



**Centers for Disease Control and Prevention**

NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH  
PROMOTION

The State Physical Activity and Nutrition Program (SPAN)

CDC-RFA-DP-23-0012

03/28/2023

## Table of Contents

A. Funding Opportunity Description .....	3
B. Award Information .....	18
C. Eligibility Information .....	20
D. Application and Submission Information .....	21
E. Review and Selection Process .....	33
F. Award Administration Information .....	37
G. Agency Contacts .....	44
H. Other Information .....	45
I. Glossary .....	46

### Part I. Overview

Applicants must go to the synopsis page of this announcement at [www.grants.gov](http://www.grants.gov) and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-DP-23-0012. Applicants also must provide an e-mail address to [www.grants.gov](http://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:

The State Physical Activity and Nutrition Program (SPAN)

#### C. Announcement Type: New - Type 1:

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

*New-Type 1*

#### D. Agency Notice of Funding Opportunity Number:

CDC-RFA-DP-23-0012

#### E. Assistance Listings Number:

**F. Dates:****1. Due Date for Letter of Intent (LOI):**

The LOI date will generate once the Synopsis is published if Days or a Date are entered.

**2. Due Date for Applications:**

03/28/2023

11:59 p.m. U.S. Eastern Standard Time, at [www.grants.gov](http://www.grants.gov).

**3. Due Date for Informational Conference Call:**

Topic: SPAN2312 Informational Conference Call

Time: Feb 15, 2023, 03:00 PM Eastern Time (US and Canada)

Join ZoomGov Meeting

<https://cdc.zoomgov.com/j/1617556183?pwd=U2gyTjdjaTkyRE5MNG9jTDVTYnFhdz09>

Meeting ID: 161 755 6183

Passcode: 0Gtt\*e#?

One tap mobile

+16692545252,,1617556183#,,, \*25920053# US (San Jose)

+16468287666,,1617556183#,,, \*25920053# US (New York)

Dial by your location

+1 669 254 5252 US (San Jose)

+1 646 828 7666 US (New York)

+1 669 216 1590 US (San Jose)

+1 551 285 1373 US

Meeting ID: 161 755 6183

Passcode: 25920053

**G. Executive Summary:****1. Summary Paragraph**

CDC announces the availability of fiscal year 2023 funds to implement CDC-RFA-DP23-0012: The State Physical Activity and Nutrition Program (SPAN). This program works at the state level to implement evidence-based nutrition and physical activity strategies and collaboratively leverage state investments, partnerships, and resources from various sectors (e.g., agriculture, transportation, education, healthcare, parks/recreation, business, housing, and defense/military) that address health disparities related to poor nutrition, physical inactivity, and/or obesity. This NOFO focuses on strategies for nutrition; physical activity; breastfeeding continuity of care; and integrating nutrition, physical activity, and breastfeeding national standards and advancing Farm to Early Care and Education (ECE) programs into statewide ECE systems.

The program will support health for all Americans, especially those most impacted by chronic diseases as well as optimal early life growth and development. No more than one applicant who resides in the state will receive funding.

**a. Eligible Applicants:**

Open Competition

**b. Funding Instrument Type:**

CA (Cooperative Agreement)

**c. Approximate Number of Awards**

17

**d. Total Period of Performance Funding:**

\$75,500,000

**e. Average One Year Award Amount:**

\$888,000

**f. Total Period of Performance Length:**

5 year(s)

**g. Estimated Award Date:**

August 30, 2023

**h. Cost Sharing and / or Matching Requirements:**

No

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability of the work beyond the 5-year period of performance is strongly encouraged.

## **Part II. Full Text**

### **A. Funding Opportunity Description**

#### **1. Background**

**a. Overview**

Rates of chronic diseases and risk factors disproportionately affect racial and ethnic groups across the U.S. Many Americans do not meet national nutrition and physical activity guidelines due to a variety of factors including poor access, availability, and affordability of healthy food and opportunities for physical activity. Poor diet and low levels of physical activity increase risks for obesity, type 2 diabetes, heart disease, stroke, hypertension, certain cancers, and depression, which are too common, costly, and more likely to affect subgroups of the population.

This NOFO builds on the current five-year State Physical Activity and Nutrition Program [SPAN] (CDC-RFA-DP18-1807) implementing evidence-based nutrition and physical activity strategies that leverage state investments, resources, and partnerships from various sectors (e.g., agriculture, transportation, education, business, healthcare, parks/recreation, housing, community planning, and defense/military) that address health disparities tied to poor diet and physical inactivity. Each recipient is expected to identify key health disparities to be addressed and fund

work on strategies that improve nutrition, increase access to safe physical activity, increase breastfeeding, and early care and education programs.

Program activities will inform future state level programmatic efforts and support both health for all Americans, especially those most impacted by chronic disease and optimal early life growth and development. This NOFO incorporates evidence-based nutrition and physical activity strategies from a variety of publications and expert recommendations, including:

- [Dietary Guidelines for Americans 2020-2025](#)
- [Physical Activity Guidelines for Americans, 2nd edition](#)
- [Community Preventive Services Task Force Recommendation for Built Environment Interventions to Increase Physical Activity](#)
- [The Surgeon General's Call to Action to Promote Walking and Walkable Communities](#)

Successes from the current State Physical Activity and Nutrition Program [SPAN] (CDC-RFA-DP18-1807) and other division programs have resulted in recipients leveraging funding and partnerships that improve statewide nutrition and physical activity and support community level public health systems to increase nutritious food purchasing and access, breastfeeding, physical activity (particularly walking), and meeting ECE nutrition, physical activity, and breastfeeding standards. For example:

- 3,677,898 people have increased access to healthy food through implementation of food service guidelines in communities and worksites
- 1,090,386 people are impacted by new or improved breastfeeding support in hospital, worksite, and community settings
- 1,544,039 children benefit from new or improved early care and education obesity prevention standards
- Over 1 million babies, 29% of 2020 births, were born in hospitals with policies and practices that optimally support breastfeeding
- Over 1600 Complete Streets policies have been passed, including those adopted by 35 state governments, Puerto Rico, and the District of Columbia and 2,200 miles of activity friendly routes have been improved.

#### **b. Statutory Authorities**

This program is authorized under sections 301(a) and 317(k)(2) of the Public Health Service Act (42 USC 241(a) and 247 (b)(k)(2), as amended.

#### **c. Healthy People 2030**

The [Healthy People 2030](#) topic area(s):

[Overweight and Obesity](#)

[Nutrition and Healthy Eating](#)

[Physical Activity](#)

[Infants](#)

[Neighborhood and Built Environment](#)

[Transportation](#)

[Social and Community Context](#)  
[Diabetes](#)  
[Heart Disease and Stroke](#)  
[Health Care](#)  
[Cancer](#)

**d. Other National Public Health Priorities and Strategies**

- [Health and Human Services \(HHS\) Action Plan to Reduce Racial and Ethnic Disparities](#)
- [Caring for our Children Standards: National Health and Safety Performance Standards Guidelines for Early Care and Education Programs](#)
- [Continuity of Care in Breastfeeding Support Blueprint](#)
- [Dietary Guidelines for Americans 2020-2025](#)
- [2018 Physical Activity Guidelines for Americans](#)
- [Surgeon General's Call to Action Walking & Walkable Communities](#)

**e. Relevant Work**

This SPAN NOFO is relevant to past and current the State Nutrition, Physical Activity, and Obesity Programs ([CDC-RFA-DP08-0805](#), [CDC-RFA DP13-1305](#) and [SPAN-1807 | DNPAO | CDC](#)), Programs to Reduce Obesity in High Obesity Areas ([CDC-RFA-DP14-1416](#) and [High Obesity 1809 | DNPAO | CDC](#)), [Improving Student Health and Academic Achievement through Nutrition, Physical Activity and the Management of Chronic Conditions in Schools](#), and [Building Capacity of the Public Health System to Improve Population Health through National, Nonprofit Organizations](#).

## 2. CDC Project Description

**a. Approach**

**Bold** indicates period of performance outcome.

CDC-RFA-DP23-0012 Logic Model: *State Physical Activity and Nutrition Program (SPAN)*  
*High Level Logic Model*

**Bold *italics*** indicates period of performance outcome

Strategies and Activities	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Nutrition: Implement state level policies and activities that: <ul style="list-style-type: none"> <li>• promote food service and nutrition guidelines and associated healthy food procurement in facilities, programs or organizations where</li> </ul>	<b><i>Increased access to healthier foods</i></b>	Increased purchasing and distribution of healthier foods	Improved health behaviors and outcomes (e.g., increased healthier food

food is sold, served, and distributed and <ul style="list-style-type: none"> <li>• coordinate the uptake and expansion of existing fruit and vegetable voucher incentive and produce prescription programs</li> </ul>			consumption, increased percentage of individuals meeting physical activity guidelines, decreased obesity)
Physical Activity: Implement state level policies and activities to connect pedestrian, bicycle, or transit transportation networks (e.g., activity-friendly routes) to everyday destinations	<b><i>Increased policies, plans or community design changes that increase access to physical activity</i></b>	Increased access to places for physical activity	Reduced health disparities in chronic conditions (e.g., hypertension, heart disease, type 2 diabetes, and obesity)
Breastfeeding: Implement state level policies and activities that achieve continuity of care for breastfeeding families	<b><i>Increased access to programs that provide continuity of care for breastfeeding families</i></b>	Increased breastfeeding	
Early Care and Education: Implement state level policies and activities that integrate national standards related to nutrition, physical activity, and breastfeeding, and advance Farm to ECE	<b><i>Increased state level ECE policies and activities that improve nutrition, physical activity, and breastfeeding standards and Farm to ECE</i></b>	Increased ECE programs meeting nutrition, physical activity, and breastfeeding standards met and Farm to ECE	

### i. Purpose

This NOFO supports recipients, working with state level partners, organizations, and networks, to implement state level interventions. This NOFO focuses on nutrition; physical activity; breastfeeding continuity of care; and integrating nutrition, physical activity, and breastfeeding national standards and advancing Farm to Early Care and Education (ECE) into statewide ECE systems.

### ii. Outcomes

#### Period of Performance Short-term Outcomes

- Increased access to healthier foods
- Increased policies, plans, or community design changes that increase access to physical activity
- Increased access to programs that provide continuity of care for breastfeeding families
- Increased state level ECE policies and activities that improve nutrition, physical activity, and breastfeeding standards and Farm to ECE

### iii. Strategies and Activities

The Division of Nutrition, Physical Activity and Obesity's (DNPAO) mission is grounded by [State and Local Strategies](#) for healthy eating and active living. This NOFO is in alignment with DNPAO's mission and its Priority Strategies:

1. Make physical activity safe and accessible for all
2. Make healthy food choices easier
3. Make breastfeeding easier to start and sustain
4. Strengthen obesity prevention standards in early care and education settings
5. Spread and scale family healthy weight programs

All proposed activities will use state level policy, system and environmental (PSE) approaches that support community level nutrition, physical activity, and breastfeeding. In addition, all proposed activities will implement health equity approaches which aim to reduce health disparities ([CDC Health Equity Resources](#)) and address factors that influence health. To carry out most effectively the proposed approaches, recipients are expected to conduct a health needs assessment at the start of the cooperative agreement or using findings from a needs assessment conducted within the last 5 years as described in the Target Populations and Health Disparities sections.

Areas of emphasis for each strategy, including specific settings, levels of influence (e.g., state, community), and levers of action (e.g., policy, partners) across state, regional, tribal, and local agencies are described below. It is recommended that recipients work with relevant state-level agencies and coalitions and established community coalitions with appropriate community-specific representation to leverage and maximize impact that are specific to each strategy (e.g., Regional Dept of Defense authority + State level Coalitions + Dept of Public Health + Dept of Transportation + Dept of Parks & Recreation + Dept of Education + Dept of Early Childhood and Early Learning (varies by State) + State agency responsible for food procurement).

Overall, recipients are expected to engage local public health government entities and organizations as sub-recipients (at least 25% of the total award). Specific expectations are generally described below. Detailed instructions are provided in the implementation guidance and other resources indicated for each strategy. Recipients and sub-recipients must have experience successfully implementing nutrition and physical activity efforts at the state and local levels. Applicants shall propose criteria for selection of sub-recipients and corresponding geographic area. It is expected that the recipient will already have in place or will adopt state level actions necessary to support local level strategy implementation. Once the strategies are implemented in the initial geographic areas identified by the recipient, additional geographic areas based on need and to address equity issues due to existing disparities may be added in subsequent years.

Applicants must include communication activities that will support each of the program strategies. Recipients should aim for a minimum of one public message and one partner message each month. Recipient are encouraged to use a mix of earned media news stories, digital/social media posts, paid media (advertising), and partner media.

Recipient will be expected to conduct the following strategies and activities during the period of performance. Applicants must propose work in all four strategies. Below each strategy is a brief



description of suggested activities and links to specific DNPAO strategy implementation guidance.

## **NOFO Strategies and Activities**

### *Nutrition*

1. Implement state level policies and activities that:
  1. Promote food service and nutrition guidelines and associated healthy food procurement in facilities, programs or organizations where food is sold, served, and distributed and
  2. Coordinate the uptake and expansion of existing fruit and vegetable voucher incentive and produce prescription programs.

Nutrition strategies must be consistent with the federal Dietary Guidelines for Americans ([Dietary Guidelines 2020-2025](#)), federal food service guidelines ([Federal FSG Guidelines](#)) and Feeding America and Healthy Eating Research's charitable food system guidelines for food banks and pantries ([HER Charitable Food System Guidelines](#)). Nutrition strategy activities must be coordinated through cross sector state-level nutrition councils or coalitions. Proposed activities to improve nutrition, including the reduction of added sugars, should value and incorporate cultural food preferences of the underserved communities and populations selected. Food service guidelines and procurement strategies should focus on settings such as worksites, hospitals, park and recreation centers, food banks and pantries, youth detention centers, and faith-based organizations.

Proposed activities to increase existing fruit and vegetable voucher programs or produce prescription programs need to coordinate between key partners such as those who oversee screening and eligibility (e.g., healthcare, community health centers, food assistance benefit agencies), retail partners such as farmers markets, retail stores and/or charitable food venues, and non-governmental organizations given the award funds cannot be used to purchase foods for these programs. Recipients are expected to collaborate and leverage other federal nutrition assistance programs (e.g., USDA Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants, and Children's (WIC)) and other programs (e.g., USDA Farm to School, Gus Schumacher Nutrition Incentive Program (GusNIP), and fruit and vegetable incentive programs).

The NOFO will not support development of state or region-specific nutrition guidelines. Food service guidelines **do not apply** to food served to children in childcare or school settings that are governed by federal laws and regulation, including the National School Lunch Program, the School Breakfast Program, the Child and Adult Care Food Program, and the Summer Food Service Program. Potential activities, resources, and examples can be found on CDC's *Nutrition* implementation guidance web pages ([Food Service and Nutrition Guidelines](#) and [Fruit and Vegetable Voucher Incentives and Produce Prescriptions](#)).

### *Physical Activity*

1. Implement state level policies and activities to connect pedestrian, bicycle, or transit transportation networks (e.g., activity-friendly routes) to everyday destinations.

The physical activity strategy must be consistent with the goals and federal Physical Activity Guidelines ([Physical Activity Guidelines 2<sup>nd</sup> Edition](#)). The physical activity strategy must be consistent with the [Active People, Healthy Nation Increasing Physical Activity through Community Design Strategy](#). It supports collaborating with partners to improve proximity of everyday destinations (e.g. homes, schools, parks, healthcare, food/retail, and worksites) to activity-friendly routes (e.g. safe and accessible pedestrian, bicycle or public transport networks) for all ages and abilities.

Proposed state activities should be coordinated through cross-sector state-level physical activity, active transportation, active living or similar coalitions. Proposed state activities should include partnerships to adopt and implement policies, plans, and/or places that support increasing physical activity through community design. In addition to proposed state activities, recipients can also propose activities at the local or regional level that support partnerships that support the [Increasing Physical Activity through Community Design Strategy](#). Some examples of plans and policies and plans that support *proximity to everyday destinations* include activity-friendly master plans and districts, park access, and form-based codes. **Some** examples of transportation policies and plans that support *activity-friendly routes* include Complete Streets, Safe Routes for All, Vision Zero, incentives for active transportation projects, and active transportation, trails and greenways master plans. Potential activities, resources, and examples can be found on CDC's *Physical Activity* implementation guidance web page ([Increasing Physical Activity through Community Design](#)).

### *Breastfeeding*

1. Implement state level policies and activities that achieve continuity of care for those who breastfeed.

Continuity of care in breastfeeding support includes the delivery of high-quality services to families from the prenatal period until no longer breastfeeding. This is achieved by implementing consistent and collaborative delivery of support services that result in seamless transitions of care that are coordinated and fully supportive for breastfeeding families. Proposed state activities should include policy, systems, and environmental approaches at the state level to facilitate scaled implementation and sustainability of breastfeeding support programs at the local level throughout the state. Proposed activities for the breastfeeding continuity of care strategy should focus on those who are least likely to initiate and most likely to not reach their breastfeeding goals. Proposed activities should be consistent with the [2020–2025 Dietary Guidelines for Americans](#), and the [American Academy of Pediatrics](#) (AAP). Proposed activities can be implemented in one or more settings, including maternity hospitals, health clinics, worksites, and other community settings. Potential activities, resources, and examples can be found on CDC's *Breastfeeding Strategy: Continuity of Care* implementation guidance web page ([Breastfeeding Strategy: Continuity of Care](#)).

### *Early Care and Education*

1. Implement state level policies and activities that integrate national standards related to nutrition, physical activity, and breastfeeding, and advance Farm to ECE.

Proposed activities for ECE should be consistent with national standards for nutrition, physical activity, and breastfeeding as outlined in [Caring for Our Children](#). Recipients can work to embed

National Caring for our Children Standards related to nutrition, physical activity, and breastfeeding into existing state systems. The 9 state system areas can be found in [CDC Spectrum of Opportunities](#). Examples of opportunities include licensing, quality rating and improvement systems, and professional development systems. Recipients should develop an action plan that builds on existing work to advance one or more spectrum areas that are most feasible. Proposed activities for ECE must also include efforts to advance Farm to Early Care and Education statewide using CDC's Spectrum of Opportunity. Potential activities, resources, and examples can be found on CDC's *Early Care and Education* implementation guidance web page ([Early Care and Education \(ECE\) Policies and Activities](#)).

## **1. Collaborations**

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

Recipients are required to collaborate and coordinate with other existing or future CDC-funded programs in selected geographic areas within the state to complement that work. State and/or local-level CDC funded programs for chronic disease include, yet are not limited to, those found at the following web links:

- [High Obesity Program](#)
- [Racial and Ethnic Approaches to Community Health](#)
- [Program in Underserved Areas; National Diabetes Prevention Program](#)
- CDC's [Arthritis Program](#)
- [Improving Student Health and Academic Achievement through Nutrition, Physical Activity and the Management of Chronic Conditions in Schools](#)
- [National Comprehensive Cancer Control Program](#)
- [Early Childcare and Education Obesity Prevention Program](#)
- [Disability and Health Program: Improving the Health of People with Mobility Limitation and Intellectual Disabilities through State-based Public Health Programs](#)
- [HHS Million Hearts Campaign](#)

Applicants are strongly encouraged to submit a memorandum of understanding (MOU), or memorandum of agreement (MOA) in addition to two letters of support for key collaborations. Evidence of involvement of key partners, including letters of support from partners that document specific contributions of the partner, including but not limited to, a description of the precise nature of past and proposed collaborations, products, services, and other resources that will be provided by the partner through the proposed collaboration. They should describe the scope of work and contributions from each key partner for work to be conducted. If MOU or MOA is not established, applicants must at the least submit two letters of support for key collaborations.

Applicants must name these files "Letterofsupport/MOU/MOA\_PartnerName\_SPAN\_name of applicant" and upload them as PDF files on [www.grants.gov](http://www.grants.gov).

### **b. With organizations not funded by CDC:**

The NOFO requires cross sector partnerships (e.g., transportation, charitable food system, housing, or other sectors) relevant to specific strategies which are identified by the recipient

through engagement with diverse and inclusive partners to ensure work plans have implementation or adaptation of strategies specific to the culture and linguistic context. Activities may also be supported through community clinical linkages, as appropriate. Community-Clinical Linkages (CCLs) are connections between community and clinical sectors that aim to improve health within a community. CCLs are an effective, evidence-based approach to preventing and managing chronic disease. Recipients are encouraged to use a community-based participatory approach, even at the state level, that builds on existing partner assets and existing coalitions, allowing for the flexibility necessary to tailor interventions that meet the unique disease burden and risk factors (e.g., income, age, education, race and ethnicity) of the priority population(s).

State level collaborations with a variety of public and private partners from multiple sectors are required to maximize resources, reach, and impact of state systems. These can include the business community (e.g., chamber of commerce, state board of realtors, banking and loan association), non-governmental organizations (e.g., youth and community outreach groups, medical and professional associations, faith-based organizations), universities and colleges (e.g., land grant institution, prevention research center), non-profit agencies or systems (e.g., state farmers market association, healthcare system, federal qualified health centers, state primary care association, state hospital association, bicycle/pedestrian coalitions), other state level agencies and entities (e.g., department of transportation, department of agriculture, social services, state Medicaid program, aging service, early care and education, parks and recreation) or local government agencies (e.g., local education agency, extension service, municipal planning organization, public works), local health and wellness coalition organizations (e.g., state and local food policy councils, active living coalition, walk/bike coalitions), tribes or tribal organizations (e.g., intertribal council), and professional organizations (e.g., state or regional planning association, board of physicians or nursing). State level federally funded programs not funded by CDC (e.g., those funded by Administration for Children and Families, Department of Defense, Department of Transportation, Department of Agriculture, Department of Labor, Health Resources and Services Administration) should be included as key partners when applicable.

Applicants are strongly encouraged to submit a memorandum of understanding (MOU), memorandum of agreement (MOA), and/or tribal resolutions for key collaborations. They should describe the scope of work and contributions from each key partner for work to be conducted. Applicants must at the very least submit letters of support for key collaborations. Letters of support will clearly describe the partner level of participation and their anticipated contribution to overall program strategies and activities.

Applicants must name these files

"Letterofsupport/MOU/MOA/TribalRes\_PartnerName\_SPAN\_name of applicant" and upload them as PDF files on [www.grants.gov](http://www.grants.gov).

## **2. Target Populations**

Applicants must identify and describe criteria used for selection of the priority population and geographic areas of focus using CDC [Preferred Terms for Select Population Groups & Communities](#) including factors such as race, ethnicity and gender. These criteria must be based on statewide disease and risk factor burden data from the state the applicant is located, as well as the potential to reach and impact the greatest proportion of the priority population.

Recipients must conduct a health needs assessment at the beginning of their work or provide evidence of previous (<5 years) assessments for their priority population selection. The recipient will describe how they will implement strategies to decrease health disparities in priority population(s) using available data to identify priority populations (e.g., [DNPAO Data Trends and Maps](#), [Social Vulnerability Index](#), [Child Opportunity Index](#), [Disability and Health Data System](#) and [Environmental Justice Index](#).).

#### **a. Health Disparities**

Applicants should describe how identified activities for each strategy related to poor nutrition, physical inactivity, and breastfeeding will reduce or eliminate health disparities in target populations. Disparities by race, ethnicity, geography, physical disability, primary language, health literacy, and other relevant dimensions (e.g., income) should be considered. Applicants should ensure that data, including burden data, are used to identify activities to reach the target population. Please refer to CDC [Preferred Terms for Select Population Groups & Communities](#).

It is also encouraged that recipient selected communities consider conducting an equity assessment at the beginning of their work to best understand their priority population. Equity assessments are systematic examinations of available data and expert input on how various groups—especially those facing inequity or disparities—are or likely will be affected by a policy, program, or process. They aim to minimize unintended adverse outcomes and maximize opportunities and positive outcomes. A guide by MITRE titled “[A Framework for Assessing Equity in Federal Programs and Policies](#)” may be helpful.

The NOFO also highly recommends health equity training for recipient staff and/or hiring staff, consultants, and contractors with health equity expertise, including hiring, or retaining diverse staff representing the priority population(s).

#### **iv. Funding Strategy**

This NOFO will fund up to 17 recipients with an award range of \$600,000 - \$1,300,000. The award amounts will be based on the following:

1. The scope of the work proposed such as burden of obesity as measured by the CDC [BRFSS](#) 2021 adult obesity prevalence  $\geq 35\%$ .
2. The priority population(s) size and geographic area where work is proposed.
3. Whether work is performed in rural or urban settings.

#### **b. Evaluation and Performance Measurement**

##### **i. CDC Evaluation and Performance Measurement Strategy**

CDC will work collaboratively with recipients to determine if the NOFO strategies and activities have been implemented as expected and if the intended period of performance outcomes have been achieved. The evaluation will help demonstrate the impact of the program, inform continuous quality program improvement, and determine the scalability of the strategies for future investments. A Data Management Plan (DMP) is not required.

CDC will develop an evaluation framework to guide evaluation and performance monitoring activities of the SPAN program. The framework will specify the types of evaluations to be conducted, the timing of the evaluation activities, and how the information will be used by CDC to advance the field.

Recipients are responsible for reporting short-term outcomes identified in the logic model. Specific performance measures will be finalized in collaboration with CDC and aligned with the program strategies.

CDC will provide evaluation guidance, technical assistance, and support through webinars, trainings, monthly calls, and written materials. CDC will manage and analyze the evaluation and performance measure data submitted by recipients and synthesize findings across recipients for dissemination.

Throughout the five-year period of performance, CDC will work individually and collectively with recipients to answer the following evaluation questions based on the program logic model, strategies, and activities:

- How have state level policies and activities affected local implementation to improve healthy eating, physical activity, breastfeeding, and ECE outcomes?
- How have health equity approaches been prioritized at the state and the local level?

CDC will work collaboratively with recipients to:

- Report progress qualitatively on recipient context, health equity approaches, successes, and challenges through annual reports.
- Translate and disseminate findings including final evaluation results, through a variety of ways that may include publications, presentations, and more. CDC will use recipient webinars, success stories, and national conferences to share preliminary findings and updates on CDC evaluation activities.
- Develop two success stories during the program period at the end of year three and year five.

Outcome-related performance measures for each strategy include:

- Number of settings that increase access to healthier foods
- Number of policies, plans, or community design changes that increase access to physical activity
- Number of programs that increase access to continuity of care for breastfeeding families
- Number of ECE programs that are impacted by nutrition, physical activity, and breastfeeding standards and Farm to ECE improvements

## **ii. Applicant Evaluation and Performance Measurement Plan**

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



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

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

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

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

### **c. Organizational Capacity of Recipients to Implement the Approach**

Upon receipt of award recipients must be able to quickly implement this program in the state in which they operate and are located. The applicant's organizational capacity statement must clearly demonstrate the applicant has the necessary skills and experience to successfully implement the strategies and activities outlined in the logic model including documentation such as organizational chart, staffing plan, resumes, etc. Specifically, two FTE positions for a nutrition coordinator and a physical activity coordinator must be established and filled upon receipt of the award. The applicant must clearly describe the project management structure, staff roles and responsibilities. Staff members including contract support if applicable, must have adequate public health nutrition and physical activity leadership/management expertise to plan and supervise the work. The proposed work must identify interventions using evidence-based approaches including training and technical assistance for implementation. The applicant must describe adequate and appropriate organizational infrastructure and staffing to carry out the administrative/financial, data management/evaluation, performance monitoring, and communication activities required for the NOFO.

To ensure that recipients can execute CDC state-based program requirements and meet period of performance outcomes, applicants must demonstrate relevant experience to implement the

activities and achieve the project outcomes, experience and capacity to implement the evaluation plan.

To ensure recipients have direct influence on statewide nutrition and physical activity efforts documentation of demonstrated state level institutional partnership and collaboration in the development and implementation of the State Chronic Disease Prevention Plan, or State Improvement Plan which includes nutrition and physical activity, or other relevant plan oversight must be provided.

Applicants must name these files "Resume FTE Nutrition/Resume FTE Physical Activity/Resume Other/Organization chart/Staffing Plan/State Chronic Disease Plan/State Improvement Plan/etc.\_PartnerName\_SPAN\_name of applicant" and upload them as PDF files on [www.grants.gov](http://www.grants.gov).

Applicants should demonstrate established experience and organizational capacity to meet implementation readiness requirements for this NOFO, which includes the following:

- Public health nutrition and physical activity leadership and management to plan and supervise the project and improve outcomes (At a minimum, this should include a principal investigator and program manager).
- Documentation of demonstrated state level institutional partnership and collaboration in the development and implementation of the State Chronic Disease Prevention Plan, or State Improvement Plan which includes nutrition and physical activity, or other relevant plan oversight.
- Subject matter/content expertise in public health/governmental implementation of nutrition and physical activity strategies and activities (At a minimum, both an established 1 FTE nutrition coordinator and 1 FTE physical activity coordinator to implement statewide public health interventions).
- Recipients and sub-recipients must have experience successfully implementing nutrition and physical activity efforts at the state and local levels. It is expected that the recipient will already have in place or will adopt state level actions necessary to support local level strategy implementation.
- Subject matter expertise in public health nutrition and physical activity that addresses health equity and disparities.
- Budget management and administration to establish financial procedures and track, monitor, and report expenditures (At a minimum this should include a fiscal manager).
- Contract management to manage the required procurement efforts, including the ability to write, award, and monitor contracts.
- Information management designed to demonstrate statewide impact, program improvement, and sustainability.
- Communication support to develop and disseminate program messages and successes related to the communication activities that directly support the NOFO strategies.
- Partnership development and coordination to leverage resources and maximize the reach and impact of nutrition and physical activity activities within the state and/or DC.



- Evaluation and performance monitoring to implement the evaluation plan and maintain programmatic quality, consistency, and fidelity.
- Experience implementing all proposed strategies, including how the proposed work plan will build upon prior work directly related to each SPAN strategy.

#### **d. Work Plan**

At a minimum, the work plan must include:

- Activities and timelines that support achievement of strategy-specific outcomes which align with the NOFO logic model for all strategies.
- Measures for the relevant outcomes. These should align with the performance measures listed in the evaluation and performance measurement section
- Milestones for accomplishing tasks encompassed by the key activities related to the outcomes for each strategy
- Staff, partners, contractors and administrative roles and functions to support implementation of the award.

Applicants must submit a detailed work plan for Year 1 of the award and provide a general summary of work plan activities for Years 2-5 in narrative form. The work plan should describe how the applicant plans to implement all the required activities to achieve NOFO outcomes. For Year 1, applicants are required to include all the elements listed within the sample work plan template, provided below. CDC will provide feedback and technical assistance to recipients to finalize the work plan activities post-award. Note that the work plan is part of the narrative 20-page limit and should be page numbered accordingly. The work plan need also need to be single spaced, 12-point font, with 1-inch margins. Applicants must name this file "WorkPlan\_SPAN\_name of applicant" and upload it as a PDF file on [www.grants.gov](http://www.grants.gov).

This work plan should include activities such as engaging state and community existing partnerships or coalitions, conducting needs assessments in priority communities, tailoring interventions for priority populations and embedding specific communication activities that directly support the NOFO strategies (including identifying their intended audiences).

<b><u>Short Term Outcome:</u></b>		<b><u>Intermediate Outcome:</u></b>		
<b><u>Strategy</u></b>	<b><u>Measures</u></b>	<b><u>Milestone(s) for Completion of Activity</u></b>	<b><u>Responsible Position /Party</u></b>	<b><u>Completion Date</u></b>
<b><u>Activity and timeline</u></b>				

Applicants are not required to use the template but are required to include all the elements listed in the template.

#### **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.

#### **All recipient reporting should be distinguished by strategy.**

Recipients will participate in monthly conference calls to track progress, barriers, unexpected events, activities, successes, and other relevant information that describe the implementation of the strategies and accomplishment of outcomes.

A required recipient implementation and evaluation training will be scheduled during the first budget year and may be scheduled during subsequent years of the funding cycle. All applicants should budget at least five staff to participate for up to five days in Atlanta, GA (tentative training site).

Recipients should also be available to participate in peer sharing opportunities, evaluation specific technical assistance calls and webinars, site and/or reverse site visits, and calls and email communication with CDC staff, as needed.

#### **f. CDC Program Support to Recipients**

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

- Provide ongoing programmatic and evaluation technical assistance

- Provide SPAN implementation guidance to recipients on identifying and implementing strategies and activities
- Facilitate collaborative opportunities with other CDC funded NOFO national and state partners
- Promote information sharing among recipients:
  - Facilitate routine conference calls, webinars, and other informational exchange
  - Develop mechanism for documenting and sharing lessons learned
- Convene recipient strategy-specific and health equity trainings

Additionally, CDC will:

- Ensure that recipients have access to expertise found throughout the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP).
- Collaborate with recipients to explore appropriate flexibilities needed to meet public health outcomes and goals. Flexibility in cooperative agreements includes recipient's ability to propose alternative methods to achieve the outcomes and goals of the cooperative agreement that align with recipient's opportunities for success, infrastructure, partner, and stakeholder buy-in, demographics, and burden. This includes bringing together resources from multiple cooperative agreements to jointly advance the goals of each and expanding the dialogue to bring in other CDC and recipient staff to reach a win/win solution.
- Create greater efficiencies and consistency across NCCDPHP programs. For example,
  - Jointly developed resources and tools that focus on cross-cutting functions, settings, risk factors, conditions, and diseases to ensure consistent messages and to meet technical assistance needs
  - Joint training and technical assistance opportunities that help recipients produce policies and programs that are more holistic and fully supportive of work in nutrition, physical activity, chronic disease management and other strategies and topics, as appropriate
- Continue and expand support for recipients to leverage NCCDPHP resources to address cross-cutting functions, settings, risk factors, and diseases.

## **B. Award Information**

### **1. Funding Instrument Type:**

CA (Cooperative Agreement)

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

### **2. Award Mechanism:**

U58

### **3. Fiscal Year:**

2023

**4. Approximate Total Fiscal Year Funding:**

\$15,100,000

**5. Total Period of Performance Funding:**

\$75,500,000

This amount is subject to the availability of funds.

Estimated Total Funding:

\$75,500,000

**6. Total Period of Performance Length:**

5 year(s)

year(s)

**7. Expected Number of Awards:**

17

**8. Approximate Average Award:**

\$888,000

Per Budget Period

**9. Award Ceiling:**

\$1,300,000

Per Budget Period

This amount is subject to the availability of funds.

**10. Award Floor:**

\$600,000

Per Budget Period

**11. Estimated Award Date:**

August 30, 2023

**12. Budget Period Length:**

12 month(s)

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

### 13. Direct Assistance

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

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

## C. Eligibility Information

### 1. Eligible Applicants

Eligibility Category:

00 (State governments)

01 (County governments)

02 (City or township governments)

04 (Special district governments)

05 (Independent school districts)

06 (Public and State controlled institutions of higher education)

07 (Native American tribal governments (Federally recognized))

08 (Public housing authorities/Indian housing authorities)

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

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

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

20 (Private institutions of higher education)

22 (For profit organizations other than small businesses)

23 (Small businesses)

25 (Others (see text field entitled "Additional Information on Eligibility" for clarification))

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

Additional Eligibility Category:

Government Organizations:

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

Local governments or their bona fide agents

Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam,

the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau

State controlled institutions of higher education

American Indian or Alaska Native tribal governments (federally recognized or state-recognized)

Non-government Organizations

American Indian or Alaska native tribally designated organizations

## **2. Additional Information on Eligibility**

Applicants must be physically located and operate within the state for which the work is proposed as demonstrated by their legal mailing address on the application. Applicants must identify the state in which they will do the proposed work along with the physical address in the project abstract. If this information is not identified in the project abstract the application will be deemed non-responsive and will not receive further review.

## **3. Justification for Less than Maximum Competition**

Not applicable.

## **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 of the work beyond the 5-year period of performance 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](http://www.grants.gov).

**PLEASE NOTE: Effective April 4, 2022, applicants must have a Unique Entity Identifier (UEI) at the time of application submission (SF-424, field 8c).** The UEI is generated as part of SAM.gov registration. Current SAM.gov registrants have already been assigned their UEI and can view it in SAM.gov and Grants.gov. Additional information is available on the [GSA website](https://www.gsa.gov).

[SAM.gov](#), and [Grants.gov](#)- [Finding the UEI](#).

**a. Unique Entity Identifier (UEI):**

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

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

**b. System for Award Management (SAM):**

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

**c. [Grants.gov](#):**

The first step in submitting an application online is registering your organization at [www.grants.gov](#), the official HHS E-grant Web site. Registration information is located at the "Applicant Registration" option at [www.grants.gov](#).

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

Step	System	Requirements	Duration	Follow Up
1	System for Award Management (SAM)	1. Go to <a href="#">SAM.gov</a> and designate an E-Biz POC (You will need to have an active SAM account before you can register on grants.gov). The UEI is generated as part of your registration.	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact <a href="https://fsd.gov/fsd-home.do">https://fsd.gov/fsd-home.do</a> Calls: 866-606-8220
2	Grants.gov	1. Set up an individual account in Grants.gov using organization's	It takes one day (after you enter the EBiz POC name	Register early!

		new UEI number to become an Authorized Organization Representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	and EBiz POC email in (SAM) to receive a UEI (SAM) which will allow you to register with Grants.gov and apply for federal funding.	Applicants can register within minutes.
--	--	---	--	---

## 2. Request Application Package

Applicants may access the application package at [www.grants.gov](http://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](http://www.grants.gov).

## 4. Submission Dates and Times

If the application is not submitted by the deadline published in the NOFO, it will not be processed. Office of Grants Services (OGS) personnel will notify the applicant that their application did not meet the deadline. The applicant must receive pre-approval to submit a paper application (see Other Submission Requirements section for additional details). If the applicant is authorized to submit a paper application, it must be received by the deadline provided by OGS.

### a. Letter of Intent Deadline (must be emailed)

### b. Application Deadline

Number Of Days from Publication 60

03/28/2023

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

### Due Date for Information Conference Call

Topic: SPAN2312 Informational Conference Call

Time: Feb 15, 2023, 03:00 PM Eastern Time (US and Canada)

Join ZoomGov Meeting

<https://cdc.zoomgov.com/j/1617556183?pwd=U2gyTjdjaTkyRE5MNG9jTDVTYnFhdz09>

Meeting ID: 161 755 6183

Passcode: 0Gtt\*e#?



One tap mobile

+16692545252,,1617556183#,,, \*25920053# US (San Jose)

+16468287666,,1617556183#,,, \*25920053# US (New York)

Dial by your location

+1 669 254 5252 US (San Jose)

+1 646 828 7666 US (New York)

+1 669 216 1590 US (San Jose)

+1 551 285 1373 US

Meeting ID: 161 755 6183

Passcode: 25920053

## 5. Pre-Award Assessments

### **Risk Assessment Questionnaire Requirement**

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

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

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

### **Duplication of Efforts**

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

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

## **6. Content and Form of Application Submission**

Applicants are required to include all of the following documents with their application package at [www.grants.gov](http://www.grants.gov).

## **7. Letter of Intent**

LOI is not requested or required as part of the application for this NOFO.

## **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](http://www.grants.gov).

## **9. Project Abstract Summary**

A project abstract is included on the mandatory documents list and must be submitted at [www.grants.gov](http://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](http://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](http://www.grants.gov). The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire period of performance as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

#### **a. Background**

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

#### **b. Approach**

##### **i. Purpose**

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

##### **ii. Outcomes**

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

##### **iii. Strategies and Activities**

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

#### **1. Collaborations**

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

## **2. Target Populations and Health Disparities**

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

### **c. Applicant Evaluation and Performance Measurement Plan**

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

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

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

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

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

### **d. Organizational Capacity of Applicants to Implement the Approach**

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

## **11. Work Plan**

(Included in the Project Narrative's page limit)

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

Applicants must name these files "Work Plan\_PartnerName\_SPAN\_name of applicant" and upload them as PDF files on [www.grants.gov](http://www.grants.gov).

## **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 Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

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

Applicants must name this file "Budget Narrative" and upload it as a PDF file at [www.grants.gov](http://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](http://www.grants.gov).

- Given recipients are expected to work with partners at both the state and local levels, CDC recommends that applicants budget at least 25% of the proposed total annual budget to effectively support the local public health government entities or organization(s) that will plan, implement, and evaluate local level work.
- CDC recommends using the minimum benchmark [https://www.cdc.gov/tobacco/stateandcommunity/best\\_practices/pdfs/2014/comprehensive.pdf](https://www.cdc.gov/tobacco/stateandcommunity/best_practices/pdfs/2014/comprehensive.pdf) of 10% of the annual award to support evaluation activities.
- A required recipient implementation and evaluation training meeting will be scheduled in the first budget year. Applicants should budget for this required travel for up to five days with at least five staff in Atlanta, GA (tentative site).

### 13. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the

subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 45 CFR 75 which include, but are not limited to, the following:

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

#### **14. Pilot Program for Enhancement of Employee Whistleblower Protections**

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

#### **15. Copyright Interests Provisions**

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

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the



CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

## **16. Funding Restrictions**

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

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
  - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
  - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See [Additional Requirement \(AR\) 12](#) for detailed guidance on this prohibition and [additional guidance on lobbying for CDC recipients](#).
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

Recipients may not use funds for construction. It is expected that recipients will leverage the resources of their partners to complete the work of the NOFO, particularly those strategies that may by necessity include both allowable (e.g., planning and design such as pop-ups and demonstration projects) costs and unallowable (e.g., construction of sidewalks, construction of running trails, purchase of fruits and vegetables for produce prescription programs and fruit and vegetable incentive programs) costs.

## **17. Data Management Plan**

As identified in the Evaluation and Performance Measurement section, applications involving data collection or generation must include a Data Management Plan (DMP) as part of their



evaluation and performance measurement plan unless CDC has stated that CDC will take on the responsibility of creating the DMP. The DMP describes plans for assurance of the quality of the public health data through the data's lifecycle and plans to deposit the data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information:

<https://www.cdc.gov/grants/additional-requirements/ar-25.html>.

## 18. Other Submission Requirements

### a. Electronic Submission:

Applications must be submitted electronically by using the forms and instructions posted for this notice of funding opportunity at [www.grants.gov](http://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](http://www.grants.gov) under the "Workspace Overview" option.

**b. Tracking Number:** Applications submitted through [www.grants.gov](http://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](http://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](http://www.grants.gov). A second e-mail message to applicants will then be generated by [www.grants.gov](http://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](http://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](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](http://www.grants.gov), applicants should contact Customer Service at [www.grants.gov](http://www.grants.gov). The [www.grants.gov](http://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](mailto: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](http://www.grants.gov) is managed by HHS.

**e. Paper Submission:** If technical difficulties are encountered at [www.grants.gov](http://www.grants.gov), applicants should call the [www.grants.gov](http://www.grants.gov) Contact Center at 1-800-518-4726 or e-mail them at [support@grants.gov](mailto: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](http://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](http://www.grants.gov) Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO listed below at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered.

If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application via email.

## **E. Review and Selection Process**

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

#### **a. Phase 1 Review**

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

#### **b. Phase II Review**

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

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

Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements

#### **i. Approach**

**Maximum Points: 35**

**Narrative (10):** The extent to which the applicant describes:

- The magnitude of the public health need within the state and/or geographic area proposed for their work. (2 points)

- An overall strategy and activities consistent with the CDC project description and logic model. (3 points)
- The use of state level data (e.g., needs assessment, environmental scan, surveillance, evaluation, health disparities data) to define the problem, select geographical areas and jurisdictions or populations of interest, and specific populations disproportionately at risk including burden of obesity as measured by the BRFSS 2021 adult obesity prevalence  $\geq$  35%. (5 points)

**Work plan (25)** – The applicant must propose activities on all four strategies. The described approach must include the proposed strategy-specific activity plus:

- Detail on how the strategies and activities that align with the NOFO logic model will achieve the intended program outcomes including how the activities will likely lead to the achievement of performance outcomes within the period of performance including engagement with local level partners or local public health government entities. (5 points)
- A complete plan and timeline for the first budget period that describes each strategy and activities; staff, partners, contractors and administrative staff roles and functions to support implementation of the award and intended outcomes; identifies measures for relevant outcomes that align with the performance measures and milestones for accomplishing key tasks for each outcome. Describe the first year outcomes and performance measures that are consistent with CDC guidance in the NOFO. (10 points)
- An overview of the plan for the entire period of performance that will achieve the desired program outcomes, by the end of the five-year period of performance. (5 points)
- Communication objectives and activities to collect, develop, and disseminate program messages and successes for all proposed strategies, identifying intended audiences, and activity leads. (5 points)

## **ii. Evaluation and Performance Measurement**

**Maximum Points: 25**

The extent to which the applicant describes:

- An evaluation plan consistent with their work plan and the CDC evaluation performance strategy that will demonstrate recipient performance outcomes, including health equity approaches, successes, and needed improvements. (10 points)
- The ability to collect data on the performance measures specified by CDC and presented by the applicant in their approach that demonstrate impact, program improvement and sustainability. (5 points)
- Clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting project activities. (5 points)
- How performance measurement and evaluation findings will be reported, shared, and used to demonstrate the outcomes of the NOFO and for continuous quality improvement. (5 points)

## **iii. Applicant's Organizational Capacity to Implement the Approach**

**Maximum Points: 40**

**Project Management Structure and Staffing (15):** The extent to which the applicant:

- Provides evidence of both an established 1 FTE nutrition coordinator and 1 FTE physical activity coordinator to implement statewide public health interventions are part of the project team by including resumes indicating their employment or documentation that the positions are held by the institution. (5 points)
- Clearly defined project management (at a minimum a principal investigator and program manager) structure, staff roles and responsibilities, and an organizational chart for staff members including contract support, if applicable, with adequate public health nutrition and physical activity leadership/management expertise to plan and supervise the work including training and technical assistance to implement strategies and interventions using evidence-based approaches. (5 points)
- Demonstrates organizational infrastructure and staffing to carry out the administrative/financial (at a minimum a fiscal manager), contract management for required procurement including ability to write, award and monitor contracts, data and information management/evaluation of impact, program improvement and sustainability as well as evaluation of programmatic quality, consistency and fidelity, performance monitoring, and communication activities required for the NOFO. (5 points)

**Institutional Partnership and Collaboration (maximum 5)**

- Documentation of demonstrated state level institutional partnership and collaboration in the development and implementation of the State Chronic Disease Prevention Plan, or State Improvement Plan which includes nutrition and physical activity, or other relevant plan oversight. (5 points)

**Implementation Readiness (20):** The extent to which the applicant describes:

- The ability to quickly implement proposed required and optional strategies with evidence of recent, successful implementation of nutrition and physical activity efforts including addressing health equities and disparities at the state and local government levels including partnership development and coordination to leverage resources and maximize reach. (10 points)
- How available and established capacities (e.g., program infrastructure, technical expertise, coalitions, and partnerships), build upon prior work directly related to each strategy and will quickly mobilize and organize to implement the proposed activities with minimal start up time. (5 points)
- Evidence of involvement of key partners, including letters of support from partners that document specific contributions of the partner, including but not limited to, a description of the precise nature of past and proposed collaborations, products, services, and other resources that will be provided by the partner through the proposed collaboration. (5 points)

**Budget**

**Maximum Points: 0**

Evaluate the extent to which the proposed budget is reasonable and consistent with the stated objectives and planned program activities. Although not scored, applicants must ensure their proposed budget aligns with their proposed work plan and NOFO objectives.

### **c. Phase III Review**

Objective review panels will evaluate complete, eligible applications in accordance with the "Phase II Review" criteria section of the NOFO to determine order of score and rank. CDC reserves the right to select out of rank order. The following factors may affect the order of the funding decisions:

- To ensure maximum U.S. coverage, no more than one application per state will be funded. If multiple applicants from the same state apply under this NOFO, only the highest scoring applicant from that state will be selected for funding.
- Disease burden, as measured by the BRFSS 2021 adult obesity prevalence  $\geq 35\%$ , is one criterion that may affect funding decisions. Applications may be funded out of rank order to ensure reaching populations who are experiencing the greatest burden of obesity.

#### **Review of risk posed by applicants.**

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

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

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

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

- (1) Financial stability;
- (2) Quality of management systems and ability to meet the management standards prescribed in this part;
- (3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting

requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;

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

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

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

## **2. Announcement and Anticipated Award Dates**

Successful applicants will receive an electronic copy of the Notice of Award (NOA) from the CDC Office of Grants Services (OGS) by August 30, 2023.

## **F. Award Administration Information**

### **1. Award Notices**

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

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

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

### **2. Administrative and National Policy Requirements**

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

Brief descriptions of relevant provisions are available at <https://www.cdc.gov/grants/additional-requirements/index.html>.

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

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 <https://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
  - AR-10: Smoke-Free Workplace
  - AR-11: Healthy People 2020
  - AR-12: Lobbying Restrictions
  - AR-14: Accounting System Requirements
  - AR-16: Security Clearance Requirement
  - AR-21: Small, Minority, And Women-owned Business
  - AR-23 Faith-based organizations
  - AR-24: Health Insurance Portability and Accountability Act Requirements
  - 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 - Enacted General Provisions
  - AR-34: Language Access for Persons with Limited English Proficiency
  - AR-37: Prohibition on certain telecommunications and video surveillance services or equipment for all awards issued on or after August 13, 2020

For more information on the CFR visit <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>

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

- For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html> and <https://www.lep.gov>.

- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.
- HHS funded health and education programs must be administered in an environment free of sexual harassment, see <https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html>.
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>.

### 3. Reporting

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

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

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

Report	When?	Required?
Recipient Evaluation and Performance Measurement Plan	6 months into award.,	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes



Annual Evaluation Report and Data on Performance Measures	Due annually on August 31st.	Yes
Federal Financial Reporting Forms	90 days after end of calendar quarter in which budget period ends.	Yes
Final Performance and Financial Report	90 days after end of period of performance.	Yes
Success Stories	Due on August 31 in Year 3 and Year 5.	Yes

**a. Recipient Evaluation and Performance Measurement Plan (required)**

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

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

**Performance Measurement**

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

**Evaluation**

- The types of evaluations to be conducted (e.g. process or outcome evaluations).
- The frequency that evaluations will be conducted.
- How evaluation reports will be published on a publicly available website.
- How evaluation findings will be used to ensure continuous quality and program improvement.
- How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on

improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).

- Dissemination channels and audiences.

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

#### **b. Annual Performance Report (APR) (required)**

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

This report must include the following:

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

- SF-424A Budget Information-Non-Construction Programs.
- Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
- Indirect Cost Rate Agreement.

The recipients must submit the Annual Performance Report via [www.Grantsolutions.gov](http://www.Grantsolutions.gov) no later than 120 days prior to the end of the budget period.

**c. Performance Measure Reporting (optional)**

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

**d. Federal Financial Reporting (FFR) (required)**

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

**e. Final Performance and Financial Report (required)**

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

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

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

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, <http://www.USASpending.gov>.

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

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

- <https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf>,
- [https://www.frs.gov/documents/ffata\\_legislation\\_110\\_252.pdf](https://www.frs.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](mailto:VATreporting@cdc.gov).

5) Contents of Reports: The reports must contain:

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

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

## **6. Termination**

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

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

- (1) By the HHS awarding agency or pass-through entity, if the non-Federal entity fails to comply with the terms and conditions of the award;
- (2) By the HHS awarding agency or pass-through entity for cause;
- (3) By the HHS awarding agency or pass-through entity with the consent of the non-Federal entity, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated; or
- (4) By the non-Federal entity upon sending to the HHS awarding agency or pass-through entity written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if the HHS awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.

## **G. Agency Contacts**

CDC encourages inquiries concerning this notice of funding opportunity.

## Program Office Contact

**For programmatic technical assistance, contact:**

First Name:

Laura

Last Name:

Kettel Khan

Project Officer

Department of Health and Human Services

Centers for Disease Control and Prevention

Address:

National Center for Chronic Disease Prevention and Health Promotion Division of Nutrition,  
Physical Activity, and Obesity

Telephone:

Email:

SPAN2312@cdc.gov

## Grants Staff Contact

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

First Name:

Daniel

Last Name:

Jackson

Grants Management Specialist

Department of Health and Human Services

Office of Grants Services

Address:

Office of Financial Resources (OFR)

Office of the Chief Operating Officer (OCOO)

Telephone:

678.475.4577

Email:

qpz2@CDC.GOV

For assistance with **submission difficulties related to** [www.grants.gov](http://www.grants.gov), contact the Contact Center by phone at 1-800-518-4726.

Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

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

## H. Other Information

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

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

Resumes / CVs

Position descriptions

Letters of Support

Organization Charts

Non-profit organization IRS status forms, if applicable

Indirect Cost Rate, if applicable

Memorandum of Agreement (MOA)

Memorandum of Understanding (MOU)

Bona Fide Agent status documentation, if applicable

Additional Optional Attachments:

- CDC Assurances and Certifications
- Project Work Plan
- Staffing Plan
- State Chronic Disease Plan/State Improvement Plan/Other

## I. Glossary

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

### **Administrative and National Policy Requirements, Additional Requirements**

**(ARs):** Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed

in the NOFO. To view brief descriptions of relevant provisions, see <https://www.cdc.gov/grants/additional-requirements/index.html>. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

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

**Assistance Listings:** A government-wide collection of federal programs, projects, services, and activities that provide assistance or benefits to the American public.

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

**Award:** Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.

**Budget Period or Budget Year:** The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.

**Carryover:** Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.

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

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

**Contracts:** An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.

**Cooperative Agreement:** A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.

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

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



STLT health agencies allow for the use of DA. <https://www.cdc.gov/grants/additional-requirements/index.html>.

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

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

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

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

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

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

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

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

**Healthy People 2030:** National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.

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

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

**Letter of Intent (LOI):** A preliminary, non-binding indication of an organization's intent to submit an application.

**Lobbying:** Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

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

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

#### **Memorandum of Understanding (MOU) or Memorandum of Agreement**

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

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

public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher education, 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](http://www.grants.gov) to verify identity and pre-fill organizational information on grant applications.

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

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

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

## NOFO-specific Glossary and Acronyms

**Activity-friendly Route:** Pedestrian, bicycle and public transit transportation systems that offer a direct and convenient connection with everyday destinations, offering physical protection from cars, and making it easy to cross the street. These can include crosswalks, protected bicycle lanes, multi-use trails, and pedestrian public transit bridges. Source: [Activity-Friendly Routes to Everyday Destinations | Active People, Healthy Nation | Physical Activity | CDC](#)

**Allowable cost:** A cost that is: (1) reasonable for the performance of the award; (2) allowable in conformance with any limitations or exclusions set forth in the Federal cost principles applicable to the organization incurring the cost or in the [NoA](#) as to the type or amount of cost; consistent with regulations, policies, and procedures of the recipient that are applied uniformly to both federally supported and other activities of the organization; (5) accorded consistent treatment as a direct or indirect cost; (6) determined in accordance with generally accepted accounting principles; and (7) not included as a cost in any other federally supported award (unless specifically authorized by statute).

**Behavioral Design:** The practice that uses cognitive, emotional, behavioral, and informational

strategies to create food environments that support healthier choices. [Behavioral design](#) in food service modifies the way foods and beverages are prepared, placed, presented, promoted, and priced. This includes offering healthier foods and beverages as the default option, which requires customers use extra effort to get less healthy options. In addition, behavioral design optimizes building layout, design, and construction to make the overall dining experience more enjoyable.

**Capacity:** An organization's ability to achieve its mission effectively and to sustain itself over the long term. Capacity also refers to the skills and capabilities of individuals.

**Capacity building:** The process of improving an organization's ability to achieve its mission. It includes increasing skills and knowledge; increasing the ability to plan and implement programs, practices, and policies; increasing the quality, quantity, or cost-effectiveness of programs, practices, and policies; and increasing sustainability of infrastructure or systems that support programs, practices, and policies.

**CDC's Spectrum of Opportunities:** Offers guidance on embedding obesity prevention efforts into state-level ECE systems. It provides nine avenues for states and communities to consider when working to improve nutrition, physical activity, and breastfeeding support in ECE programs of all types. The framework guides states and communities to help ECE programs and providers meet national obesity prevention standards for nutrition, physical activity, and breastfeeding. This term is sometimes shortened to CDC's Spectrum Areas.

**Community-Based Participatory Approach:** A joint effort that involves public health and community representatives in all phases of the program delivery process (i.e., planning, implementation, and evaluation). The joint effort engages community members, employs local knowledge in the understanding of health problems and the design of strategies, and invests community members in the processes and products of research. In addition, the collaborative is invested in the dissemination and use of research findings to improve community health and reduce health disparities <http://www.cdc.gov/prc/program-research/research-projects/community-partnership.htm>

**Community-Clinical Linkages:** Collaborations with partners to increase referral and access to community-based health programs for the priority population(s).

**Community Supported Agriculture** is community of individuals who support a farm operation, with the growers and consumers providing mutual support and sharing the risks and benefits of food production.

**Culturally Preferred Foods** are safe and nutritious foods that meet the diverse tastes and needs of customers based on their cultural identity.

**Complete Streets Policy:** Complete Streets policies support routine context sensitive design and operation of streets and communities that are safe for all pedestrians, regardless of age, ability, or transportation mode. Key features found on Complete Streets include sidewalks, protected bike ways, special bus lanes, comfortable and accessible transit stops, frequent crossing opportunities, median islands, accessible pedestrian signals, and curb extensions. Source: [Complete Streets -](#)

## [Smart Growth America](#)

**Continuity of Care in Breastfeeding Support:** Consistent, collaborative, and seamless delivery of high-quality services for families from the prenatal period until no longer breastfeeding. Continuity of care results in transitions of care that are coordinated and fully supportive of families throughout their breastfeeding journey.

**Early Care and Education (ECE) programs:** ECE programs include many types of child care, such as child care centers, family child care homes (also known as in-home child care), preschool and prekindergarten programs, and Head Start and Early Head Start.

**Everyday destinations:** Places people can get to from where they live or work by walking, bicycling, or using public transit. Some examples include grocery stores, schools, libraries, parks, restaurants, cultural and natural landmarks, or healthcare facilities. They are often desirable, useful, and attractive. Source: [Activity-Friendly Routes to Everyday Destinations | Active People, Healthy Nation | Physical Activity | CDC](#)

**Farm to Early Care and Education (Farm to ECE):** A set of strategies and activities that offers young children in ECE programs increased exposure and access to local produce, opportunities to learn about nutrition and agriculture, and hands-on learning through gardening.

**Food service guidelines** are specific standards for healthier food and beverages and food service operations. They can include standards for food and nutrition; facility efficiency; environmental support; community development; food safety; and behavioral design. Food service guidelines are used in venues such as cafeterias, cafés, grills, snack bars, concession stands, micro markets, and vending machines. The venues can be in worksites (such as hospitals; colleges and universities; private workplaces; and state, local, or tribal government facilities) and community settings (such as parks, recreational centers, and stadiums). They can also be used at organizational meeting places and events, or as a part of programs. Food service guidelines **do not apply** to food served to children in childcare or school settings that are governed by federal laws and regulation, including the National School Lunch Program, the School Breakfast Program, the Child and Adult Care Food Program, and the Summer Food Service Program.

**Food Service Guidelines for Federal Facilities:** Developed to improve food service at federal facilities but can be used as a model in public and private settings within your state or community. It is one of the most comprehensive sets of food service guidelines available. It contains standards for food and nutrition, facility efficiency, environmental support, community development, food safety, and behavioral design. The food and nutrition standards align with the [2020-2025 Dietary Guidelines for Americans](#). Because of these features, the [Food Service Guidelines for Federal Facilities](#) is recommended for use in food service venues in various settings in your state or community.

**Fruit and vegetable voucher incentive program:** Program increases the purchase of fruits and vegetables by providing cash incentives as vouchers at the point of purchase among priority populations. Incentives can be redeemed at farmers markets, grocery stores, mobile markets, or through community supported agriculture (CSA) shares.



**Health systems:** The health systems referenced in the NOFO are health care delivery organizations and may include health maintenance organizations (HMOs), Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs) and other clinical groups operating within the state.

**Healthy food procurement:** The act of purchasing foods and beverages that align with food service guidelines/nutrition standards through statewide procurement or acquisition mechanisms, such as bulk food contracts. Healthier food procurement policies and practices maximize the collective purchasing power of state, local, and community-based institutions to increase the supply of and access to healthier foods in large food service operations or distribution programs.

**Incentives for active transportation projects:** administrative procedures that prioritize investments in activity-friendly routes (i.e., pedestrian, bicycle, or transit transportation networks) as part of [Statewide Transportation Improvement Programs](#) at the state level, or the [Transportation Improvement Program](#), at the metropolitan regional level. These programs are short-term plans that include those projects that have been selected as priorities for Federal transportation investments. They flow from projects included in the long-term transportation plan (see master plans), which is a longer term regional and statewide transportation planning process spanning decades. Source: <https://t4america.org/wp-content/uploads/2016/09/Nashville-Case-Study.pdf>

**Land use or Environmental design:** Land use refers to how the land can be used and what can be built on it. Land use policy goals include mixed land use (such as neighborhoods that combine restaurants, offices, housing, or shops), increased residential density (such as sustainable, compact development with housing options that include smaller and multi-family homes), community destinations that are accessible and close to each other, and access to public parks or public recreational facilities. Source: Adapted from Task Force Finding and Rationale Statement (reformatted to definition from table w/ examples): <https://www.thecommunityguide.org/sites/default/files/assets/PA-Built-Environments.pdf>

**Master Plans:** An official document adopted by a local or regional government that serves as a guide for making land-use changes, preparing capital improvement programs (like active transportation, parks, trails, and greenways), and determining the rate, timing, and location of future growth. Source: [Making Healthy Places Glossary \(planning-org-uploaded-media.s3.amazonaws.com\)](#)

**National Caring for our Children Standards:** Standards that can be used to improve nutrition, physical activity, breastfeeding and screentime in Early Child Education (ECE) programs include 47 high-impact obesity prevention standards. States can include these best practice standards in different aspects of ECE work to promote the development of healthy habits in young children.

**Produce prescription program:** A medical or preventive treatment program that provides healthcare providers with coupons that they can prescribe to patients experiencing or at risk of chronic disease or food insecurity to obtain fruits and vegetables at farmers market, grocery stores, or onsite or community-based food pantries or retail sites. Programs can also offer

nutrition education opportunities.

**Safe routes:** Safe Routes is a comprehensive approach to improve safety and security for everyone walking, bicycling, and wheelchair rolling. Safe Routes approaches such as Safe Routes to School and Safe Routes to Parks include infrastructure improvements and better traffic laws, safety education, and incentives to encourage walking and bicycling to community destinations.

**Systems level change in ECE:** Change that occurs when activities are focused on embedding the 47 national standards contained in Caring for our Children into the state's ECE system, as outlined in the Spectrum of Opportunities. Changes to a state's ECE system has the greatest potential for statewide impact.

**Transit systems:** These systems help ensure that people can reach everyday destinations, such as jobs, parks, schools, grocery stores and healthcare facilities, safely and reliably. Transit services play an important role for people who are unable to drive, including those without access to personal vehicles, children, individuals with disabilities, and older adults. Transit systems include a variety of transit options such as buses, light rail, and subways. These systems are available to the public, may require a fare, and run at scheduled times. Source: Adapted from [HI-5](#) website.

**Unallowable cost:** A cost specified by law or regulation, Federal cost principles, or term and condition of award that may not be reimbursed under a grant or cooperative agreement.

**Vision Zero:** Vision Zero sets clear goals to achieve a shared goal of zero fatalities and severe injuries for people walking and biking (as well as other road users). Vision Zero is a multidisciplinary approach that brings together diverse coalitions to address this complex problem. It calls on meaningful, cross-disciplinary collaboration among local traffic planners and engineers, policymakers, and public health professionals and others to ensure safe mobility. Vision Zero recognizes that the road system should be designed to ensure that people walking, and biking (and other road users) are not severely injured or killed when they or other road users make a mistake. This means that system designers and policymakers are expected to improve the roadway environment, policies (such as speed management), and other related systems to lessen the severity of crashes. Source: <https://visionzeronetwork.org/about/what-is-vision-zero/>