 488-3974
Email: jwv1@cdc.gov

Grants Staff Contact

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

Terrian Dixon, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
Office of Financial Resources (OFR)

2960 Brandywine Rd.

Atlanta, GA 30341

Telephone: (770) 488-2774
Email: thd4@cdc.gov

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

For all other **submission** questions, contact:
Technical Information Management Section
Department of Health and Human Services
CDC Office of Financial Resources
Office of Grants Services
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700
Email: ogstims@cdc.gov

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

H. Other Information

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

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

- Resumes / CVs
- Letters of Support
- Organization Charts
- Indirect Cost Rate, if applicable
- Memorandum of Agreement (MOA)
- Memorandum of Understanding (MOU)
- Bona Fide Agent status documentation, if applicable

Application Checklist

Selection of Project Narrative	**Documentation Required to Support Narrative**
Background	
Approach-Purpose	
Approach-Outcomes	State level Logic Model
Approach – Strategies/Activities	Work Plan
Collaborations	
Target Populations	Work Plan
Evaluation and Performance Measurement Plan	Data Management Plan Summary of Evaluation Approach
Organizational Capacity	CVs/Resumes of staff with substantial role in implementation

	Organizational chart showing location of RPE Program
Work Plan	Work plan
Budget	Proposed budget with corresponding narrative

I. Glossary

Activities: The actual events or actions that take place as a part of the program.
Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see http:// www.cdc.gov/ grants/ additional requirements/ index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).
Approved but Unfunded: Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.
Assitance Listings (CFDA): A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.
Assistance Listings (CFDA) Number: A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency
Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.
Budget Period or Budget Year: The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.
Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.
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 period of performance (i.e.,

extends the “life” of the award).
Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.
Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.
Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.
Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.
Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. http:// www.cdc.gov /grants /additionalrequirements /index.html.
DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at http://fedgov.dnb.com/ webform/displayHomePage.do.
Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.
Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The NOFO evaluation plan is used to describe how the recipient and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.
Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at www.USAspending.gov.
Fiscal Year: The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.
Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal

Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

Grants.gov: A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.

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

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

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

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

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

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

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

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

Intergovernmental Review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list: https://www.whitehouse.gov/wp-content/uploads/2017/11/Intergovernmental_-Review-

_SPOC_01_2018_OFFM.pdf.
Letter of Intent (LOI): A preliminary, non-binding indication of an organization's intent to submit an application.
Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.
Logic Model: A visual representation showing the sequence of related events connecting the activities of a program with the programs' desired outcomes and results.
Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.
Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA): Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.
Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher educations, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).
Notice of Award (NoA): The official document, signed (or the electronic equivalent of signature) by a Grants Management Officer that: (1) notifies the recipient of the award of a grant; (2) contains or references all the terms and conditions of the grant and Federal funding limits and obligations; and (3) provides the documentary basis for recording the obligation of Federal funds in the HHS accounting system.
Objective Review: A process that involves the thorough and consistent examination of applications based on an unbiased evaluation of scientific or technical merit or other relevant aspects of the proposal. The review is intended to provide advice to the persons responsible for making award decisions.
Outcome: The results of program operations or activitIes; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced morbidity and mortality.
Performance Measurement: The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program

(outputs), or the results of those products and services (outcomes). A "program" may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.
Period of performance –formerly known as the project period - : The time during which the recipient may incur obligations to carry out the work authorized under the Federal award. The start and end dates of the period of performance must be included in the Federal award.
Period of Performance Outcome: An outcome that will occur by the end of the NOFO's funding period
Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs.
Program Strategies: Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).
Program Official: Person responsible for developing the NOFO; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.
Public Health Accreditation Board (PHAB): A nonprofit organization that works to promote and protect the health of the public by advancing the quality and performance of public health departments in the U.S. through national public health department accreditation http://www.phaboard.org.
Social Determinants of Health: Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
Statute: An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.
Statutory Authority: Authority provided by legal statute that establishes a federal financial assistance program or award.
System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.
Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.
Work Plan: The summary of period of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

NOFO-specific Glossary and Acronyms

Authority: Legal authorizations that outline the legal basis for the components of each individual NOFO. An OGC representative may assist in choosing the authorities appropriate to

any given program.

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

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

Monitoring and Reporting System (MRS): An online, systematic data collection, monitoring and reporting system.

National Intimate Partner Violence and Sexual Violence Survey (NISVS): NISVS is an ongoing, nationally representative survey to assess experiences of intimate partner violence, sexual violence and stalking among adults in the United States.

Non-Governmental Organization: A non-governmental organization (NGO) is any non-profit, voluntary citizens' group which is organized on a local, national or international level.

Notice of Funding Opportunity (NOFO) previously Funding Opportunity Announcement.

Public Health Approach: The public health approach is a four-step process that is rooted in the scientific method. It can be applied to violence and other health problems that affect populations. Step 1: Define the Problem, Step 2: Identify Risk and Protective Factors, Step 3: Develop and Test Prevention Strategies and Step 4: Assure Widespread Adoption. For additional information on The Public Health Approach to Violence Prevention go to: https ://www.cdc.gov/violenceprevention/pdf/PH_App_Violence-a.pdf

STOP SV Technical Package: A document to help states and communities to take advantage of the best available evidence and to prioritize efforts to prevent sexual violence.

Sub-recipients *Per the CFR 200*: Sub-recipient means a non-Federal entity that receives a sub-award from a pass-through entity to carry out part of a Federal program; but does not include an individual that is a beneficiary of such program. A sub-recipient may also be a recipient of other Federal awards directly from a Federal awarding agency.

Training: Training as a process for turning awareness and knowledge into mastered skills and practices to prevent sexual violence and/or intimate partner violence by:

- Teaching based on organizational context.
- Providing opportunities for skill development through participatory learning.
- Following up to assess progress and determine level of mastery.

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