

Attachment GGGG:
Funding Opportunity Announcement for Dating
Matters Communities

Dating Matters: Strategies to Promote Healthy Teen Relationships™ Initiative

Division of Violence Prevention
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention

DATING MATTERS FOA

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PART 1. OVERVIEW INFORMATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Federal Agency Name: Federal Centers for Disease Control and Prevention (CDC)

Funding Opportunity Title: Dating Matters: Strategies to Promote Healthy Teen Relationships

Announcement Type: New – Type 1

Agency Funding Opportunity Number: CDC-RFA-CE11-1103

Catalog of Federal Domestic Assistance Number: 93.136

Key Dates:

Letter of Intent Deadline Date: March 21, 2011

Application Deadline Date: May 5, 2011, 5:00 pm EST

Additional Overview Content: Technical assistance will be available for potential applicants on one conference call. This call will be for eligible applicants (see Eligibility Section) from 1:00 pm EST on Monday, March 14, 2011. The conference can be accessed by calling toll-free: 1-877-874-1257. The leader for this call is Margaret Brome and the participant code is 7928266. The participant code and leader's name is required to join the call. The purpose of the conference call is to help potential applicants to: Understand the scope and intent of the Program Announcement for the Dating Matters Initiative; and to become familiar with the Public Health Service's funding policies, application and review procedures. Participation in the conference call is not mandatory. Potential applicants are requested to call in using only one telephone line. If during the call you need technical assistance, press *0 to speak to an operator. Please note restrictions may exist when accessing free phone/toll free numbers using a mobile telephone. A Frequently Asked Questions document will be made available following the call. Because this is a competitive process, applicants should follow the requirements for this program as they are laid out in the funding announcement and any related amendments. Applicants who want to submit questions prior to the call, or should applicants find they have additional questions or need clarification after this call, please see the Agency Contact listed at the end of this funding opportunity announcement. Response from the inquiries received and conference call will be posted on <http://www.grants.gov> within five days of the call.

Executive Summary: The Dating Matters Initiative will build on core principles of sustainability, evidence-based practice, and population-based methods to develop, implement, and evaluate a comprehensive approach to promote respectful, nonviolent dating relationships in high-risk urban communities. A comprehensive approach to promoting

healthy relationships and preventing TDV includes multiple strategies intended to influence teens, parents/caregivers, schools and communities. In addition, sustainable prevention strategies require the existence of an infrastructure that will continue to support implementation over time. To date, it is unclear how effective, feasible, and sustainable such comprehensive approaches for TDV prevention are in high-risk urban communities, but local, city or county, public health departments in collaboration with CDC are uniquely primed and positioned to address these gaps. Local, city or county, public health departments have direct contact with large numbers of people and well-established intervention channels, including direct services to high-risk urban communities and, often, a daily presence in schools (Georgeson et al., 2005). The health care and school systems are two of the most effective channels for prevention. Local, city or county, public health departments also have experience working with local media, local government, and community organizations—all key partners in preventing TDV. Local, city or county, public health departments have a sustainable infrastructure that could be used to address TDV. Thus, this initiative will build the capacity of urban, local, city or county, public health departments to address this problem in their jurisdictions through the implementation of a standard and a comprehensive approach to TDV prevention (see Appendix B for references).

Measurable outcomes of the program will be in alignment with the following performance goal(s) for the National Center for Injury Prevention and Control (NCIPC):

1. Increase the capacity of injury prevention and control programs to address the prevention of injuries and violence.

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be reviewed. For the definition of research, please see the CDC Web site at the following Internet address: <http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf>

PART 2. FULL TEXT

I. FUNDING OPPORTUNITY DESCRIPTION

Statutory Authority

Demonstration projects – for preventing interpersonal violence within families & among acquaintances: Public and nonprofit private entities, Sections 317(k)(2) and 393(a)(6) of the Public Health Service Act (42 U.S.C. Sections 247b(k)(2) and 280b-1a(a)(6)), as amended.

Background

Teen dating violence (TDV, see glossary in Appendix A for definition) is a significant public health problem. In recent years, there has been increasing activity around the prevention of TDV, particularly in school systems and among sexual violence and domestic violence coalitions. As a result, many states and communities are undertaking efforts to address TDV. However, these activities vary greatly in comprehensiveness and specificity, and public health may be able to play a key role to assure the quality and effectiveness of policy and program implementation. Although most TDV prevention programs implement school-based curricula, social ecological and public health models of prevention suggest a comprehensive approach is needed to achieve population level impact (Dodge, 2009). In addition, although evidence suggests TDV is a significant problem in economically disadvantaged urban communities, where oftentimes due to environmental factors an accumulation of risk factors for violence exists, to date, there have been few attempts to adapt the developing evidence base for prevention of dating violence to address these communities. CDC has the potential to address these gaps through the Dating Matters Initiative, which will support community implementation of two models of TDV prevention: standard practice and a comprehensive approach to TDV adapted for use in high-risk urban communities (high-risk refers to communities with high rates of crime and economic disadvantage; see Appendix A for additional details).

Purpose

The purpose of the program, *Dating Matters: Strategies to Promote Healthy Teen Relationships*, is to build local public health capacity to establish a comprehensive community-wide Teen Dating Violence Prevention Initiative that focuses on 11-14 year olds to promote respectful, nonviolent dating relationships among youth in high-risk urban communities. Demonstration sites will build capacity to implement two models of TDV prevention (standard and comprehensive) to see how effective, feasible, and sustainable these approaches will be in high-risk urban communities. The two models are outlined in Appendix C and are described in detail below.

The local, city or county, public health department grantee will identify 10-12 schools (see special eligibility criteria for details) that will participate in the Dating Matters Initiative. Soon after award, schools in consultation with CDC will develop a plan and rationale for randomly selecting which 5-6 schools will receive standard practice and which 5-6 schools will receive the comprehensive approach in order to achieve optimum balance among schools (see below for additional details).

For the 5-6 schools implementing standard practice, CDC will provide the local, city or county, public health departments with copies of [Safe Dates](#), which will be implemented in 8th grade.

- For the 5-6 schools and their neighborhoods implementing the comprehensive approach CDC will provide the local, city or county, public health department with:
 - copies CDC-developed student curricula that will be implemented in 6th and 7th grade
 - [Safe Dates](#) which will be implemented in 8th grade
 - CDC-adapted [Parents Matter!](#) (adapted for use with TDV) that will be implemented with parents/caregivers of students in 6th-7th grade
 - [Families for Safe Dates](#) that will be implemented with parents/caregivers of students in 8th grade
 - Adaptation packages for these programs
 - Communications materials (e.g., mobile phone applications)
 - Training and Technical Assistance (T&TA) for the adaptation and implementation of the programs and for the development or enhancement of local (e.g., school, neighborhood) policy for TDV prevention

Because it is unclear whether or not a comprehensive approach to TDV exceeds the impact of standard practice, communities will be expected to participate in a CDC-directed cross-site evaluation of these two approaches. Due to the lack of community-level indicators of TDV in many communities, an additional aim of the FOA is to develop a set of indicators and a sustainable tracking system so that the progress of the Initiative at the population level can be monitored.

Eligibility criteria and special eligibility criteria for applicants are outlined in detail below. **Please note** that middle/junior high schools vary in their composition across the US, and as such, schools with either 6-8th grade or 7-9th grade may be eligible. Please see special eligibility criteria for more information.

The project period will cover 5 years. Project will include one year for planning and adaptation, and the remaining time will be dedicated to implementation and evaluation.

This program addresses the “Healthy People 2020” focus area(s) of:

- Health Communication;
- Injury and Violence Prevention; and
- Maternal, Infant, and Child Health

Program Implementation

Recipient Activities

A. PLANNING PERIOD (YEAR 1)

During Year 1 of the project period, grantees will engage in planning, capacity-building, curricula adaptation and piloting. Activities include the following:

- **Prepare for Initial Assessments, Planning, Adaptation, Implementation and Evaluation**
 - Establish an advisory group of school, community and local youth representatives to create new or strengthen existing linkages between the local, city or county, public health department and relevant stakeholders (e.g. prevention programs that serve youth and families and junior high/middle schools).
 - Establish key partnerships for implementation and evaluation of the initiative starting in Year 2. Grantees will be expected to collaborate with the CDC and its designees, as well as school and community partners to ensure coordination of implementation, technical assistance and evaluation activities throughout the project period.
 - Establish a specific work plan and timeline with each of the schools/neighborhoods involved, indicating activities for the implementation years. The responsibilities of the school, the local, city or county, public health department, and other implementation partners for accomplishing these activities

- should be delineated.
 - Propose goals, objectives, and a logic model related to the implementation of the comprehensive TDV prevention approach. Planning documents should identify key steps to address readiness and capacity-building gaps essential to successful implementation of the initiative during years 2-5, in addition to planning for what will be needed to sustain the initiative over time.
 - Within 30 days of award, submit plan and rationale to CDC for randomly selecting which 5-6 schools will receive standard practice and which 5-6 schools will receive the comprehensive approach. Grantees may use a variety of methods, such as randomization or random assignment of matched pairs, in determining which schools receive which approach, but should consider geographic distribution of schools, and balancing schools on risk and readiness. CDC can provide as much assistance in this process as is desired by the grantee.
 - Award incentives to students, parents, teachers, schools, and any other key participants for participating in the initiative.
- **Conduct Capacity and Readiness Assessments**
 - Assess readiness and capacity to implement the Dating Matters Initiative using tools provided by CDC
- **Identify Policy Gaps**
 - Assess existing policies related to TDV prevention in the community and determine how to best fill local (e.g., neighborhood, school) policy gaps and enhance relevant existing policies as part of the initiative using tools provided by CDC.
- **Hire Key Staff and Identify Other Program Implementers**
 - Identify existing staff and hire additional staff as needed to successfully implement the initiative. Applicant must demonstrate they have the ability to hire all key staff within 75 Days of the award.
 - Identify individuals who will be responsible for training implementers and individuals responsible for implementing curricula and other components, as needed.
 - Create organizational structure for the local, city or county, health department staff and others responsible for implementing initiative to work together on program implementation (e.g., implementation team).
- **Adapt and Pilot Student Curricula and Parent/Family programs for Schools Receiving Comprehensive TDV Prevention Approach**
 - Adapt curricula (see Appendix C) for students and parents/families in schools/neighborhoods receiving comprehensive TDV prevention, using “adaptation packages” provided by the CDC. Once curricula have been adapted, grantees will train curricula implementers.
 - Pilot adapted curricula with students and parents/caregivers and implement evaluation procedures for adaptation process to identify areas for continuous quality improvement (i.e., assess internal organizational processes) prior to full implementation of the curricula in Year 2. CDC will provide the grantee with an adaptation package that contains instruction and information on adapting the curricula, piloting the adaptation, and evaluating the adaptation process.
- **Plan Communications Effort for Schools/Neighborhoods Receiving Comprehensive TDV Prevention Approach**
 - Work with CDC and its designee to plan the communications effort for the neighborhoods receiving the comprehensive approach. The communications effort will include three major components: youth brand ambassadors (see Appendix A for definition), social media networking, and a mobile phone application. During the planning period, the grantee will work to create partnerships with local businesses, community-based organizations, or other entities to implement the communications effort. The grantee will also be responsible for setting up the infrastructure for the youth brand ambassadors with assistance from CDC and/or its designee.
- **Finalize inventory of data sources for potential TDV indicators**
 - Ensure that pre-existing sources of data that might be useful in measuring TDV and related indicators within their community have been identified. While applicants are expected to have explored a variety of options and included potential data sources in their application (see application section below), this period will be used to finalize these data sources, secure access and ready them to collect the desired data as appropriate. CDC will assist the grantees in this process, as needed.
- **Work with CDC or its designee to prepare for cross site evaluation activities**
 - Grantee will designate an individual at the local, city or county, public health department who will be the point of contact for CDC or its designee for the cross-site evaluation. This individual at the local,

city or county, health department will work closely with CDC or its designee to plan for data collection activities; for example, working with middle/junior high schools and high schools (for follow-up student data) to plan for student surveys, staff/teacher surveys, and other potential outcome data collections, and planning for and assisting with other data collections such as with parents and key informants. **Please note** the grantee will not be responsible for designing or conducting the evaluation, but will be responsible for facilitating and collaborating on the CDC-directed cross-site evaluation.

B. IMPLEMENTATION PERIOD (YEARS 2-5)

In Year 2-5 grantees are expected to carry out the implementation activities of the Initiative (standard practice in 5-6 schools, comprehensive approach in 5-6 schools and their neighborhoods; see Appendix C) in addition to participating in and facilitating the cross-site evaluation and identifying and analyzing TDV indicators.

- **Implementation of [Safe Dates](#) Curriculum** in 5-6 middle/junior high schools receiving **standard practice**. [Safe Dates](#) consists of 10, 45-minute sessions and is administered by teachers during the school day.
- **Implementation of adapted student curricula** in 5-6 middle/junior high schools participating in the **comprehensive** approach. Curricula are teacher-administered during the school day. Curricula length will range from 4-10, 45-minute sessions, depending on grade.
- **Implementation of Parent/Family Curricula** with parents/caregivers of youth participating in the schools offering a **comprehensive approach**. Implementation should include plans for recruiting parents/caregivers. Curricula length will range from 4-7 sessions. Session length ranges from a phone call to 2.5 hours.
- **Utilize CDC's TDV prevention training, [Dating Matters](#)** on line educator training, for all educators and staff in the 5-6 schools involved in the implementation of the **comprehensive approach**. [Dating Matters](#) on line educator training is a free, 60-minute web-based training.
- **Implement Communications Initiative in Neighborhoods Implementing the Comprehensive Approach**
 - Oversee efforts to adapt communication strategies to the neighborhood environment. Neighborhood refers to the geographic catchment area of the schools implementing the comprehensive approach.
 - Coordinate a neighborhood-based youth brand ambassador program to support the communication effort.
 - Coordinate with local business, community-based organizations, and partners to enhance the reach of the communications initiative
 - Manage communication strategies which may include: Social media network page, mobile phone application, local media relations, and other multi-media strategies, if appropriate
 - Monitor implementation and track progress
- **Policy Development and Implementation in Schools and Neighborhoods Implementing the Comprehensive Approach:**
 - Work with CDC and/or designee to address policy gaps and needs, promote and support the development and enhancement of local (e.g., school, neighborhood) policy strategies that addresses teen dating violence prevention in schools/neighborhoods implementing the **comprehensive** approach. Track aspects of the policy development, implementation, and if appropriate, effectiveness.
- **Build Capacity of Public Health System to Support TDV Prevention Programs**
 - Continue to utilize tool developed by CDC to assess the capacity and readiness to successfully implement TDV prevention programs. The grantee may identify a subset of capacity and readiness items from the completed assessment tools that may be most appropriate to implement in Years 2 and 3. In Year 4, grantees are expected to implement the more comprehensive assessment tool used in Year 1. Year 4 assessment is intended to facilitate grantees' preparation for sustaining the Dating Matters Initiative after CDC funding has ended.
 - Continue to address capacity gaps identified in Year 1 assessments to improve implementation of Dating Matters Initiative.
- **Maintain advisory/key leadership with input from youth leadership**
 - Maintain partnerships with advisory group representatives for the purpose of ongoing feedback and continuous quality improvement.

- **Provide incentives for initiative participation**
 - Award incentives to students, parents, teachers, schools, and any other key participants for participating in the initiative. Incentives may be monetary or non-monetary and are intended to enhance recruitment for participation in the initiative as well as offset the burden of schools, parents, and others for participation.
- **Facilitate and Collaborate on CDC-directed Cross-site Evaluation**
 - Grantee will designate an individual who will continue to be the point of contact for CDC or its designee for the cross-site evaluation. Ideally this individual will be the same individual identified in Year 1. This individual will work closely with CDC or its designee to assist in conducting the outcome evaluation; for example, this may include facilitating the evaluator's access to middle/junior high schools and high schools to complete student surveys and staff/teacher surveys, and facilitating access to other populations for outcome data collections, such as with parents, key informants in the community.
 - Collect, with guidance and assistance from CDC and its designee, process evaluation data. This will include collecting and recording information about the implementation of the components of the intervention.
 - Collect, with guidance from CDC and its designee, data on implementation, employing methods and performance measures sufficient to demonstrate program, practice, and community support outcomes of interest.
- **Develop Surveillance/Indicator Tracking System for TDV**
 - In Year 2-5, the grantee will continue to monitor pre-existing data sources/TDV tracking system identified in the application and in Year 1 and analyze the data. CDC will provide T&TA where necessary.

In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring.

CDC Activities

All grantees will be expected to collaborate with CDC and its designee on all aspects of the initiative.

- During Year 1, CDC and/or its designee will provide technical assistance to grantees in: (1) collecting information to facilitate the implementation and use of assessments in adapting curricula; (2) adapting and piloting curricula; (3) training of trainers and implementers; (4) conducting capacity and readiness assessments, (5) using assessment data to address capacity gaps and advance organizational and community readiness, (6) identifying sources of TDV data within the selected community(ies), (7) adapting measurement items in data sources to obtain the highest quality TDV data possible, and (8) assisting the grantee in establishing a database of TDV data.
- CDC and/or its designee will provide tools to grantees to facilitate their assessment of capacity and readiness to implement comprehensive TDV prevention.
- CDC or its designee will conduct a cross-site evaluation of the Dating Matters Initiative in collaboration with the grantees. During Year 1, CDC or its designee will work closely with the grantee to finalize plans for the outcome and process evaluations and methods for tracking implementation of the Initiative. CDC or its designee will work closely with the grantee to work with schools and plan for baseline and subsequent data collections for the outcome evaluation, plan for other data collections relating to the outcome evaluation, and plan for the collection of data for the process evaluation.
- CDC and/or its designee will provide communications products and tools developed to assist grantees to facilitate the planning of the communication effort.
- CDC and/or its designee will provide tools to assist grantees to facilitate the scan and identification of gaps in the needs of local, neighborhood, school, and organizational policies related to TDV prevention.
- CDC and/or its designee will provide adaptation packages, student and parent curricula, and access to [Dating Matters](#) online educator training (see below) to the grantees
- Collaborate with grantees to develop and implement the Dating Matters Initiative as outlined in this announcement.
- Provide scientific and programmatic consultation and T&TA for adaptation and implementation activities.
- Monitor implementation of the communications effort. Specifically, CDC and/or its designee will work with

grantees to assist in developing measures and collecting data relevant to implementation of the communications strategies.

- Provide access to and training and technical support for the capacity and readiness assessment, which will be an interactive, electronic tool grantees will use with their local partners to plan and implement components of the community-wide initiative.
- Collect and analyze, with assistance and facilitation by the grantee, data to be used in the cross-site outcome evaluation, and prepare a report with the results. The outcome evaluation methods may include, but are not limited to: student surveys; parent surveys; staff/teacher surveys, focus groups; interviews; and policy scans. Outcomes to be assessed will include, but are not limited to, the use of healthy relationship behaviors, perpetration of teen dating violence, experience of teen dating violence, and other TDV-related variables.
- Provide guidance to the grantee on collecting process evaluation data, collecting capacity and readiness data, using this data to inform capacity and readiness improvement activities, and collecting this data from the grantee at routine intervals.
- Assist the grantee in evaluating and analyzing the indicator data that can be compiled from their community.
- Assist the grantee in developing a sustainable tracking system for TDV in their communities.

II. AWARD INFORMATION

Type of Award: Cooperative Agreement. CDC substantial involvement in this program appears in the Activities Section above.

Award Mechanism: U88 Health Services Demonstration - Cooperative Agreement

Fiscal Year Funds: 2011

Approximate Current Fiscal Year Funding: \$1,400,000

Approximate Total Project Period Funding: \$ 7,000,000 (This amount is an estimate, and is subject to availability of funds.) This includes direct and/or indirect costs.

Approximate Number of Awards: 4

Approximate Average Award: \$ 350,000 (This amount is for the first 12-month budget period, and includes both direct and indirect costs.)

Floor of Individual Award Range: \$300,000

Ceiling of Individual Award Range: \$350,000 (This ceiling is for the first 12-month budget period.) Total cost.

Anticipated Award Date: July 15, 2011

Budget Period Length: 12 months

Project Period Length: 5 years

Throughout the project period, CDC's commitment to continuation of awards will be conditioned on the availability of funds, 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.

III. ELIGIBILITY INFORMATION

Eligible Applicants

Eligible applicants that can apply for this funding opportunity are listed below:

- Local, City or County, Public Health Departments serving high risk urban communities. Urban, defined by having a Metropolitan Statistical Area (MSA) population of 1,000,000 or more, as defined by the [U.S. Office of Management and Budget](#) (OMB). See Appendix D.

A Bona Fide Agent is an agency/organization identified by the state as eligible to submit an application under the state eligibility in lieu of a state application. If applying as a bona fide agent of a state or local government, a legal, binding agreement from the state or local government as documentation of the status is required. Attach with "Other Attachment Forms" when submitting via www.grants.gov.

The prevalence of dating violence is much higher in economically and socially disadvantaged communities than their advantaged counterparts; and there is a developing evidence base for prevention of dating violence that can be built upon and improved to address this important problem in this neglected segment of the population. CDC has also made some key investments in teen dating violence prevention, but work needs to be updated or adapted to be relevant to a high-risk, urban population.

Local, city and county, public health departments are uniquely primed and positioned to prevent teen dating violence in high risk, urban communities as they have direct contact with large numbers of people and well-established

intervention channels, including direct services to high-risk populations and, often, a daily presence in schools. The health care and school systems are two of the most effective channels for prevention interventions.¹ Local, city and county, health departments also have experience working with local media, local government, and community organizations—all key partners in preventing teen dating violence.

Direct federal funding mechanisms for local or large municipal health departments are few.¹ Local, city and county, public health departments need infrastructure for addressing teen dating violence and this initiative will build the capacity of urban, local, city and county, public health departments to address this problem in their jurisdictions with federal support. To minimize oversight and streamline program management and administration, working through the local, city and county, public health departments would eliminate the duplicative levels of oversight, and higher costs associated with funding the state health department. Thus considered, to enhance levels of effectiveness, increase efficiency and promote sustainability this FOA will be specifically limited to local, city and county, public health departments.

1. Georgeson, M., Thorpe, L. E., Merlino, M., Frieden, T. R., Fielding, J., & The Big Cities Health Coalition (2005). Shortchanged? An assessment of chronic disease programming in major US city health departments. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 82, 183-190.

Required Registrations

Registering your organization through www.Grants.gov, the official agency-wide E-grant website, is the first step in submitting an application online. Registration information is located on the “Get Registered” screen of www.Grants.gov. Please visit www.Grants.gov at least 30 days prior to submitting your application to familiarize yourself with the registration and submission processes. The “one-time” registration process will take three to five days to complete. However, the Grants.gov registration process also requires that you register your organization with the Central Contractor Registry (CCR). The CCR registration can require an additional one to two days to complete. You are required to maintain a current registration in CCR.

Central Contractor Registration and Universal Identifier Requirements

All applicant organizations **must obtain** a DUN and Bradstreet (D&B) Data Universal Numbering System (DUNS) number as the Universal Identifier when applying for Federal grants or cooperative agreements. The DUNS number is a nine-digit number assigned by Dun and Bradstreet Information Services. An AOR should be consulted to determine the appropriate number. If the organization does not have a DUNS number, an AOR should complete the **US D&B D-U-N-S Number Request Form** or contact Dun and Bradstreet by telephone directly at 1-866-705-5711 (toll-free) to obtain one. A DUNS number will be provided immediately by telephone at no charge. Note this is an organizational number. Individual Program Directors/Principal Investigators do not need to register for a DUNS number.

Additionally, all applicant organizations must register in the Central Contractor Registry (CCR) and maintain the registration with current information at all times during which it has an application under consideration for funding by CDC and, if an award is made, until a final financial report is submitted or the final payment is received, whichever is later. CCR is the primary registrant database for the Federal government and is the repository into which an entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at the CCR internet site at www.ccr.gov.

If an award is granted, the grantee organization must notify potential sub-recipients that no organization may receive a subaward under the grant unless the organization has provided its DUNS number to the grantee organization.

Cost Sharing or Matching

Cost sharing or matching funds are not required for this program.

Other

If a funding amount greater than the ceiling of the award range is requested, the application will be considered non-responsive and will not be entered into the review process. The applicant will be notified that the application did not meet the eligibility requirements.

Special Requirements:

Local, city or county, public health department applicants will meet the following criteria in order to be eligible for funding:

- Applicants must demonstrate that they have in their jurisdiction 10-12 middle/junior high schools (6-8th grade or 7-9th grade are acceptable) located in high risk communities (see #3 in Section V. Application Content for high risk criteria) in their MSA. Applicants must also demonstrate that these schools agree to implement either the standard practice or comprehensive TDV approach, as described in this FOA and outlined in Appendix C. The schools themselves, rather than the school district, must indicate agreement to participate in the initiative. In addition, applicants must demonstrate support from high schools into which students in participating middle/junior high schools typically graduate indicating these high schools will collaborate with the grantee and CDC as outlined below.
 - Applicants will demonstrate their eligibility by submitting memoranda of understanding from the 10-12 participating schools and relevant high schools, as well as letters of support from the appropriate school officials (e.g., district superintendent, representative from local education agency) documenting their commitment and support to implement the prevention programs (standard practice or comprehensive) as determined by the grantee and with CDC approval following the award as described in detail above. At a minimum MOUs with the schools should include:
 - A description of the school, including demographic information for students, the grades housed within the schools and a description of a class or time period when a curriculum could be delivered
 - An indication that at least 80% of the eligible youth in the areas/neighborhood surrounding the school attend the school.
 - Willingness to participate in the cross-site evaluation of the initiative, including but not limited to assisting with obtaining consent and facilitating data collections from students and parents at regular intervals throughout the award period.
 - MOUs should also be obtained from high schools into which students in participating middle/junior high schools typically graduate indicating these high schools will collaborate with the grantee and CDC and/or its designee to facilitate data collection to examine longer-term outcomes of the initiative for youth transition from middle/junior high school to high school.

Applicants should upload all additional documentation supporting the special eligibility criteria in Grants.gov under “Other Attachment Forms.” Documentation supporting school criteria should be labeled “<Applicant Name> MOUs” or “<Applicant Name> Letters of Support”.

If your application is incomplete or non-responsive to the special requirements listed in this section, it will not be entered into the review process. You will be notified that your application did not meet submission requirements.

Late applications will be considered non-responsive. See section V. Submission Dates and Times for more information on deadlines.

Note: Title 2 of the United States Code Section 1611 states that an organization described in Section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting a grant, loan, or an award.

Maintenance of Effort

Maintenance of Effort is not required for this program

IV. Application and Submission Information

Address to Request Application Package

Applicants must download the SF424 (R&R) application package associated with this funding opportunity from Grants.gov. If access to the Internet is not available or if the applicant encounters difficulty in accessing the forms on-line, contact the HHS/CDC Procurement and Grant Office Technical Information Management Section (PGO TIMS) staff at (770) 488-2700 for further instruction. CDC Telecommunications for the hearing impaired or disabled is available at: TTY 1-888-232-6348.

If the applicant encounters technical difficulties with Grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week, with the exception of all Federal Holidays. The Contact Center provides customer service to the applicant community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it's needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by e-mail, fax, CD's or thumb drives of applications will not be accepted.

Content and Form of Application Submission

Unless specifically indicated, this announcement requires submission of the following information:

CDC Assurances and Certifications can be found on the CDC Web site at the following Internet address: <http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>

Letter of Intent (LOI):

LOI Submission Address: Submit the LOI by express mail, delivery service, fax, or E-mail to:

Margaret Brome
Public Health Advisor
Centers for Disease Control and Prevention
NCIPC-Division of Violence Prevention
4770 Buford Hwy NE, MS F-64
Atlanta, GA 30341-3717
Phone: 770-488-1721
E-mail: tdvprevention@cdc.gov

Although a letter of intent is not required, is not binding, and does not enter into the review of a subsequent application, the information that it contains allows CDC Program staff to estimate and plan the review of submitted applications.

Requested LOIs should be provided not later than by the date indicated in the Section I entitled "Authorization and Intent".

A **Project Abstract** must be completed in the Grants.gov application forms. 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. The project narrative 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: 20 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
- 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 and must include the following items in the order listed:

1. Experience with multi-component community-wide initiatives related to adolescent health and/or violence prevention

- Demonstrate your experience developing and implementing multi-component community-wide adolescent health or violence prevention programs. Applicant should describe:
 - Goal of the effort, types of organizations involved with the effort, the applicant's specific role and responsibility in the effort, and the outcome(s) of the effort.
 - Experience coordinating diverse organizations, including middle/junior high schools, within a multi-component, evidence-informed/evidence-based community-wide effort to ensure that activities were integrated, complimentary to each other, and fostered successful collaboration in meeting the goals and objectives of the effort.
 - Experience facilitating or experience developing and implementing training of trainers (TOTs) or training of educators (TOEs) on evidence-based and/or evidence-informed programs, including subsequent proactive follow-up to ensure fidelity and quality of training of educators/facilitators.
 - Experience collecting and analyzing public health surveillance data.

2. Organizational Staffing

- Describe your organization's proposed staffing plan in support of this application. It is expected that funds available under this FOA are sufficient for staffing levels. The application should include a description of your organization's existing infrastructure to support the requirements of this cooperative agreement as well as the quality and sufficiency of the proposed staffing of the project. Describe the qualifications and experience of proposed staff (including sub-contractors) as related to the Dating Matters Initiative and proposed communities. Specifically,
 - For existing staff, provide position descriptions and include qualifications for performing the role and state what percentage of an FTE the staff person uses carrying out this position. Include résumés (as an appendix) and letters of commitment; please limit each résumé to 3 pages.
 - For staff to be hired, provide position descriptions. Include a timeline for when the position will be staffed, qualifications needed for each position, FTE, and methods for recruiting qualified applicants. Applicant must demonstrate they have or have the ability to hire all key staff within 75 Days of the award.
 - Describe staff experience working with the proposed schools and neighborhoods or similar schools or youth in high-risk communities.
- Identify the staff person(s) who will take the lead on building and coordinating the Dating Matters Initiative. This person should have at least 3 years experience building and coordinating successful community-wide, multi-component initiatives. Experience includes recruiting organizations for participation and coordinating, linking and sustaining all activities.
- Identify staff who will be involved in facilitating the evaluation and developing and refining indicators/tracking system for TDV. Staff should have at least 2 years of experience in collecting and managing data/surveillance systems, participating in evaluations, and some demonstrated experience in partnering with other local organizations.
- Identify staff who will be overseeing the communications components of the initiative, including the youth brand ambassador activities. The individual in this position should have experience implementing community-based health communications initiatives including managing/updating content on social networking pages; building relationships with local partners, businesses, and community-based organizations to enhance communication efforts; experience facilitating or working with youth groups in a community setting.

3. Proposed Community(ies)

- Include evidence that the community is high-risk. To demonstrate that the schools/neighborhoods in which the Dating Matters Initiative will be implemented are high-risk, the applicant must provide data documenting that *either* the school or neighborhood surrounding the schools are high-risk such that they have high levels of both violent crime (e.g., homicide, aggravated assault, felony assault, sexual assault)

and economic hardship (i.e., poverty). Applicants should describe how the selected schools/neighborhoods are higher in both violent crime and poverty.

- Examples of ways which a school or neighborhood surrounding the school can be considered to be high in crime are:
 - The neighborhood that contains the school is one standard deviation higher in violent crime than the mean of the other neighborhoods in the MSA (or one standard deviation higher than the mean of MSAs with a population greater than 1,000,000).
 - The neighborhood that contains the school is in the upper 50th percentile for violent crime in the MSA (or the upper 50th percentile of the mean of MSAs with a population greater than 1,000,000).
- Examples of ways which a school or neighborhood surrounding the school can be considered to be high in economic hardship are:
 - The school is in the upper 50th percentile for children who are eligible for free or reduced lunch compared with all schools in the MSA (or the upper 50th percentile of the mean of schools within MSAs with a population greater than 1,000,000).
 - The neighborhood that contains the school is in the bottom 50th percentile for median household income out of all neighborhoods that have a school with at least three of the grades between 6th and 9th in the MSA (or bottom 50th percentile for all MSAs with a population greater than 1,000,000).
- Provide a comprehensive demographic and geographic profile of the proposed community(ies) or local, city or county, public health department catchment area. Demographic information should include race, age, educational attainment, income, and rates of unemployment and violent crime.
- Describe strengths and existing resources of the proposed community(ies) (e.g., indications of readiness for improved TDV prevention efforts) likely to enhance the outcome of this multi-component community-wide effort.
- Describe characteristics of the community, such as contextual or cultural factors, that may need to be considered in adapting the comprehensive approach to the community.

4. Work Plan

- **Describe vision for the five-year multi-component Dating Matters Initiative in your community.**
- Include logic model for five-year Dating Matters Initiative as an appendix. Describe the project goals and objectives. At a minimum, the school, parent, communications and policy activities should be addressed by the project goals and objectives. Describe how the objectives support the goals and measurable outcomes of this cooperative agreement.
- Provide a detailed five-year work plan that supports the goals and objectives proposed for the implementation of the Dating Matters Initiative. This work plan should include: 1) planning and implementation activities to be completed, 2) person(s) to complete activities, 3) timeline, 4) desired outcome of activities, 5) an indication of the applicant's commitment to working with CDC or its designee on the outcome, process/implementation, and capacity/readiness evaluations, and 6) performance measures of effectiveness that demonstrate accomplishment of the identified objectives.
- Describe anticipated challenges to implementing the standard and comprehensive approaches in the proposed community(ies) or establishing collaborations or partnerships necessary for fulfilling the terms of this program announcement. Describe how these challenges will be addressed.

5. Partnerships and Collaboration

- Describe your organization's experience collaborating with relevant stakeholders including schools and other organizations who might be involved in the Dating Matters Initiative. Describe the goals, activities, and results of past collaboration(s).
- Describe process for establishing an advisory group of key stakeholders, leadership, and partners. Include purpose of the group, recruitment methods for members, proposed number of members, diversity of members, and frequency of meeting. Advisory group should include, at a minimum, school leadership who will facilitate implementation and evaluation of school-based components, parent/caregiver and youth representatives from the proposed community(ies).
- Describe local partners (other than the 10-12 middle/junior high schools described in the special eligibility criteria) such as government agencies and community, youth, or faith-based organizations already actively engaged in TDV prevention and/or related adolescent risk behaviors. Successful applicants will develop partnerships with relevant government, community, youth, or faith-based organizations. It is anticipated

that some of these organization partners will participate in the advisory group noted above. Letters of support should be used to establish and outline partnership relationships.

6. Budget and Justification (Does not count against narrative page limit.)

- Provide a detailed budget and line item justification for all operating and staffing expenses that are consistent with proposed program objectives and activities.
- Include budget for key project staff to attend up to three grantee meetings/reverse site visits during the funding cycle.
- Include budget for partnerships with local junior/middle schools and organizations, which includes at a minimum incentives for participation in the Dating Matters Initiative
- In addition to office supplies, include budget for postage, copying, printing, and paper.

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

- Staff resumes that demonstrate expertise or experience working in different areas relevant to this program, such as violence prevention, implementation of school based curricula, evaluation, surveillance, and successful partnerships with schools and community organizations.
- A map of the area served by the local, city or county, public health department, with all middle/junior and high schools within this area identified, including specification of the 10-12 participating schools, so that their locations with respect to one another are discernable.
- Applicants must demonstrate that they have assessed the availability of existing measures of TDV using health, criminal justice, and/or school data, and should provide the results of this assessment as an appendix.
- An organizational chart that identifies lines of authority, including who will have management authority over the project.
- A logic model as described above.
- Other Letters of Support/Letters of Intent to Partner
- **Please note** these appendices are in addition to the supporting documentation required in the special eligibility criteria.

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

- Staff Resumes and Position descriptions should be converted into one pdf and entitled: <Applicant Name> Resumes and Positions.pdf
- The map should be scanned as a pdf and entitled: <Applicant Name> Area Map with Schools.pdf
- Documentation that the applicant has researched existing measures of TDV in their communities using health, criminal justice, and/or school data should be converted into one pdf and entitled: <Applicant Name> TDV Indicators.pdf
- Organizational chart should be converted into one pdf and entitled: <Applicant Name> Organizational chart.pdf
- Logic model should be converted into one pdf and entitled: <Applicant Name> Logic Model.pdf
- MOU's and letters of support should be converted into one pdf and entitled: <Applicant Name> MOUs and Letters of Support.pdf

No more than 10 should be uploaded per application.

Additional requirements for additional documentation with the application are listed in Section VII. Award Administration Information, subsection entitled "Administrative and National Policy Requirements."

Submission Dates and Times

This announcement is the definitive guide on LOI and application content, submission, and deadline. It supersedes information provided in the application instructions. If the application submission does not meet the deadline published herein, it will not be eligible for review and the applicant will be notified the application did not meet the submission requirements.

Letter of Intent (LOI) Deadline Date: March 21, 2011
Application Deadline Date: May 5, 2011, 5:00 pm EST

Intergovernmental Review

Executive Order 12372 does not apply to this program.

Funding Restrictions

Restrictions, which must be taken into account while writing the budget, are as follows:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- Awardees may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.
- [If award is a cooperative agreement, INSERT the following sentence:] The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- [If awards will not allow reimbursement of pre-award costs, INSERT the following sentence:] Reimbursement of pre-award costs is not allowed.
- [INSERT list of any additional restriction on the use of funds (i.e., construction,). Specific language for international announcements is posted on the PGO intranet site:
http://pgo.cdc.gov/pgo/webcache/SOP/revised_use_of_funds_8.13.07.doc]

Other Submission Requirements

Application Submission

Submit the application electronically by using the forms and instructions posted for this funding opportunity on www.Grants.gov. If access to the Internet is not available or if the applicant encounters difficulty in accessing the forms on-line, contact the HHS/CDC Procurement and Grant Office Technical Information Management Section (PGO TIMS) staff at (770) 488-2700 for further instruction.

Note: Application submission is not concluded until successful completion of the validation process. After submission of your application package, applicants will receive a “submission receipt” email generated by Grants.gov. Grants.gov will then generate a second e-mail message to applicants which will either validate or reject their submitted application package. This validation process may take as long as two (2) business days. Applicants are strongly encouraged check the status of their application to ensure submission of their application package is complete and no submission errors exists. To guarantee that you comply with the application deadline published in the Funding Opportunity Announcement, applicants are also strongly encouraged to allocate additional days prior to the published deadline to file their application. Non-validated applications will not be accepted after the published application deadline date.

In the event that you do not receive a “validation” email within two (2) business days of application submission, please contact Grants.gov. Refer to the email message generated at the time of application submission for instructions on how to track your application or the Application User Guide, Version 3.0 page 57.

Electronic Submission of Application

Applications must be submitted electronically at www.Grants.gov. Electronic applications will be considered as having met the deadline if the application has been successfully made available to CDC for processing from Grants.gov on the deadline date. The application package can be downloaded from www.Grants.gov. Applicants can complete the application package off-line, and then upload and submit the application via the Grants.gov Web site. The applicant must submit all application attachments using a PDF file format when submitting via Grants.gov. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than PDF may result in the file being unreadable by staff.

Applications submitted through Grants.gov (<http://www.grants.gov>), are electronically time/date stamped and assigned a tracking number. The AOR will receive an e-mail notice of receipt when Grants.gov receives the application. The tracking number serves to document submission and initiate the electronic validation process before the application is made available to CDC for processing.

If the applicant encounters technical difficulties with Grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week, with the exception of all Federal Holidays. The Contact Center provides customer service to the applicant community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it's needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by e-mail, fax, CD's or thumb drives of applications will not be accepted.

Organizations that encounter technical difficulties in using www.Grants.gov to submit their application must attempt to overcome those difficulties by contacting the Grants.gov Support Center (1-800-518-4726, support@grants.gov). After consulting with the Grants.gov Support Center, if the technical difficulties remain unresolved and electronic submission is not possible to meet the established deadline, organizations may submit a request prior to the application deadline by email to GMO/GMS for permission to submit a paper application. An organization's request for permission must: (a) include the Grants.gov case number assigned to the inquiry, (b) describe the difficulties that prevent electronic submission and the efforts taken with the Grants.gov Support Center (c) be submitted to the GMO/GMS at least 3 calendar days prior to the application deadline. Paper applications submitted without prior approval will not be considered.

If a paper application is authorized, the applicant will receive instructions from PGO TIMS to submit the original and two hard copies of the application by mail or express delivery service.

V. Application Review Information

Eligible applicants are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the CDC-RFA-CE11-1103. Measures of effectiveness must relate to the performance goals stated in the "Purpose" section of this announcement. Measures of effectiveness must be objective, quantitative and measure the intended outcome of the proposed program. The measures of effectiveness must be included in the application and will be an element of the evaluation of the submitted application.

Criteria

Eligible applications will be evaluated against the following criteria:

Proposed Community(ies) (30 Points)

- Does the applicant provide data documenting that *either* the school or neighborhood surrounding the schools are high-risk such that they have high levels of both violent crime (e.g., homicide, aggravated assault, felony assault, sexual assault) *and* economic hardship (i.e., poverty)? Does the applicant demonstrate how the selected schools and communities are higher in both violent crime and economic hardship?
- Did applicant provide a comprehensive demographic and geographic profile of the proposed community(ies) or local, city or county, public health department catchment area, including race, age, educational attainment, income, and rates of unemployment and violent crime?
- Did the applicant describe the strengths and existing resources of the proposed community(ies)?
- Does the applicant describe characteristics of the community, such as contextual or cultural factors, that may need to be considered in adapting the comprehensive approach to the community?

Experience with multi-component community-wide initiatives related to adolescent health and/or violence prevention (20 Points)

- To what extent did applicant demonstrate experience developing and implementing multi-component community-wide adolescent health and/or violence prevention programs?
- Did applicant fully describe goal of the effort, types of organizations involved with the effort, the applicant's specific role and responsibility in the effort, and the outcome(s) of the effort?
- Did the applicant fully describe experience coordinating diverse organizations including middle/junior high schools, within a multi-component community-wide effort to ensure that activities were integrated, complimentary to each other, and successful in meeting the goals and objectives of the effort? Did the efforts include evidence-based and/or evidence-informed adolescent health and/or violence prevention activities?
- Did applicant include experiences developing and implementing training of trainers (TOTs) or training of educators (TOEs) on evidence-based and/or evidence-informed programs? To what extent did TOTs and TOEs include subsequent proactive follow-up to ensure fidelity and quality of training of educators/facilitators?
- To what extent does the applicant demonstrate experience and capability to collect and analyze public health surveillance data?

Partnerships and Collaboration (20 Points)

- To what extent does the applicant describe their experience collaborating with relevant stakeholders including schools and other organizations who might be involved in the Dating Matters Initiative? Does the applicant describe relevant goals, activities, and results of past collaboration(s)?
- Does the applicant describe a process for establishing an advisory group of key stakeholders, leadership, and partners? Does the description include the purpose of the group, recruitment methods for members, proposed number of members, diversity of members, and frequency of meeting? Does the advisory group include, at a minimum, school leadership from the participating schools and parent/caregiver and youth representatives from the proposed community(ies)?
- Does the applicant describe local partners (other than the 10-12 middle/junior high schools described in the special eligibility criteria) such as government agencies and community, youth, or faith-based organizations already actively engaged with TDV prevention and/or related adolescent risk behaviors. Does the applicant include MOUs with these organizations in the appendix? Are letters of support included in the appendix that at a minimum include a letter of support from the applicant's local, city or county, public health department commissioner?

Organizational Staffing (15 Points)

- Does applicant have existing infrastructure to support the requirements of this cooperative agreement as well as the quality and sufficiency of the proposed staffing of the project? Does the proposed staff have experience and expertise related to the activities of the Dating Matters Initiative and experience working with the proposed community(ies)?
- For existing staff, to what extent did applicant provide position descriptions and include qualifications for performing the roles and FTE of each position? Do the qualifications and experience seem appropriate for each position? Are résumés and letters of commitment included as appendices?
- For staff to be hired, did applicant provide position descriptions, including timelines for staffing, qualifications and FTE for each position, and methods for recruiting qualified applicants? Does the position description seem appropriate for recruiting qualified and experienced staff to carry out all activities of the FOA? Did applicant demonstrate they have or have the ability to hire all key staff within 75 Days of the award?
- Did the applicant describe staff experience working with the proposed schools and neighborhoods or similar schools or youth in high-risk communities?
- Did applicant identify the staff person(s) who will take the lead on building and coordinating the multi-component effort and include a job description or statement of work? Does the individual have at least 3 years experience building and coordinating successful community-wide, multi-component initiatives? Does this experience include recruiting organizations for participation and coordinating, linking and sustaining all activities?
- Did the applicant identify the staff person(s) who will be involved in facilitating the evaluation and developing and refining indicators/tracking system for TDV? Do the staff person(s) have at least 2 years of experience in collecting and managing data/surveillance systems, participating in evaluations, and some demonstrated experience in partnering with other local organizations?

- Did the applicant identify staff who will be overseeing the communications initiative, including the youth ambassador activities? Does the individual in this position have experience implementing community-based health communications initiatives including managing/updating content on social networking pages; building relationships with local partners, businesses, and community-based organizations to enhance communication efforts; experience facilitating or working with youth groups in a community setting?

Work Plan (15 Points)

- ***To what extent did the applicant describe their vision for the Dating Matters Initiative in their proposed community?***
- Did applicant include logic model for five-year Dating Matters Initiative as an appendix? To what extent did the applicant describe the project goals and objectives? Does the applicant at a minimum, address the school, parent, communications and policy activities in the project goals and objectives? Do the objectives support the goals and measurable outcomes of this cooperative agreement?
- Does the applicant provide a detailed five-year work plan that supports the goals and objectives proposed for the implementation of the Dating Matters Initiative? Does the work plan include: 1) planning and implementation activities to be completed, 2) person(s) to complete activities, 3) timeline, 4) desired outcome of activities, 5) an indication of the applicant's commitment to working with CDC or its designee on the outcome, process/implementation, and capacity/readiness evaluations, and 6) performance measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of this funding opportunity?
- Does the applicant describe anticipated challenges to implementing the standard and comprehensive approaches in the proposed community(ies) or establishing collaborations or partnerships necessary for fulfilling the terms of this program announcement? Does the description of how these challenges will be addressed seem reasonable and achievable?

Budget (SF 424A) and Budget Narrative (Reviewed, but not scored).

Although the budget is not scored applicants should consider the following in development of their budget.

- Is the itemized budget for conducting the project, and justification reasonable and consistent with stated objectives and planned program activities?
- Did applicant provide a detailed budget and line item justification for all operating and staffing expenses that are consistent with proposed program objectives and activities? Does budget seem reasonable?
- Did applicant include budget for key project staff to attend up to three grantee meetings/reverse site visits during the funding cycle?
- Did the applicant include budget for partnerships with local junior/middle schools and organizations which includes, at minimum, incentives for participation in the Dating Matters Initiative?

If the applicant requests indirect costs in the budget, a copy of the indirect cost rate agreement is required. If the indirect cost rate is a provisional rate, the agreement should be less than 12 months of age. The indirect cost rate agreement should be uploaded as a PDF file with "Other Attachment Forms" when submitting via Grants.gov.

The applicant can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address:

<http://www.cdc.gov/od/pgo/funding/budgetguide.htm>.

Review and Selection Process

Review

All eligible applications will be initially reviewed for completeness by the Procurement and Grants Office (PGO) staff. In addition, eligible applications will be jointly reviewed for responsiveness by the National Center for Injury Prevention and Control and PGO. Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance through the review process. Applicants will be notified the application did not meet eligibility and/or published submission requirements.

An objective review panel will evaluate complete and responsive applications according to the criteria listed in Section VI. Application Review Information, subsection entitled "Evaluation Criteria".

Selection

Applications will be funded in order by score and rank determined by the review panel.

In addition, the following factors may affect the funding decision:

- A. Geographic distribution to ensure non-duplication of efforts within the geographically defined proposed community(ies).

CDC will provide justification for any decision to fund out of rank order.

VII. Award Administration Information

Award Notices

Successful applicants will receive a Notice of Award (NoA) from the CDC Procurement and Grants Office. The NoA shall be the only binding, authorizing document between the recipient and CDC. The NoA will be signed by an authorized Grants Management Officer and e-mailed to the program director. A hard copy of the NoA will be mailed to the recipient fiscal officer identified in the application.

Any application awarded in response to this FOA will be subject to the DUNS, CCR Registration and Transparency Act requirements.

Unsuccessful applicants will receive notification of the results of the application review by mail.

Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 Code of Federal Regulations (CFR) Part 74 or Part 92, as appropriate. The following additional requirements apply to this project:

- AR-8 Public Health System Reporting Requirements
- AR-9 Paperwork Reduction Act Requirements
- AR-10 Smoke-Free Workplace Requirements
- AR-11 Healthy People 2020
- AR-12 Lobbying Restrictions
- AR-13 Prohibition on Use of CDC Funds for Certain Gun Control Activities
- AR-14 Accounting System Requirements
- AR-15 Proof of Non-Profit Status
- AR-16 Security Clearance Requirement
- AR-20 Conference Support
- AR-21 Small, Minority, and Women-Owned Business
- AR-23 45 CFR Part 87 - States and 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 (Public Law 89-665, 80 Stat. 915)
- AR-27 Conference Disclaimer and Use of Logos
- AR-29 Compliance with E.O. 13513 Federal Leadership on Reducing Text Messaging While Driving, October 1, 2009.
- AR-30 Information Letter 10-006. – Compliance with Section 508 of the Rehabilitation Act of 1973
- AR-31 Research Definition
- Additional information on the requirements can be found on the CDC Web site at the following Internet address: http://www.cdc.gov/od/pgo/funding/Addtl_Reqmnts.htm.

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

Reporting

Federal Funding Accountability And Transparency Act Of 2006 (FFATA): Public Law 109-282, the Federal Funding Accountability and Transparency Act of 2006 as amended (FFATA), requires full disclosure of all entities and organizations receiving Federal funds including grants, contracts, loans and other assistance and payments through a single publicly accessible Web site, USASpending.gov. The Web site includes information on each Federal financial assistance award and contract over \$25,000, including such information as:

1. The name of the entity receiving the award
2. The amount of the award
3. Information on the award including transaction type, funding agency, etc.
4. The location of the entity receiving the award
5. A unique identifier of the entity receiving the award; and
6. Names and compensation of highly-compensated officers (as applicable)

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 recipients: 1) information on executive compensation when not already reported through the Central Contractor Registry; and 2) similar information on all sub-awards/sub-contracts/ consortiums over \$25,000.

For the full text of the requirements under the Federal Funding Accountability and Transparency Act of 2006, please review the following website:

http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109_cong_bills&docid=f:s2590enr.txt.pdf

Each funded applicant must provide CDC with an annual Interim Progress Report submitted via www.grants.gov:

1. The interim progress report is due no less than 90 days before the end of the budget period. The Interim Progress Report will serve as the non-competing continuation application, and must contain the following elements:
 - a. Standard Form (“SF”) 424S Form.
 - b. SF-424A Budget Information-Non-Construction Programs.
 - c. Budget Narrative.
 - d. Indirect Cost Rate Agreement.
 - e. Project Narrative.

Additionally, funded applicants must provide CDC with an original, plus two hard copies of the following reports:

2. Annual progress report, due 90 days after the end of the budget period.
3. Financial Status Report* (SF 269) and annual progress report], no more than 90 days after the end of the budget period.
4. Final performance and Financial Status Reports*, no more than 90 days after the end of the project period.

*Disclaimer: As of February 1, 2011, current Financial Status Report (FSR) requirements will be obsolete. Existing practices will be updated to reflect changes for implementation of the new Federal Financial Reporting (FFR) requirements.

These reports must be submitted to the attention of the Grants Management Specialist listed in the Section VIII below entitled “Agency Contacts”.

VII. Agency Contacts

CDC encourages inquiries concerning this announcement.

For **programmatic technical assistance**, contact:

Margaret Brome, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention

NCIPC-Division of Violence Prevention
4770 Buford Hwy NE, MS F-64
Atlanta, GA 30341-3717
Phone: 770-488-1721
Fax: 770-488-4349
E-mail: tdvprevention@cdc.gov

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

Terrian Dixon, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS K-70
Atlanta, GA 30341
Telephone: 770-488-2774
E-mail: thd4@cdc.gov

For assistance with **submission difficulties**, contact:

Grants.gov Contact Center Phone: 1-800-518-4726.
Hours of Operation: 24 hours a day, 7 days a week. Closed on Federal holidays.

For **submission** questions, contact:

Technical Information Management Section
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700
Email: pgotim@cdc.gov

CDC Telecommunications for the hearing impaired or disabled is available at:
TTY 1-888-232-6348

VIII. Other Information

For additional information on reporting requirements, visit the CDC website at:
http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm.

Other CDC funding opportunity announcements can be found at www.grants.gov.

FOA Appendix A: Glossary

Capacity: Capacity refers to the infrastructure, knowledge, skills, abilities and motivation necessary to implement innovations. There are different types (general vs. innovation-specific) and levels of capacity (individual, organizational, systems). General capacity refers to characteristics (e.g., individual skills; organizational structures and functioning) needed to implement *any* innovation (e.g. developing leadership skills, creating strong partnerships,). Innovation-specific capacity refers to characteristics needed to implement a specific innovation. For example, implementing a teen dating violence prevention initiative requires specific knowledge and skills related to prevention programming, youth development and targeting risk and protective factors for TDV.

Capacity and Readiness Assessment: Capacity and readiness assessments are used to prepare for implementing an innovation. Assessments can help program implementers gauge the strengths and limitations of individuals, organizations, communities and systems in specified areas to improve capacity and readiness, as well as maximize existing strengths.

Dating: Intimate or romantic behavior between two consenting individuals that may or may not include sexual activity. The duration may range from short-term (e.g., single date or “hooking up”) to long term (e.g., ongoing exclusive relationship), and dating may occur between either same-sex or opposite-sex partners.

Dating Matters online educator training: **Dating Matters online educator training** is a free, online course available to educators, school personnel, youth leaders, and others working to improve the health of teens. It features interviews with leading experts, dynamic graphics and interactive exercises, and compelling storytelling to describe what teen dating violence is and how to prevent it. <http://www.cdc.gov/violenceprevention/datingmatters.html>

Dating violence indicator: A summary statistic that can be used to quantify the dating violence in a given community, the correlates of dating violence in a given community, or the response to dating violence in a given community.

Evidence-based Program: An evidence-based program is one that has been tested with at least one study using a rigorous research design and has been found to be effective in accomplishing the intended outcomes of the program.

Evidence-Informed: An evidence-informed program or policy is one that has yet to be tested with a rigorous design for outcomes, but is based in some way on empirical evidence (e.g., an empirically documented effective program that is adapted to a new content area, a program that is based on an empirically tested theory of behavior change, etc.)

Families for Safe Dates: Families for Safe Dates targets caregivers of adolescents including parents, foster parents, grandparents or other relatives. The program consists of six booklets delivered by mail that include information and interactive activities for caregivers and teens to complete together, in the home, at times convenient for the family.

Health indicator: A health indicator is a quantitative measure of the health status of a society, either people in general or a defined subgroup of the population (Corbett, 2006; as cited in Sorenson, et al., in press). Alternatively, a public health indicator has been defined as “a summary statistic which is directly related to and which facilitates concise, comprehensive, and balanced judgments about the condition of a major aspect of health, or progress towards a healthier society.” (Flowers, Hall, & Pencheon, 2005).

High risk schools/communities: A school can be considered “high risk” if the local community that contains the school can be shown to have elevated levels of both violent crime (e.g., homicide, aggravated assault, felony assault, sexual assault) *and* economic hardship (i.e., poverty). It will be up to the applicants to demonstrate how the selected schools and/or communities are higher in both violent crime and poverty.

Examples of ways which a school or community surrounding the school can be considered to be **high in violent crime** are:

- The neighborhood that contains the school is two standard deviations higher in violent crime than the mean of the other neighborhoods in the MSA (or two standard deviations higher than the mean of MSAs with a population greater than 1,000,000).
- The neighborhood that contains the school is in the upper 50th percentile for violent crime in the MSA (or the upper 50th percentile of the mean of MSAs with a population greater than 1,000,000).

Examples of ways which a school or community surrounding the school can be considered to be **high in economic hardship** are:

- The school is in the upper 50th percentile for children who are eligible for free or reduced lunch compared with all schools in the MSA (or the upper 50th percentile of the mean of schools within MSAs with a population greater than 1,000,000).
- The neighborhood that contains the school is in the bottom 50th percentile for median household income out of all neighborhoods that have a school with at least three of the grades between 6th and 9th in the MSA (or bottom 50th percentile for all MSAs with a population greater than 1,000,000).

Local Public Health: a city or county public health department

Readiness: Readiness is the extent to which individuals, organizations, communities and systems are prepared to successfully receive, implement and sustain innovations. Readiness and capacity are related concepts, and both terms have been used to explain abilities and motivation to implement innovations. Often, but not always, *capacity* is used when discussing individuals, organizations and systems and *readiness* is used when discussing communities.

Safe Dates: a 10-session, teacher administered, evidence-based TDV prevention curriculum proven to reduce risk factors associated with TDV and has been proven effective for both boys and girls.

<http://www.hazelden.org/web/public/safedates.page>

Parents Matter!: an evidence-based parenting program. This community-level family prevention program is designed to enhance protective parenting practices and promote parent-child discussions about sexuality and sexual risk reduction. The program is designed to help parents/caregivers overcome these common parent-child communication barriers and enhance parenting skills. For the Dating Matters Initiative, Parents Matter! will be adapted for use with teen dating violence. <http://www.cdcnpin.org/parentsmatter/>

Teen dating violence: the intentional use of threatened or actual physical force, power, or coercion within the context of dating that has the potential to result in injury, death or psychological harm. Perpetrators of dating violence may be current or former dating partners. Dating violence may consist of any of the following: (1) physical violence; (2) sexual violence; (3) threat of physical or sexual violence; (4) psychological or emotional aggression; and (5) stalking.

Teen Dating Violence Policy: rules, regulations, ordinances, laws and legislation at the school or neighborhood level, identification of gaps and needs, and providing T&TA to promote and support state and local policy strategies that address TDV policy gaps and adolescent health overall.

Training and Technical Assistance (T & TA): Significant planned and response-to-request training and other relevant subject matter expertise in grantee planning, implementation, and evaluation activities; regular site visits and virtual meetings (e.g., phone or video-conference); efforts to reduce barriers to using evidence-based approaches (e.g. travel reimbursement for trainings or assistance purchasing evidence-based curricula); the regular provision of technical or scientific information in user-friendly formats; and other proactive efforts to support local youth-serving organizations to use evidence-based approaches in their work. T&TA is provided over time and should include proactive follow-up support for the five components of the initiative.

Urban: For the purposes of this award, an “urban” area is defined by having a Metropolitan Statistical Area (MSA) population of 1,000,000 or more, as defined by the U.S. Office of Management and Budget (OMB).

Youth Brand Ambassador: Brand ambassadors are individuals that represent a brand in a positive way and carry the brand message to the target audience. The communication between brand ambassadors and the target audience can be informal or organized, take place in small groups or through one-on-one interactions, and occur in a variety of settings. For this initiative, selected brand ambassadors will be slightly older peers, or near-peers, of the target audience, 11-14 year old youth in inner-city high-risk communities.

FOA Appendix B
References

Dodge, K. (2009). Community intervention and public policy in the prevention of antisocial behavior. *Journal of Child Psychology and Psychiatry*, 50, 194-200.

Georgeson, M., Thorpe, L. E., Merlino, M., Frieden, T. R., Fielding, J., & The Big Cities Health Coalition (2005). Shortchanged? An assessment of chronic disease programming in major US city health departments. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 82, 183-190.

FOA Appendix C: Models of Implementation

Teen Dating Violence Prevention Initiative: Two models of Implementation

Model 1: Standard Practice

Student Grade	Student	Parent/Caregiver	Communications	Policy
8 th	Safe Dates	--	--	--

Model 2: Comprehensive Approach

Student Grade	Student	Parent/Caregiver	Communications	Policy
6 th	Systematically adapted Student Curriculum*	Systematically adapted Parent's Matter!*	CDC-Developed Communications Strategies*	Policy Enhancement/Development
7 th	Systematically adapted Student Curriculum*	Systematically adapted Parent Curriculum*		
8 th	Systematically adapted Safe Dates	Systematically adapted Families for Safe Dates		

*CDC has developed curriculum and communications strategies marked with * and will provide them to the grantee to adapt and implement.

FOA Appendix D: Metropolitan Statistical Areas

For the purposes of this funding opportunity announcement, an “urban” area is defined by having a Metropolitan Statistical Area (MSA) population of 1,000,000 or more, as defined by the U.S. Office of Management and Budget (OMB).

Core Based Statistical Area (CBSA) Code	Metropolitan statistical areas	Population as of July 1st, 2009
12060	Atlanta-Sandy Springs-Marietta, GA	5,475,213
12420	Austin-Round Rock, TX	1,705,075
12580	Baltimore-Towson, MD	2,690,886
13820	Birmingham-Hoover, AL	1,131,070
14460	Boston-Cambridge-Quincy, MA-NH	4,588,680
15380	Buffalo-Niagara Falls, NY	1,123,804
16740	Charlotte-Gastonia-Concord, NC-SC	1,745,524
16980	Chicago-Naperville-Joliet, IL-IN-WI	9,580,567
17140	Cincinnati-Middletown, OH-KY-IN	2,171,896
17460	Cleveland-Elyria-Mentor, OH	2,091,286
18140	Columbus, OH	1,801,848
19100	Dallas-Fort Worth-Arlington, TX	6,447,615
19740	Denver-Aurora-Broomfield, CO	2,552,195
19820	Detroit-Warren-Livonia, MI	4,403,437
25540	Hartford-West Hartford-East Hartford, CT	1,195,998
26420	Houston-Sugar Land-Baytown, TX	5,867,489
26900	Indianapolis-Carmel, IN	1,743,658
27260	Jacksonville, FL	1,328,144
28140	Kansas City, MO-KS	2,067,585
29820	Las Vegas-Paradise, NV	1,902,834
31100	Los Angeles-Long Beach-Santa Ana, CA	12,874,797
31140	Louisville/Jefferson County, KY-IN	1,258,577
32820	Memphis, TN-MS-AR	1,304,926
33100	Miami-Fort Lauderdale-Pompano Beach, FL	5,547,051
33340	Milwaukee-Waukesha-West Allis, WI	1,559,667

33460	Minneapolis-St. Paul-Bloomington, MN-WI	3,269,814
34980	Nashville-Davidson--Murfreesboro--Franklin, TN	1,582,264
35380	New Orleans-Metairie-Kenner, LA	1,189,981
35620	New York-Northern New Jersey-Long Island, NY-NJ-PA	19,069,796
36420	Oklahoma City, OK	1,227,278
36740	Orlando-Kissimmee, FL	2,082,421
37980	Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	5,968,252
38060	Phoenix-Mesa-Scottsdale, AZ	4,364,094
38300	Pittsburgh, PA	2,354,957
38900	Portland-Vancouver-Beaverton, OR-WA	2,241,841
39300	Providence-New Bedford-Fall River, RI-MA	1,600,642
39580	Raleigh-Cary, NC	1,125,827
40060	Richmond, VA	1,238,187
40140	Riverside-San Bernardino-Ontario, CA	4,143,113
40380	Rochester, NY	1,035,566
40900	Sacramento--Arden-Arcade--Roseville, CA	2,127,355
41180	St. Louis, MO-IL	2,828,990
41740	San Diego-Carlsbad-San Marcos, CA	3,053,793
41860	San Francisco-Oakland-Fremont, CA	4,317,853
41940	San Jose-Sunnyvale-Santa Clara, CA	1,839,700
42660	Seattle-Tacoma-Bellevue, WA	3,407,848
45300	Tampa-St. Petersburg-Clearwater, FL	2,747,272
46060	Tucson, AZ	1,020,200
47260	Virginia Beach-Norfolk-Newport News, VA-NC	1,674,498
47900	Washington-Arlington-Alexandria, DC-VA-MD-WV	5,476,241

Source: <http://www.census.gov/popest/metro/CBSA-est2009-annual.html>