

Application Community Approaches to Chronic Disease Prevention and Control

Public reporting of this collection of information is estimated to average 40 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0820)

A Project Abstract must be submitted with the application forms. All electronic project abstracts must be uploaded in a PDF file format when submitting via Grants.gov. The abstract must be submitted in the following format, if submitting a paper application:

- Maximum of 2-3 paragraphs.
- Font size: 12 point unreduced, Times New Roman
- Single spaced
- Paper size: 8.5 by 11 inches
- Page margin size: One inch

The Project Abstract must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader. This Abstract must not include any proprietary/confidential information.

A project narrative must be submitted with the application forms. All electronic narratives must be uploaded in a PDF file format when submitting via Grants.gov. The narrative must be submitted in the following format:

- Maximum number of pages: 30. If your narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed.
- Font size: 12 point unreduced, Times New Roman
- Double spaced
- Paper size: 8.5 by 11 inches
- Page margin size: One inch
- Number all narrative pages; not to exceed the maximum number of pages.

The narrative should address activities to be conducted over the entire project period for either Category A or Category B and must include the following items in the order listed:

- I. Program Infrastructure and Fiscal Management
 - A. *Identify required staff, qualifications, and responsibilities.*
 - B. *For state-coordinated small city and rural areas, state health departments need to identify staff, qualifications, and responsibilities for the state-community management team. Describe plans for programmatic support to the funded communities.*
 - C. *Describe financial management systems that are in place to fulfill the Recovery Act reporting requirements outlined in section VI.3. Reporting Requirements under “Recovery Act-Specific Reporting Requirements.”*
 - D. *Describe how proposed efforts would be sustained after recovery funds come to a natural end.*

- II. Leadership Team and Coalitions
 - A. *Identify potential members of the Leadership Team, including letters of support that detail their commitment to advancing the broad-based policy changes selected from the menu of evidence-based MAPPS strategies or other proposed interventions (letters of support can be included as part of the Appendices).*
 - B. *Provide a description of the existing community coalition or coalitions, including the types of groups represented (membership lists can be included as part of the Appendices). Describe the past successes of the existing coalition(s) working with community leaders in advancing broad-based policy, systems, and environmental change strategies.*
 - C. *Include a letter of support from the mayor, county executive, tribal leader, or other equivalent government official that demonstrates their commitment to supporting the CPPW Initiative and the reporting requirements as highlighted in this FOA.*
 - D. *Include list of other Federal ARRA collaborations.*

- III. Intervention Area and Populations of Need
 - A. *Describe the jurisdiction of the health department (intervention area) including a thorough description of the exact population size and location of the populations to be served.*
 - B. *Include local data (where available), that provides the population size; substantiates the existing burden and/or disparities of chronic diseases and conditions; substantiates existing health risk behaviors and risk factors related to chronic diseases; and describes assets and barriers to successful program implementation, including an understanding of the policy, systems, and environmental policies in the community. Ensure that these data highlight geographic areas and populations of high need, which may include racial and ethnic minorities, low-income persons, the medically underserved, persons with disabilities, persons affected by mental illness, or persons affected by substance abuse.*

- IV. Selection of Risk Factors and Interventions

- A. *Clearly indicate which risk factors will be addressed: tobacco or obesity/ physical activity/ nutrition. If selecting both, please provide separate descriptions of how each risk factor will be addressed.*
 - B. *Identify intervention strategies across the five evidence-based MAPPS strategies, provide a justification of why these interventions were selected including an assessment of the current needs and assets in the community related to tobacco or obesity/physical activity/nutrition, and indicate plans for sustainability and leveraging resources. Identify how the applicant has addressed priority interventions (tobacco smoke free policies and prices OR removing/limiting availability of unhealthy food and beverages).*
 - C. *If proposing an intervention not included in the prescribed menu of interventions, provide a justification for the choice of the intervention (e.g. identified need or opportunity) and demonstrate that it has the potential for broad reach and impact not achievable with a listed intervention.*
 - D. *Explain how the intervention strategies will impact the entire jurisdiction of the health department and how they have the potential for broad reach and impact. Ensure that the selection of interventions takes into account the gaps and opportunities that exist in the community.*
 - E. *Include a Community Action Plan that describes an overall integrated strategy that identifies the selected interventions; describes key activities; describes milestones and timelines on achieving intervention implementation; identifies anticipated policy outcomes; and includes SMART Objectives (Specific, Measurable, Achievable, Relevant, Time-Framed) for each intervention. (Community Action Plans can be included as part of the Appendices).*
 - F. *Provide examples of how the awardee will interact with the state health department, national experts, foundations and CDC on the implementation of selected interventions.*
- V. *Evaluation to Monitor/Measure Progress*
- A. *Include a description of the overall plan to evaluate the initiative at the community level, including participation in the national evaluation strategy.*
 - B. *Provide letters of support from all public school districts within the intervention area indicating support for implementing the YRBSS survey using standard YRBSS protocol for baseline during the fall semester of the 2010-2011 school year and follow-up at the end of the project period (letters of support can be included as part of the Appendices).*
 - C. *Provide examples of how the awardees will interact with the state health department, national contractors, and CDC on evaluation activities.*
 - D. *For those communities engaged in biometric data collection and who wish to improve their efforts, describe current approach (e.g. target audience including which school-age populations (which ages/grades), method of data collection, frequency of data collection, and evidence of validity and reliability of data collected) as well as plans for upgrading the current approach with these funds.*
- VI. *Community Programmatic Support Needs*
- A. *Include a detailed description of support needed that could be addressed by CDC, national experts, and/or expert communities.*

The budget and budget justification will be included as separate attachments, not to be counted in the narrative page limit.

Additional information may be included in the application appendices. The appendices will not be counted toward the narrative page limit. This additional information includes:

- Curricula Vitae, Resumés, Organizational Charts, Letters of Support, Membership Lists, and Indirect Cost Agreement.
- Community Action Plan that includes the selected evidence-based MAPPS strategies; describes key activities; identifies anticipated policy outcomes; and includes SMART Objectives (Specific, Measurable, Achievable, Relevant, Time-Framed) for each intervention.

Additional information submitted via Grants.gov should be uploaded in a PDF file format, and should be named:

- “807_(state two letter abbreviation)_(document name)”
(e.g., 807_GA_ResuméSmith.pdf; 807_GA_OrgChartDivision.pdf)

No more than 10 appendices should be uploaded per application. Letters of support can be included as one appendix.