Centers for Disease Control

National Center for Environmental Health

A Comprehensive Public Health Approach to Asthma Control Through Evidence-Based Interventions
CDC-RFA-EH19-1902
Application Due Date: 05/31/2019

A Comprehensive Public Health Approach to Asthma Control Through Evidence-Based Interventions

CDC-RFA-EH19-1902

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Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-EH19-1902. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

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

B. Notice of Funding Opportunity (NOFO) Title:

A Comprehensive Public Health Approach to Asthma Control Through Evidence-Based Interventions

C. Announcement Type: New - Type 1

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

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-EH19-1902

E. Assistance Listings (CFDA) Number:

93.070

F. Dates:

1. Due Date for Letter of Intent (LOI): **05/01/2019**

2. Due Date for Applications: **05/31/2019**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

A Letter of Intent is requested, but is not required.

3. Date for Informational Conference Call:

N/A

G. Executive Summary:

1. Summary Paragraph:

The Centers for Disease Control and Prevention announces availability of Fiscal Year (FY) 2019 funds for CDC-RFA-EH19-1902, A Comprehensive Public Health Approach to Asthma Control through Evidence-Based Interventions. The purpose of the award is to improve the reach, quality, effectiveness, and sustainability of asthma control services and to reduce asthma morbidity, mortality and disparities by implementing evidence-based strategies across multiple sectors. Activities align with the CDC initiative, Controlling Childhood Asthma Reducing Emergencies (CCARE), which focuses on key levers to improve childhood asthma outcomes. Recipients will strengthen existing organizational infrastructure to expand the reach of services through six EXHALE strategies: **E**ducation on asthma self-management; e**X**tinguishing smoking and exposure to second-hand smoke; **H**ome visits for trigger reduction and asthma

self-management education (AS-ME); **A**chievement of guidelines-based medical management; **L**inkages and coordination of care; and **E**nvironmental policies or best practices to reduce indoor and outdoor asthma triggers. Key outcomes are increased capacity to deliver AS-ME, expanded services for those with the highest burden, improved asthma control, increased insurance coverage, coordinated care and reduced health disparities.[1] Long-term outcomes will contribute to the CCARE goal of preventing 500,000 hospitalizations and emergency department visits among children with asthma within five years.

a. Eligible Applicants:	Open Competition
b. NOFO Type:	Cooperative Agreement
c. Approximate Number of Awards:	25
d. Total Period of Performance Funding:	$70,000,000
e. Average One Year Award Amount:	$500,000
f. Total Period of Performance Length:	5
g. Estimated Award Date:	09/01/2019
h. Cost Sharing and / or Matching Requirements:	N

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

Part II. Full Text

A. Funding Opportunity Description

Part II. Full Text

1. Background

a. Overview

Asthma in the United States is both common and costly. According to recent estimates, more than 26.5 million Americans have asthma, including 6.1 million children and 20.4 million adults.[2] In addition, asthma accounts for 1.7 million emergency department visits, 11 million physician office visits and 439,000 hospitalizations.[3] Asthma is responsible for 13.8 million missed school days and 14.2 million missed workdays annually.[4] In spite of available drugs to treat and control asthma, 10 people die of asthma each day.[5]

Asthma places a significant economic burden on the United States. Estimates from 2008-2013 Medical Expenditure Panel Survey household data showed that the cost of treating asthma was $50.3 billion annually, while the total cost of asthma, including costs incurred by absenteeism and mortality, amounted to $81.9 billion.[6] Asthma also affects certain groups disproportionately, rendering significant disparities. For example, asthma is more common and more severe among children, women, low-income, inner-city residents, and African American and Puerto Rican communities, who have higher rates of emergency department visits, hospitalizations and deaths.[7] American Indian/Alaska Native children are 60 percent more likely to have asthma as

non-Hispanic White children.[8]. The reasons for these disparities are complex, but cannot be attributed to genetic differences alone. Economic, social, and cultural factors, ranging from lack of access to quality health care to differences in health beliefs between patients and their doctors, add to the greater asthma burden among these groups. Individuals may also face housing and work conditions that place them at greater risk for frequent and prolonged exposure to environmental allergens and irritants that worsen asthma.[9]

This NOFO builds upon work of state and territorial public health departments and their partners supported by CDC through funding opportunity announcements CDC-RFA-EH14-1404 and CDC-RFA-EH16-1606 as well as other entities. Given evidence that a multi-component approach to controlling asthma is more effective than individual strategies applied in isolation, this NOFO is based on a technical package known as EXHALE, which is comprised of six evidence-based strategies selected for their potential of having the greatest collective impact on controlling asthma.[10] To reduce the burden of asthma and help advance the CDC CCARE (Controlling Childhood Asthma Reducing Emergencies) aspirational goal of preventing 500,000 hospitalizations and emergency department visits among children, this NOFO requires strong leadership and enhanced program infrastructure. EXHALE strategies include: **E**ducation on self-management, e**X**tinguishing smoking and second-hand smoke, **H**ome visits for trigger reduction and asthma self-management education, **A**chievement of guidelines-based medical management, **L**inkages and coordination of care across settings, and **E**nvironmental policies or best practices to reduce asthma triggers from indoor and outdoor sources. Recipients will implement these strategies as a package, ensuring that all six strategies are conducted in the same, high-burden geographic location or population so that strategies complement and reinforce each other.

b. Statutory Authorities

Section 317 (k)(2) and 317I of the Public Health Service Act, [42 U.S.C. Sections 247b and 247b-10], as amended.

c. Healthy People 2020

The NOFO addresses Healthy People 2020 and 2030 (proposed) objectives in the focus area of Respiratory Diseases. The four core (proposed) objectives for Healthy People 2030 are: Reduce asthma deaths among the U.S. population, reduce emergency department visits for children with asthma under 5 years, reduce emergency department visits for persons with asthma aged ≥5 years and reduce asthma attacks among persons with current asthma. Three developmental objectives are: Reduce hospitalizations for asthma among children under age 5 years, reduce hospitalizations for asthma among children and adults aged 5 to 64 years, and reduce hospitalizations for asthma among adults aged 65 years and older.

d. Other National Public Health Priorities and Strategies

This NOFO supports the Guidelines for the Diagnosis and Management of Asthma: Expert Panel Report 3 (EPR-3) from the National Asthma Education and Prevention Program (NAEPP), Coordinated Federal Action Plan to Reduce Racial and Ethnic Asthma Disparities, the Guide to Community Preventive Services and the Institute of Medicine report on Primary Care and Public Health.

e. Relevant Work

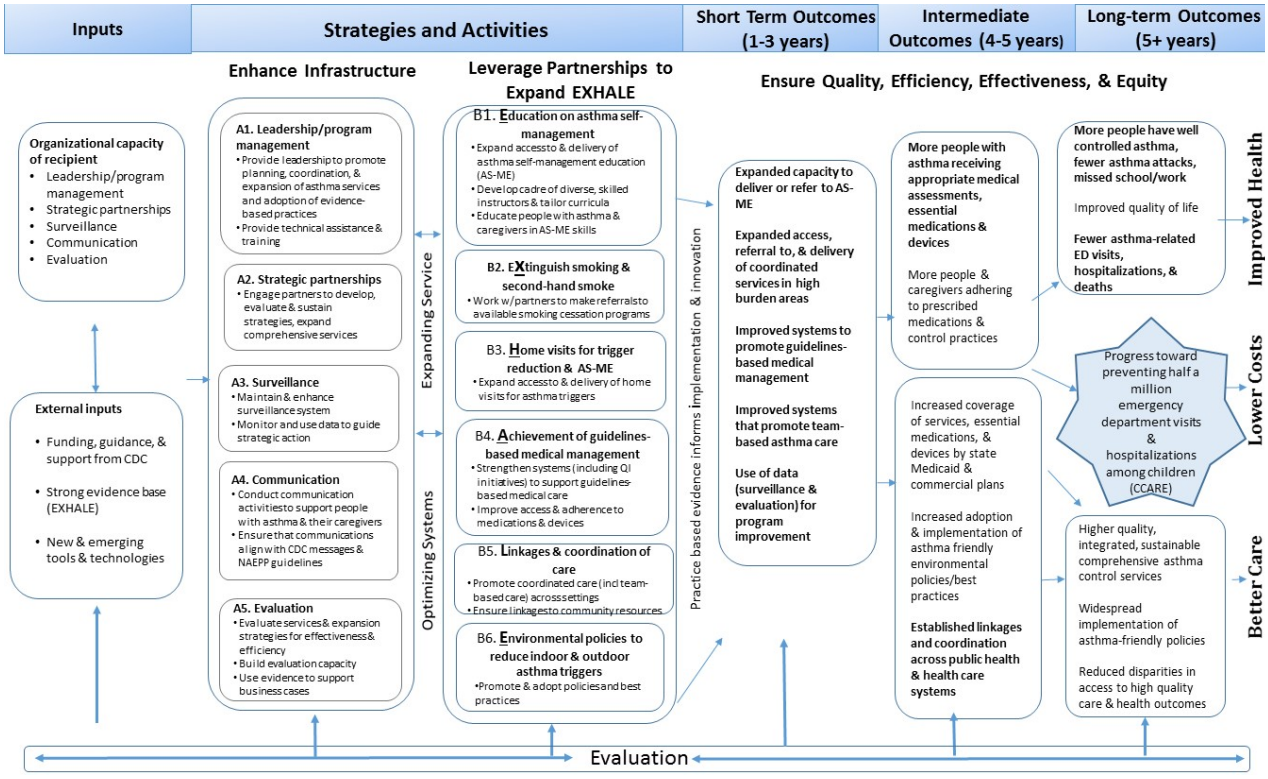
Since its inception, the CDC National Asthma Control Program (NACP) has funded state and territorial public health departments to better understand the impact of asthma and to encourage a comprehensive public health approach to asthma control.[11] NACP also funds non-governmental organizations, expanding its efforts to encourage adherence to National Asthma Education and Prevention Program (NAEPP), Expert Panel Report-3 (EPR-3) guidelines and encourage home-based, multi-trigger, multi-component interventions for people whose asthma is poorly controlled.[12] NACP involvement in the 6|18 initiative has aligned evidence-based practices with emerging value-based payment and delivery models.[13] NACP recently started the CCARE initiative to improve asthma outcomes in children.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

The logic model shown below describes the relationships between the program activities and its intended outcomes.



i. Purpose

This NOFO supports progress toward expanding the reach, quality, effectiveness, and sustainability of asthma control services by strengthening leadership and other essential infrastructure components and expanding the six EXHALE strategies. Applicants are encouraged to implement EXHALE strategies in a coordinated manner and in the same high burden areas or

populations to accelerate progress toward their goals, including the CCARE goal. This NOFO contributes to coordinated care, lower health care costs, and reduced morbidity and mortality due to asthma.

ii. Outcomes

Short-term outcomes (1-3 years)

- Expanded capacity to deliver or refer people with asthma to asthma self-management education (AS-ME). Education may occur in a variety of settings (e.g., clinics, schools, pharmacies, communities) by a variety of providers (e.g., nurses, respiratory therapists, certified asthma educators, community health workers).

- Expanded access, referral to and delivery of coordinated services in high burden areas. Coordination of services should involve multiple sectors (e.g., social services, housing, schools, employers, non-governmental organizations (NGOs)).

- Improved systems that encourage team-based asthma care.

- Use of data (surveillance and evaluation) for program improvement. Surveillance data should be used for monitoring population trends in asthma morbidity, mortality, health care utilization and strategic decision making. Evaluation information should be used to improve the efficiency, effectiveness and sustainability of the asthma control program. For example, data can be used for expanding services to areas of high need; optimizing referrals and coordination of services; developing business cases using economic evaluation data to encourage enhanced coverage of health care.

Intermediate outcomes (4-5 years)

- More people with asthma receive appropriate medical assessments, essential medications and devices.
- Established linkages and coordination across public health and health care systems.

Long-term outcomes (5+ years)

- More people have well-controlled asthma, fewer asthma attacks, and fewer missed school or work days.
- Fewer asthma-related emergency department visits, hospitalizations, and deaths.

Combined, these outcomes are expected to contribute to the CCARE goal of preventing a half million asthma-related emergency department visits and hospitalizations among children over time.

iii. Strategies and Activities

During the period of performance, recipients will conduct strategies and activities in two major categories, Category A: Enhance Program Infrastructure and Category B: Leverage Partnerships to Expand EXHALE. In Category A, recipients will strengthen their agency leadership and

program management, mobilize strategic partners in multiple sectors to coordinate the delivery of asthma control services to priority populations, enhance their asthma surveillance system, conduct appropriate communication activities and use findings from program evaluations to guide continuous program improvement. These efforts will create a strong foundation needed to implement strategies described later in Category B. For purposes of this cooperative agreement, recipients may address people with asthma in all age groups, however, an emphasis on children and adolescents (ages 0-17) is required to advance the work of the CDC CCARE initiative to reduce hospitalizations and emergency department visits among children.

CATEGORY A: ENHANCE PROGRAM INFRASTRUCTURE

Strategy A1: Leadership and Program Management

Activities:

a. Provide leadership to encourage planning, coordination and expansion of asthma services and the adoption of evidence-based practices.
    - Position asthma control as a high priority within the recipient organization. For example, specify asthma as a priority topic within a state health improvement plan, chronic disease prevention and control strategy or other state, territorial or tribal strategic plan.
    - Assess and monitor the quality of asthma care in the recipient state, territory or tribe and participate in the selection of asthma quality measures (if this process is already underway).
b. Within the first 18 months, develop a strategic plan for asthma control which addresses the recipient's entire geographic area. Write the plan collaboratively with partners and seek input from leaders of the recipient's health agency. The plan should include the following:
    - Description of problem across the entire geographic area
    - Groups experiencing the highest asthma burden, a description of their unique needs and methods for addressing these needs
    - Assessment of the current availability of asthma control services
    - A listing of goals and objectives (or strategies) to be accomplished and expected outcomes
    - A listing of activities to be implemented collaboratively by the recipient and its partners
    - A description of the roles of the recipient and lead partners
    - A time line for completion
c. Monitor the progress of activities implemented and provide annual updates for partners.
d. Provide technical assistance, training and other resources to partners.
    - Guide, train, and provide shared learning opportunities to assist partners in implementing effective programs, policies or other activities.
    - Share best practices and lessons learned.
    - Share business case analyses with providers and payers to support coverage and reimbursement of asthma services, medications and devices.
    - Maintain a website where educational, surveillance and evaluation information

will be easily accessible to defined audiences.

Strategy A2: Strategic Partnerships:

Activities:

a. Mobilize partners to plan, implement, evaluate and sustain strategies designed to expand the reach of asthma control services, particularly among target audiences with significant disparities in asthma health outcomes as compared with the general population with asthma.
b. Identify priority populations and goals that are common among partners representing multiple sectors (e.g. housing, transportation, maternal and child health). Work to share information and resources for collective impact, expansion of services and reduction of the duplication of effort.

Strategy A3: Surveillance

Activities:

a. Maintain and enhance the recipient asthma surveillance system. Monitor and use data to guide strategic action.
    - Obtain data from the following core data sets: Hospitalization, Emergency Department Visits, Behavioral Risk Factor Surveillance System (BRFSS) Core, BRFSS Random Child Selection Module, BRFSS Child Prevalence Module, BRFSS Asthma Call-Back Survey (adult), BRFSS Asthma Call-Back Survey (child) and Vital Statistics.
    - Obtain data from additional data sets such as the Youth Tobacco Survey, Youth Risk Behavior Survey, payers (such as Medicaid), worker's compensation, school health (nurse reports/attendance records) or prescription medications. The source of these data sets may be public health departments, community clinics, federally qualified health centers, state Medicaid offices, hospitals, schools, pharmacies, housing authorities, health plans, or other agencies. A list of the core and additional data sets is found in the Glossary of this NOFO.
    - Analyze, interpret and report measures from the core and additional data sets above for both children and adults. These measures are needed to support effective planning, implementation, and evaluation of asthma control programs conducted by the recipients and their partners. Required core measures include: Hospital Discharge Rates (asthma is first-listed discharge diagnosis), Emergency Department Visit Rates (asthma is first-listed diagnosis), Lifetime Prevalence Rates, Current Prevalence Rates, Asthma Control, Asthma Attacks (in the past 30 days and past 12 months), Activity Limitations, Number of Missed School and Work Days Due to Asthma, Asthma Self-Management Education Activities and Behaviors, and Mortality Rates (where asthma is the underlying cause). Monitor trends in the entire population over time and report annually to CDC.
b. Describe the burden of asthma in the recipient's entire state, territory, or tribe using population-based surveillance data.
    - Identify specific key audiences that are disproportionately affected by asthma compared with the general population. When determining these key audiences,

consider relevant socioeconomic factors as well as geographic area. Use this information to guide program planning activities.
- Create maps, tables, or other tools that demonstrate the alignment of program activities and the asthma burden as indicated by surveillance data.
- Publish (using either electronic, online or paper formats) and disseminate asthma-specific reports, fact sheets, maps, web tables, briefs, newsletters, or other materials that support program activities.

Strategy A4: Communication

Activities:

a. Conduct health communication activities to support people with asthma and their caregivers.
b. Tailor activities to address specific needs of identified audiences, paying attention to culture, literacy, education and other factors of these groups.
c. Define key audiences and develop behavioral communication products and messaging based on NAEPP, EPR-3 guidelines.

Strategy A5: Evaluation

Activities:

a. Collaborate with stakeholders to conduct systematic, high quality evaluations of EXHALE services and expansion of strategies for effectiveness and efficiency. Include both process and outcome evaluations.
b. Build evaluation capacity.
    - Using strategies such as those noted in Learning and Growing through Evaluation: State Asthma Program Evaluation Guide, build evaluation capacity to plan, conduct, and use evidence to improve asthma programs. Tailor capacity building efforts to support evaluation efforts, including integrating performance measurement, as noted in section b, Evaluation and Performance Measurement.
c. Use evidence to support business cases.
    - Develop business cases based on information generated from economic evaluations for expanding EXHALE and supporting coverage of asthma services and medications.

For a description of additional evaluation activities to be implemented in this NOFO, see section iv.b., Evaluation and Performance Measurement.

Category B: Leverage Partnerships to Expand EXHALE

In Category B, recipients will implement at least one activity in each of the six EXHALE strategies by the end of the second year of the period of performance. By year five, they will implement and expand all the EXHALE strategies and activities as outlined below, taking into consideration the critical social and cultural context of individuals with asthma and their communities. The EXHALE package outlines opportunities for many different sectors to participate in implement EXHALE strategies and activities on pages 31-33. Opportunities for public health agencies include collecting and disseminating surveillance data, coordinating

partners who implement the strategies and activities, promoting information sharing across sectors, evaluating activities, and tracking progress toward goals. Therefore, public health has an important role in the Linkages and Coordination of Care across Settings (L in EXHALE) activities. Recipients should prioritize establishing and institutionalizing linkages between partners and across settings, while promoting guidelines-based medical management and expanding asthma self-management education. Although the order of implementation of the strategies will be determined by the recipients and its partners, recipients should also expand access to home visits for asthma trigger reduction and asthma self-management education, support environmental policies and best practices, and make referrals to reduce exposure to indoor and outdoor asthma triggers in order to achieve the greatest public health impact. By the end of the five years, recipients should implement all of the EXHALE strategies in new communities to be determined in consultation with CDC.

Strategy B1: Education on asthma self-management (E in EXHALE)

Activities:

a. Expand access to and delivery of asthma self-management education (AS-ME) to people with asthma and their caregivers.
    - Raise public awareness and increase the use of existing AS-ME programs (e.g., through communication campaigns, educating providers and health plans, or through partners such as schools and day care centers.)
    - Develop or strengthen partnerships with health care organizations and health plans to expand access to and reimbursement for AS-ME.
    - Explore proven models and potential pathways for sustaining delivery of AS-ME. See http://www.cdc.gov/sixeighteen/asthma
b. Develop a cadre of diverse skilled instructors to deliver AS-ME and tailor curricula.
    - Assess the capacity and training needs of organizations that will deliver asthma self-management education programs. Share evidence-based training materials and work with partners to address those needs prior to implementation.
    - Define key audiences, develop or adapt, and implement asthma education and communication interventions that are evidence-based and tailored to the needs of individuals with asthma and caregivers of children with asthma, along with intermediary audiences (e.g. clinicians, school personnel, etc.)
c. Educate people with asthma and caregivers in AS-ME skills.
    - Facilitate partner delivery of AS-ME in multiple settings (e.g., homes, clinics, schools, day care centers, workplaces, pharmacies, etc.) for people with asthma and their caregivers and by a variety of providers (e.g., nurses, respiratory therapists, certified asthma educators, community health workers, etc.)
d. Report data on implementation and outcomes of AS-ME programs. CDC will provide standard data definitions, formats and other instructions.

Strategy B2: Extinguish smoking and exposure to second-hand smoke (X in EXHALE)

Activities:

a. Work with partners to make referrals to available smoking cessation programs.
    - Encourage relevant health care, governmental and non-governmental partner

organizations to refer people with asthma who smoke (or their caregivers) to appropriate cessation interventions, counseling and cessation medications approved by the Food and Drug Administration (FDA). Note that recipients may not use more than $2,500 of cooperative agreement funds annually to support activities related to state tobacco control quit lines. For additional information on state and community tobacco control programs funded by CDC, go to https://www.cdc.gov/tobacco/stateandcommunity/tobacco_control_programs/index.htm

- Encourage partners to track initiation and completion rates of people participating in these cessation interventions.

b. Report information on smoking status, exposure to second-hand smoke, and referrals to smoking cessation programs in performance measures C and F. See the table of performance measures in the CDC Evaluation and Performance Measure Strategy section of this NOFO.

Strategy B3: Home visits for trigger reduction and AS-ME (H in EXHALE)

Activities:

a. Expand access to and delivery of home visits for asthma triggers.
   - Encourage payers and health plans to offer home visits to improve asthma control among high risk individuals whose asthma is not well-controlled despite guidelines-based medical management and asthma self-management education outside the home.
   - Offer training and encourage reimbursement for a variety of providers who can effectively deliver home visits for asthma, including nurses, respiratory therapists, certified asthma educators, and trained community health workers.
   - Encourage the implementation of evidence-based programs and use of environmental assessment tools to reduce asthma triggers in the home. See checklist at https://www.epa.gov/sites/production/files/2018-05/documents/asthma_home_environment_checklist.pdf
   - Ensure that programs are evidence-based, cost-effective, sustainable, culturally appropriate, and tailored to the needs of program participants.
   - Identify existing and new organizations (e.g., community organizations, local health departments, health care organizations or visiting nurse programs) that can expand the reach of asthma home visiting programs; provide those organizations with technical assistance as needed.
   - Increase awareness of existing home visit delivery programs in the area and encourage providers, health plans, and schools to referrals people to these services. (Other proven models and potential pathways for sustaining the delivery of home visit programs for asthma can be found at http://www.cdc.gov/sixeighteen/asthma.)

b. Report implementation and outcomes data related to home visits for asthma trigger reduction and AS-ME in the performance measures. See the table of performance measures in the CDC Evaluation and Performance Measure Strategy section of this NOFO.

Strategy B4: Achievement of guidelines-based medical management (A in EXHALE)

Activities:

a. Strengthen systems, including quality improvement initiatives, to support guidelines-based medical care.
    - Encourage Medicaid managed care organizations, other health plans, health care organizations, school-based health centers and group practices to choose asthma as a topic for quality improvement activities.
    - Use effective, evidence-based processes for quality improvement activities (e.g., audit and feedback, decision support tools, emergency department protocols, care coordination, etc.).
    - Facilitate focused training of health care providers including physicians, nurses, community health workers and pharmacists to provide team-based care for asthma.
    - Encourage health plans and providers to use administrative and clinical data to identify patients with poor asthma control and to develop mechanisms for delivering necessary services.
b. Improve access and adherence to medications and devices.
    - Work with health plans and payers to eliminate barriers (e.g. co-payments, prior authorization, or refill limits) to obtaining and using asthma medications and devices.
    - Encourage shared treatment decision-making, in which patients with asthma and their health care providers decide on treatment based on patient goals, preferences, and concerns.
c. Provide information on quality improvement initiatives focused on access to care and adherence issues. Report outcome data in the performance measures. See the table of performance measures in the CDC Evaluation and Performance Measure Strategy section of this NOFO.

Strategy B5: Linkages and coordination of care across settings (L in EXHALE)

Activities:

a. Encourage coordinated care (including team-based care) across settings.
    - Encourage health care provider organizations, health insurance plans, schools, community organizations and others to emphasize coordinated care through patient-centered medical homes, disease management, case management, and school- or community-based programs.
    - Encourage linkages within and across the health care system and community services to address patient needs (e.g., medical or social) and improve health.
    - Develop systems and mechanisms that are consistent with privacy regulations for bi-directional sharing of information between schools, health care providers and community-based organizations for the purpose of coordinating care for people with asthma.
b. Ensure linkages to community resources.
    - Develop new or strengthen existing partnerships between asthma service providers and local, state or regional organizations that address relevant social determinants

of health (e.g., transportation to medical appointments, integrated pest management, home weatherization assistance programs, tenant advocacy, etc.).

c. Report information on the implementation of coordinated care activities and linkages to community resources in the performance measures. See the table of performance measures in the CDC Evaluation and Performance Measure Strategy section of this NOFO.

Strategy B6: Adopt environmental policies or best practices to reduce indoor and outdoor asthma triggers (last E in EXHALE)

Activities:

a. Encourage the adoption of environmental policies and best practices.
   - Collaborate with partners that encourage home energy efficiency, including home weatherization assistance programs for low-income families. Structural improvements made by these programs may complement home visiting programs for asthma.
   - Partner with tobacco control programs to develop and implement smoke-free policies that reduce tobacco smoking and reduce exposure of non-smokers to second-hand smoke (such as smoke-free workplaces, restaurants, and bars) and policies that encourage voluntary or mandatory smoke-free policies for residences such as multi-family homes or apartments.
   - Encourage the adoption of clean diesel technology (such as retrofitting or modifying school buses with older diesel engines) so they run more cleanly.
   - Encourage the use of novel air technologies to measure indoor or outdoor air quality.

b. Report information on entities that adopt new policies and best practices in the annual performance report. CDC will provide format and other instructions in post-award guidance.

1. Collaborations

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

Recipients are encouraged, but not required, to collaborate with other CDC-funded programs when interests and activities align. These may include:

- Recipients of funding from the CDC National Asthma Control Program (NACP) that funds non-governmental organizations to encourage provider adherence to national guidelines; and encourages entities to provide home-based, multi-trigger, multi-component interventions for people whose asthma is poorly controlled. These are the American Lung Association, Asthma and Allergy Foundation of America, Allergy and Asthma Network, and the National Environmental Education Foundation as well as recipients of any future cooperative agreements awarded by the NACP.

- Recipients of funding from the National Center for Environmental Health such as Environmental Public Health Tracking, Climate and Health, and Childhood Lead Poisoning Prevention Programs for the purposes of sharing data, establishing consistent

definitions and measures, creating maps, tables, or other tools and developing policies related to environmental exposures and health effects on people with asthma.

- Recipients of funding from National Center for Chronic Disease Prevention and Health Promotion, including but not limited to, the Division of Population Health; Office on Smoking and Health; Division of Nutrition, Physical Activity and Obesity; Division of Heart Disease and Stroke Prevention; and the Division of Diabetes Translation, for the purposes of conducting and analyzing the Behavioral Risk Factor Surveillance Survey and asthma-related modules; smoking cessation activities; coordinated school health programs and health services; community needs assessments; self-management education; chronic disease quality improvement projects; community health worker training; communication campaigns; or any other activities related to asthma.

- CDC Office of the Associate Director for Policy, for the purpose of participating in the 6|18 Initiative whereas CDC partners are targeting six common and costly health conditions with 18 proven interventions.

- CDC Disability and Health Programs, for the purpose of fully engaging people with disabilities into activities regarding asthma management and control.

b. With organizations not funded by CDC:

Recipients should also collaborate with organizations that are not funded by CDC, but are essential to the effective implementation of strategies described in this NOFO. These include, but are not limited to State Medicaid and Children's Health Insurance Program (CHIP) offices; hospitals; federally qualified health centers and other health care organizations; primary care associations; state medical societies; regional offices of the U.S. Environmental Protection Agency, U.S. Department of Housing and Urban Development, and U.S. Department of Health and Human Services; public health agencies; state departments of education; state and local housing authorities; relevant professional organizations; insurers; quality improvement organizations; social services; or other groups that serve populations experiencing a disproportionate burden of asthma.

2. Target Populations

Recipients will be expected to focus on key audiences in their state, territory or tribe that are disproportionately affected by asthma or are at high risk for poor health outcomes, based on analysis of population-based surveillance data. Recipients may address people with asthma in all age groups, however an emphasis on children and adolescents (ages 0-17) is required to advance the work of the CDC CCARE initiative.

a. Health Disparities

Strategies and activities described in this NOFO are designed to reduce health disparities and improve social determinants of health among key audiences with the greatest needs. Recipients will first use surveillance data to identify these groups, then implement strategies and activities to deliver or refer people to appropriate asthma control services. Emphasis will be on those most vulnerable. Recipients will engage partners to foster the coordination of care across the health

system, including appropriate members of the asthma care team, to ensure delivery of care that is culturally appropriate, and that connections are made to other community resources such as housing or social services.

iv. Funding Strategy

The table below provides a list of funding levels available to applicants, based on population size

Population	Funding Level
100,000 - 399,999	$300,000
400,000 - 699,999	$350,000
700,000 - 999,999	$450,000
1,000,000 - 1,999,999	$500,000
2,000,000 - 2,999,999	$525,000
3,000,000 - 3,999,999	$550,000
4 ,000,000 - 4,999,999	$575,000
5,000,000 - 5,999,999	$600,000
6,000,000 - 8,999,999	$625,000
9,000,000 - 11,999,999	$650,000
12,000,000 - 14,999,999	$675,000
15,000,000 - 17,999,999	$700,000
18,000,000 - 19,999,999	$750,000
20,000,000 - 24,999,999	$775,000
25,000,000 and over	$800,000

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Evaluation and performance measurement help demonstrate achievement of project outcomes; build a stronger evidence base for specific interventions; clarify applicability of the evidence base to different populations, settings, and contexts; and drive continuous improvement. Evaluation and performance measurement can also determine if strategies and activities are scalable and effective at reaching target populations. The evaluation strategy is grounded in the CDC Evaluation Framework for Public Health, MMWR, September 18, 1999, Vol. 48 / No. RR-11, as well as in the utilization-focused and participatory approach described in Learning and Growing Through Evaluation: State Asthma Program Evaluation Guide.

Throughout the five-year period of performance, recipients will evaluate services and expansion strategies for efficiency and effectiveness; build sufficient evaluation capacity within the asthma program and among partners to support high-quality evaluation; apply evidence of program efficiency and effectiveness to support the development of business cases; and use evaluation findings to improve and enhance programming throughout period of performance. The specific number of evaluations to be conducted will vary based on the scope of evaluations proposed, but it is expected that major program components will be evaluated during the period of performance.

CDC will work individually and collectively with recipients to: (1) increase the efficiency and effectiveness of the asthma program; (2) build and share the practice base regarding strategies that reduce the burden of asthma; and (3) contribute toward the goal of the CDC Controlling Childhood Asthma, Reducing Emergencies (CCARE) initiative, preventing a half million hospitalizations and emergency department visits among children with asthma in five years.

Four overarching evaluation questions map to the program logic model. They are:

1. To what extent has the recipient strengthened and expanded programmatic infrastructure to support optimizing services and health systems?
2. To what extent has the recipient leveraged partnerships and policies to expand the EXHALE strategies to ensure availability, efficiency, effectiveness, and health equity?
3. To what extent has the recipient successfully engaged with health plans or health care practices in efforts to improve quality of care?
4. To what extent has the recipient made progress toward achieving the long-term outcomes associated with asthma control, including the reduction of asthma disparities?

To answer these questions, CDC will use an evaluation approach with both qualitative and quantitative methods. Recipients will be required to: (1) report on CDC-developed process and outcome performance measures specified in the table below; (2) plan, develop, implement, and report on results from evaluations prioritized by the recipients and which contribute to overarching evaluation questions in this NOFO; (3) use evaluation evidence to develop business cases in support of sustainable services; and (4) participate in collaborative evaluation efforts with other recipients of this NOFO.

The following performance measures should be collected at the specified intervals using the format described in post-award guidance. CDC will work with recipients in the first year of the cooperative agreement to establish state-specific targets for each measure, specify data formats, and identify key audiences to be tracked over time. Recipients may develop additional measures. CDC will also work with recipients to define additional qualitative and quantitative measures of progress toward long-term outcomes that are based on the recipients context and baseline situation. CDC will develop specific reporting processes and templates and provide guidance on their function to facilitate and standardize data collection.

Associated Strategies and Activities	Outcomes	Performance Measures (PMs
A1. Leadership/program management • Provide leadership to encourage planning, coordination and expansion of asthma services	**Intermediate: Established linkages and coordination across public health and health care systems**	**PM B: Linking Activities and Outcomes** Documented activities and outcomes to lead and coordinate the establishment and expansion of linkages between components of the EXHALE technical package at the organizational level (e.g., linkages that encourage reimbursement or referrals;

and the adoption of evidence-based practices • Provide technical assistance & training		systems developed to share information across providers; health plans that link with home-based based services or schools
A2. Strategic Partnerships Engage partners to develop, evaluate and sustain strategies, expand comprehensive services.	**Intermediate: Established linkages and coordination across public health and health care systems**	**PM B: Linking Activities and Outcomes** Documented activities and outcomes to lead and coordinate the establishment and expansion of linkages between components of the EXHALE technical package at the organizational level (e.g., linkages that encourage reimbursement or referrals; systems developed to share information across providers; health plans that link with home-based based services or schools
A3. Surveillance system/data • Maintain and enhance a state-wide surveillance system • Monitor and use data to guide strategic action	**Short-term: Use of data (surveillance and evaluation) for program improvement**	**PM A: Analysis and Use of Core Data Sets and Measures** Number and percentage of core measures updated, analyzed and reported to CDC during each budget period. Core measures are listed in the Glossary of the NOFO.
A5. Evaluation • Evaluate services and expansion strategies for	**Short-term: Use of data (surveillance and evaluation) for program**	**PM E: Use of Evaluation Findings** Actions taken or decisions made during the reporting

effectiveness and efficiency • Build evaluation capacity • Use evidence to support business cases	**improvement**	period to improve program activities and increase program effectiveness as a result of evaluation findings
B1-B6. Leverage Partnerships to Expand EXHALE	**Short-term: Expanded access, referral to, and delivery of coordinated community-based services in high burden areas**	**PM C: Comprehensive Services Expansion in High Burden Areas** Number and description of existing, new, and discontinued services supported by the recipient and their partners, by geographic area and intervention type; and alignment of services with high burden geographic areas. • Asthma self-management education (AS-ME) outside of a home visit • Home visits for trigger reductions and/or ASME • Interventions to improve asthma medical management • Interventions to sustain linkages across interventions (including care coordination) • Smoke-free home policies in multi-unit housing • Smoke-free school campus policies • Other school-based interventions (i.e., not

		policy, AS-ME, improved medical management or care coordination)
B1. Education on asthma self-management • Expand access to and delivery of asthma self-management education • Develop a cadre of diverse, skilled instructors and tailor curricula • Educate people with asthma and their caregivers in AS-ME skills	**Short-Term: Expanded capacity to deliver or refer to AS-ME** **Long-Term: More people have well-controlled asthma, fewer asthma attacks, missed school/work days**	**PM F: AS-ME Completion Rates** Number and demographics of people with asthma who initiated and attended at least 60 percent of sessions of guidelines-based, asthma self-management education (AS-ME); and description of the setting and curriculum of AS-ME courses **PM G: Improvement in Asthma Control among AS-ME Completers** The number of participants with poorly-controlled asthma on enrollment (a subset of the previous measure) who report that their asthma is well-controlled one month or more after attending at least 60 percent of asthma self-management education sessions
B4. Achievement of guidelines-based medical management • Strengthen systems (including quality improvement initiatives) to support guidelines-based medical care • Improve access and adherence to	**Short-Term: Improved systems to encourage guidelines-based medical management** **Intermediate: More people with asthma receiving appropriate medical assessments, essential**	**PM D: Quality of Guidelines-Based Care** Documented improvements in the quality of care or health outcomes (e.g., asthma control, emergency department visits, hospitalizations, AS-ME) as a result of quality improvement initiatives

medications and devices	**medications and devices**	

CDC will work with recipients to refine and provide further specifications for these measures as needed. Recipients may also choose to develop additional process and outcome indicators to guide and monitor progress toward the outcomes in the logic model. CDC will work with recipients to operationalize the performance measures and identify feasible data sources for the measures. CDC will develop specific reporting processes and templates and provide guidance on their function to facilitate and standardize data collection. CDC will periodically review the use of performance measures and discontinue those that are not informative.

Recipients of this NOFO will be required to submit a Data Management Plan within the first 6 months of award. Measures for all EXHALE strategies will be reported as part of the Performance Measures or the Annual Performance Report. CDC will manage, analyze, and disseminate reports on state-specific and aggregated performance measure information to recipients and appropriate audiences, including federal partners, non-funded partners, the public, and policy makers, as appropriate. The analysis of performance measures and evaluation findings across recipients will guide the CDC technical assistance approach and support a community of practice through which recipients will share program successes and challenges, using the resources provided by CDC (e.g., listservs, online forums and dashboards, calls, and meetings). CDC will also use aggregated information from the performance measures and evaluation findings to assess recipient progress toward the goals of this NOFO, including CCARE, and establish high-level recommendations for recipients and key stakeholders on program impact, sustainability, and continued program improvement upon completion of the award. CDC will develop and maintain a Data Re-release Plan detailing the planned dissemination and use of surveillance data and performance measures information submitted by recipients.

ii. Applicant Evaluation and Performance Measurement Plan

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

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant)
- Plans for updating the Data Management Plan (DMP), if applicable, for accuracy throughout the lifecycle of the project. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For

more information about CDC's policy on the DMP, see https://www.cdc.gov/grants/additionalrequirements/ar-25.html.

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

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

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

This NOFO does not involve new surveillance data collection for the recipients. Performance measure data will be delivered to CDC and CDC will be responsible for managing, analyzing, and disseminating reports on the performance measure data. Recipients of this NOFO are not required to submit a Data Management Plan. CDC will develop and implement a Data Management Plan and Data-Re-release plan detailing the dissemination and use of recipient-submitted performance measure and surveillance data.

c. Organizational Capacity of Recipients to Implement the Approach

Applicants must demonstrate capacity to meet the purpose of this NOFO by:

Leadership and program management

- Describing the commitment of senior managers to ensure support for proper staffing (including supervision), guidance, contracting mechanisms and other resources specifically for the asthma program.

- Documenting that they currently have a staff of highly qualified public health professionals with appropriate experience in asthma and expertise in leadership, supervision, program management, epidemiology, surveillance, evaluation, training, cultural competencies, and communications that is sufficient for implementing and expanding the proposed strategies and activities in this NOFO. Clearly define the duties of each staff member. Attach position descriptions and resumes indicating that each person has the qualifications, knowledge, training, and experience to perform assigned duties. Include organizational charts showing the location of the asthma program within the agency organizational structure. Combine position descriptions into one file and name it **Position Descriptions**. Combine resumes into one file and name it **Resumes.** Combine organizational charts into one file and name it **Organizational Charts.** Upload files to Grants.gov as additional attachments.

- Describing the current capacity to provide leadership to encourage planning, coordination and expansion of asthma services and the adoption of evidence-based practices.

- Describing the capacity to work with partners to develop an asthma-specific strategic plan for implementing EXHALE strategies and activities as a package providing and delivering or referring people in key audiences experiencing a high asthma burden. Monitoring progress over time.

- Describing the capacity to reach the recipient's entire state, territory or tribe with strategies described in this NOFO.

- Describing technical assistance, training and other resources or support to partners implementing programs.

Strategic Partnerships

- Describing program capacity to implement evidence-based strategies.

- Describing existing partnerships and agreements with state Medicaid and other key partners (e.g., children's hospitals, managed care plans, federally qualified health centers, community health centers, school districts and other organizations) that have demonstrated the capacity to deliver the components of comprehensive asthma control services.

- Describing comprehensive school-based asthma management programs, including student action plans, and training for school staff to administer asthma-related medications in an emergency.

- Describing existing partners that currently have a significant role in implementing strategies.

- Describing the current capacity to address health disparities related to asthma.

- Describing current asthma-related interventions supported by the applicant. Include the geographic locations of each intervention either by a map, table or chart.

Surveillance and Epidemiology

- Describing their existing asthma surveillance system and its potential for future expansion.

- Describing their current capacity to obtain data from the following core data sets: Hospitalization, Emergency Department Visits, Behavioral Risk Factor Surveillance System (BRFSS) Core, BRFSS Random Child Selection Module, BRFSS Child Prevalence Module, BRFSS Asthma Call-Back Survey (child and adult) and Vital Statistics.

- Describing their current capacity to obtain data from additional data sets such as the Youth Tobacco Survey, Youth Risk Behavior Survey, payers (e.g., Medicaid or Children's Health Insurance Program (CHIP)), worker's compensation claims, medical or pharmacy

insurance claims, school district health data or student attendance records, use of health care services and costs of care.

- Describing their current capacity to analyze, interpret and report the following measures from the data sets listed above: Hospital Discharge Rates (asthma is first-listed discharge diagnosis), Emergency Department Visit Rates (asthma is first-listed diagnosis), Mortality Rates (where asthma is the underlying cause), Lifetime Prevalence Rates, Current Prevalence Rates, Asthma Control, Asthma Attacks (in the past 30 days and past 12 months), activity limitations, number of missed school and work days due to asthma, and asthma self-management education activities and behaviors. Identify the capacity to report each measure at the state/territory/tribal level, smaller geographic areas (e.g., county, city, neighborhood, zip code, etc.) and age categories (e.g., children ages 0-17, adults ages 18 and over).

- Describing their current capacity to report aggregate data on participants in asthma interventions and their asthma-related outcomes.

Communication

- Identifying specific staff and resources that are currently available within the health agency for developing, producing, and disseminating educational materials for use in multiple media formats and languages.

- Identifying existing mechanisms for distributing educational and informational material to target audiences (e.g., the public, health care providers, policy makers, and partners) and specific websites where this information is easily accessible to these audiences.

Program Evaluation

- Describing current capacity to collaborate and coordinate with partners to plan, develop, and implement evaluation plans, including economic evaluations.

- Describing current capacity to collect performance measures and use evaluation to improve effectiveness and efficiency of strategies and enhance overall programming.

- Describing current capacity and ability to build evaluation capacity among partners.

- Describing current capacity and willingness to collaborate with other recipients of this NOFO in planning and sharing lessons learned from evaluations.

Budget management and administration

- Describing the existing financial management system in place that allows proper funds management and segregation of funds by program and meets the requirements stated in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards. The financial system should permit the preparation of reports required by general and program-specific terms and conditions and the tracing of funds to a level of

expenditure adequate to establish that such funds have been used according to the federal statutes, regulations, and terms and conditions of the federal award.

- Describing the current capacity to write, award and manage contracts in accordance with applicable grants regulations.

d. Work Plan

The work plan allows the project officer to monitor implementation of activities and progress on period of performance outcomes. Applicants should provide a detailed work plan for the first year of the project and a high-level work plan for years 2-5. No specific work plan format is required, as long as it is clear to the reviewers how the components in the work plan are related to the strategies and activities, outcomes, evaluation and performance measures presented in the logic model and the narrative sections of the NOFO. A sample work plan format is presented below to show how the applicant may develop its work plan to demonstrate alignment with the logic model and narrative. If an activity leads to multiple outcomes, it should be described under each outcome measure.

Sample work plan format			
Period of Performance Outcome:	**Outcome Measure:**		
Strategies and Activities	**Process Measure**	**Responsible Position**	**Begin/End Date(month/year)**
CATEGORY A: ENHANCE PROGRAM INFRASTRUCTURE			
Strategy A1: Leadership and Program Management			
Activity:			
Strategy A2: Strategic Partnerships			
Activity:			
Strategy A3: Surveillance			
Activity:			
Strategy A4: Communication			
Activity:			
Strategy A5: Evaluation			
Activity:			
CATEGORY B: LEVERAGE PARTNERSHIPS TO EXPAND EXHALE	**Process Measure**	**Responsible Position**	**Begin/End Date(month/year)**

Strategy B1: Education on asthma self-management			
Activity:			
Strategy B2: Extinguish Smoking and Exposure to Second-hand Smoke			
Activity:			
Strategy B3: Home visits for trigger reduction and AS-ME			
Activity:			
Strategy B4: Achievement of guidelines-based medical management			
Activity:			
Strategy B5: Linkages and coordination of care across settings			
Activity:			
Strategy B6: Adopt environmental policies or best practices to reduce indoor and outdoor asthma triggers			
Activity:			

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

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

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

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

satisfactory performance levels.

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

CDC will provide tools and resources aligned with program activities and outcomes for this NOFO, analyze performance measurement data, review progress, and identify technical assistance needs for all NOFO recipients. CDC will also develop aggregate performance measure reports to be disseminated to recipients, key stakeholders, federal partners and policy makers as appropriate.

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

This is a cooperative agreement and CDC will have substantial programmatic involvement after the award is made. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews conducted during the normal course of the period of performance. CDC program staff will assist, coordinate, or participate in carrying out efforts under the award, and recipients agree to the responsibilities therein, as detailed in the NOFO. CDC staff involved with this cooperative agreement will provide substantial involvement beyond site visits and regular performance and financial monitoring during the period of performance. The CDC program will work in partnership with recipients to ensure the success of the cooperative agreement by:

- Supporting recipients to implement cooperative agreement requirements and advance program activities to meet outcomes.
- Providing technical assistance to revise annual work plans and budgets.
- Providing expertise and resources related to scientific subject matter and health care systems.
- Providing consultation and guidance on enhancing and expanding existing asthma surveillance activities, including the analysis and interpretation of data sets.
- Providing advice on the development, publication, and dissemination of surveillance reports, fact sheets, or other data products.
- Collaborating with recipients to develop and implement strategic and individual evaluation plans and use evaluation findings.
- Providing technical assistance to operationalize and report performance measures.
- Analyzing recipient performance measurement data and evaluation findings to provide suggestions for program improvement.
- Engaging recipients in cross-state evaluations of program activities and outcomes.
- Establishing and facilitating learning opportunities to increase information sharing among recipients.
- Providing professional development and training opportunities, either in person or through virtual web-based training formats for the purpose of sharing best practices and the latest science on asthma.
- Convening in-person meetings that provide recipients with opportunities to exchange resources, share lessons learned and address common issues.

- Participating in meetings, committees, conference calls, and working groups relevant to achieving the goals of the NOFO.
- Coordinating with other agencies and national organizations working to reduce the burden of asthma encouraging collaboration between public health and health care entities.
- Disseminating lessons learned by recipients to build a stronger practice base for asthma-specific policies and strategies.

B. Award Information

1. Funding Instrument Type:	Cooperative Agreement CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.
2. Award Mechanism:	UE1
3. Fiscal Year:	2019
4. Approximate Total Fiscal Year Funding:	$15,000,000
5. Approximate Period of Performance Funding:	$70,000,000

This amount is subject to the availability of funds.

Estimated Total Funding:	$70,000,000
6. Approximate Period of Performance Length:	5 year(s)
7. Expected Number of Awards:	25
8. Approximate Average Award:	$500,000 Per Budget Period
9. Award Ceiling:	$800,000 Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor:	$100,000 Per Budget Period
11. Estimated Award Date:	09/01/2019
12. Budget Period Length:	12 month(s)

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

13. Direct Assistance

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

C. Eligibility Information

1. Eligible Applicants

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

Additional Eligibility Category:

2. Additional Information on Eligibility

Applicants are required to submit all of the following items to meet responsiveness requirements of this NOFO:

(A) Asthma surveillance products in the form of reports, fact sheets, data briefs, or other documents that describe the burden of asthma in the applicant's entire area (e.g. state, territory, tribe, etc.) Products must include analysis from all of the following data sets: (1) Hospital discharge (or hospital in-patient file), (2) Asthma questions on the Behavioral Risk Factor Surveillance Survey (BRFSS) Core, and (3) the BRFSS Asthma Call-Back Survey (Adult or Child). The products must have been published (either on paper, electronically or online) between January 2015 and February 2019. Draft versions are not acceptable. Combine documents into one file, name the file **Responsiveness-Surveillance** and upload it to Grants.gov.

(B) Recent (within the past year), signed letters from local, regional or area-wide asthma partnerships and key partners demonstrating that the applicant currently has strong partnerships and is able to work across the applicant's entire area (e.g. state, territory, tribe, city, etc.). Letters should include specific statements describing how partners currently work collaboratively with the applicant to implement specific strategies and activities. Coordination of these partners is critical to the success of the project. Combine the letters into one file, name the file **Responsiveness-Partnerships** and upload it to Grants.gov.

(C) A signed letter from the applicant that documents that they currently provide services to a population of at least 100,000 people (based on US Census data, 2018 estimates). Name the file **Responsiveness-Population** and upload it to Grants.gov.

If the application is non-responsive to any of the requirements listed in this section, it will not be entered into the review process. The applicant will be notified that the application did not meet submission requirements and will not advance for further review.

3. Justification for Less than Maximum Competition

Not applicable.

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

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

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

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

a. Data Universal Numbering System:

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

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

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

b. System for Award Management (SAM):

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

c. Grants.gov:

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

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

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	1. Click on http:// fedgov.dnb.com/ webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/ webform) or call 1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	1. Retrieve organizations DUNS number 2. Go to www.sam.gov and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/ fsd-gov/ home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

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

3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this notice of funding opportunity at www.grants.gov. If Internet access is not available, or if the online forms cannot be accessed, applicants may call the CDC OGS staff at 770-488-2700 or e-mail OGS ogstims@cdc.gov for assistance. Persons with hearing loss may access CDC telecommunications at TTY 1-888-232-6348.

4. Submission Dates and Times

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

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

Due Date for Letter of Intent: **05/01/2019**

b. Application Deadline

Due Date for Applications: **05/31/2019** , 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.
A Letter of Intent is requested, but is not required.

Date for Information Conference Call

N/A

5. CDC Assurances and Certifications

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

- Complete the applicable assurances and certifications with each application submission, name the file "Assurances and Certifications" and upload it as a PDF file with at www.grants.gov
- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at http://wwwn.cdc.gov/ grantassurances/ (S(mj444mxct51lnrv1hljjjmaa))/ Homepage.aspx

Assurances and certifications submitted directly to CDC will be kept on file for one year and will apply to all applications submitted to CDC by the applicant within one year of the submission date.

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

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

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

6. Content and Form of Application Submission

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

7. Letter of Intent

The letter of intent (LOI) is requested, but optional. The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications.

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

Daniel J. Burrows, Lead Public Health Advisor

CDC, National Center for Environmental Health

Asthma and Community Health Branch

Division of Environmental Health Science and Practice

National Center for Environmental Health
Centers for Disease Control and Prevention

4770 Buford Highway NE, Mailstop F-60
Atlanta, GA 30341-3717
Telephone: (770) 488-3710

Fax: (770) 488-1540

E-mail: zpc3@cdc.gov

8. Table of Contents

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

9. Project Abstract Summary

(Maximum 1 page)
A project abstract is included on the mandatory documents list and must be submitted at www.grants.gov. The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the "Project Abstract Summary" text box at www.grants.gov.

10. Project Narrative

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

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

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

c. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

Applicants must address the organizational capacity requirements as described in the CDC

Project Description.

11. Work Plan

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

12. Budget Narrative

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

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

Indirect costs could include the cost of collecting, managing, sharing and preserving data. Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.
If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions

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

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

Applicants must name this file "Budget Narrative" and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Recipients under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

13. Funds Tracking

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

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

- Written procedures for financial reporting and monitoring.

14. Intergovernmental Review

Executive Order 12372 does not apply to this program.

15. Pilot Program for Enhancement of Employee Whistleblower Protections

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

16. Copyright Interests Provisions

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

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

17. Funding Restrictions

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

- Recipients may not use funds for research.

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

- Recipients may not use funds for research. Public health surveillance and program evaluation activities for the purpose of monitoring program performance are not considered research. However, identifiable information collected must be kept confidential.
- Recipients may not use funds for personal health services, medications, medical devices (such as spacers, spirometers, or peak flow meters), or other costs associated with the medical management of asthma.
- Recipients may not use funds to pay for scholarships for children to attend asthma camps.
- Recipients may not use funds for asthma screenings.
- Recipients may not use funds for population-based asthma registry activities (such as a state-wide registry), unless associated with centralized use of electronic health records

by the state health department or other authorized entity.

- Recipients may not use funds to supplant state or local funds.
- Recipients may not use funds for construction.
- Recipients may not use funds to purchase items such as pillow cases, mattress covers, or cleaning supplies, except to encourage completion of self-management training or home-based programs or participation in evaluations. Funds allocated to these supplies should not exceed $2,000 per year.
- Recipients may not use funds for remodeling or remediation projects.
- Recipients may not use funds to pay fees for the Asthma Educator Certification exam.
- Recipients may not use funds for promotional items.
- Recipients may not use funds to pay people to participate in programs, respond to requests for information or complete evaluation forms.
- Recipients may not use more than $2,500 of cooperative agreement funds annually to support activities related to state tobacco control quit lines.
- Recipients may not use funds for air monitors, moisture meters, sensors or other similar supplies without prior approval and consultation with CDC. If funding is approved, the amount available will be limited to very small projects.

18. Data Management Plan

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

19. Other Submission Requirements

a. Electronic Submission:

Applications must be submitted electronically by using the forms and instructions posted for this notice of funding opportunity at www.grants.gov. Applicants can complete the application package using Workspace, which allows forms to be filled out online or offline. All application attachments must be submitted using a PDF file format. Instructions and training for using Workspace can be found at www.grants.gov under the "Workspace Overview" option.
If Internet access is not available or if the forms cannot be accessed online, applicants may contact the OGS TIMS staff at 770- 488-2700 or by e-mail at ogstims@cdc.gov, Monday through Friday, 7:30 a.m.–4:30 p.m., except federal holidays. Electronic applications will be considered successful if they are available to OGS TIMS staff for processing from www.grants.gov on the deadline date.

b. Tracking Number: Applications submitted through www.grants.gov are time/date stamped electronically and assigned a tracking number. The applicant's Authorized Organization Representative (AOR) will be sent an e-mail notice of receipt when www.grants.gov receives

the application. The tracking number documents that the application has been submitted and initiates the required electronic validation process before the application is made available to CDC.

c. Validation Process: Application submission is not concluded until the validation process is completed successfully. After the application package is submitted, the applicant will receive a "submission receipt" e-mail generated by www.grants.gov. A second e-mail message to applicants will then be generated by www.grants.gov that will either validate or reject the submitted application package. This validation process may take as long as two business days. Applicants are strongly encouraged to check the status of their application to ensure that submission of their package has been completed and no submission errors have occurred. Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the NOFO. Non-validated applications will not be accepted after the published application deadline date.

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User Guide.
https:// www.grants.gov/help/html/help/index.htm? callingApp=custom#t=
Get_Started%2FGet_Started. htm

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

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

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

   If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the

application by U.S. mail or express delivery service).

E. Review and Selection Process

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

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

b. Phase II Review

A review panel will evaluate complete, eligible applications in accordance with the criteria below.
i. Approach
ii. Evaluation and Performance Measurement
iii. Applicant's Organizational Capacity to Implement the Approach
Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements.

i. Approach Maximum Points:50

The extent to which to applicant proposes to:

Infrastructure (20 points)

- Develop an asthma-specific strategic plan and monitor progress over time. (5 points)
- Mobilize partners to plan, implement, evaluate and sustain strategies that expand the reach of high quality asthma control services, particularly among key audiences with significant disparities in asthma health outcomes. Provide guidance, training and other resources. (5 points)
- Analyze, interpret and report all of the following measures based on the data sets above for both adults (ages 18 and over) and children (ages 0-17): Hospital discharge rates (asthma is first listed diagnosis), emergency department visit rates (asthma is first listed diagnosis), mortality rates (asthma is underlying cause), asthma prevalence (lifetime and current), asthma control, asthma attacks in the past 30 days and past 12 months, activity limitations, number of missed school and work days due to asthma, and asthma self-management education activities and behaviors. Monitor trends in the entire population over time and report measures to CDC annually. (4 points)
- Collaborate with partners (such as state-based hospital authorities and agencies, insurers/payers, school systems, environmental health agencies, and state Medicaid offices) to identify, obtain, analyze, interpret and report to CDC on additional data sets and measures to guide program planning and evaluation activities. Determine

availability of health systems data, such as quality measures and health outcomes data. (1 point)
- Conduct health communication activities to support people with asthma and their caregivers. Define key audiences, develop or adapt, and disseminate audience-based behavioral communication products and messaging based on NAEPP, EPR-3 guidelines; tailor activities to address specific needs of identified audiences, paying attention to culture, literacy, education and other factors of these groups. (5 points)

EXHALE Strategies (25 points)

The extent to which the applicant proposes to:

- Collaborate with community partners to expand access to and delivery of asthma self-management education (AS-ME) programs to people with asthma. (5 points)
- Facilitate the referral of people with asthma who smoke to appropriate smoking cessation programs and resources in local communities. (1 point)
- Collaborate with community partners to expand access to and delivery of home visits for assessing asthma triggers and provide AS-ME to individuals whose asthma is not well-controlled despite guidelines-based medical management and AS-ME outside the home. Health care providers, health plans, and schools refer individuals and families to these services. (4 points)
- Encourage Medicaid managed care organizations, other health plans, health care organizations, school-based health centers and group practices to initiate quality improvement activities for asthma; facilitate focused training of health care providers to provide guidelines-based asthma care; and work with health plans and payers to eliminate barriers (e.g. co-payments, prior authorizations, or refill limits) to obtaining and using asthma medications and devices. (5 points)
- Encourage linkages within and across the health care system and community services to address patient needs and improve health. Develop systems (consistent with applicable privacy regulations) for bi-directional sharing of information between schools, health care providers and community-based organizations for the purpose of coordinating asthma care across settings. (5 points)
- Adopt environmental policies or best practices to reduce indoor and outdoor asthma triggers. (5 points)

Work Plan (5 points)

The extent to which the work plan:

- Describes specific, measurable, realistic plans for the first budget year; presents a summary of projected plans for years 2-5; includes strategies that are directly related to the performance measures; identifies primary person(s) responsible for accomplishing activities; indicates start and end dates (month/year) for proposed activities that will be implemented in a logical, phased order; and strategies and activities are in alignment with the proposed budget. (5 points)

ii. Evaluation and Performance Measurement Maximum Points:25

The extent to which the applicant proposes to:

- Use sound evaluation strategies grounded in a utilization-focused and participatory approach. (2 points)
- Develop a strategic evaluation plan for conducting evaluations that includes both process and outcome evaluations, identifies relevant evaluation questions that align with the four overarching evaluation questions of this NOFO, and identifies available data resources (4 points)
- Collaborate and coordinate with partners to develop and implement evaluation plans, including economic evaluations to support business cases, in an effort to increase coverage of asthma services and medications. (2 points)
- Collaborate with stakeholders in conducting systematic, high quality evaluations of EXHALE services and expansion of strategies for effectiveness and efficiency. (2 points)
- Engage key program staff and partners in the evaluation and performance measurement planning process, work with the CDC to define appropriate baselines and targets, and agrees to report performance measure data. (3 points)
- Provide a clear evaluation and performance measurement plan that is consistent with the CDC evaluation strategy described in this NOFO and that:
    - Describes the data that will be produced, access to data and data standards.
    - Describes potentially available process and outcome data sources and the feasibility to access them. Data sources should be explicitly linked to the evaluation questions. (4 points)
- Use effective strategies to enhance program evaluation capacity among partners to plan, conduct, and use evidence for continuous program and quality improvement. (3 points)
- Engage in evaluation learning communities and other collaborative activities to build the practice base and evaluation capacity, both internally and with partners. (2 points)
- Describes how evaluation findings will be used for continuous program quality improvement, for making a business case, and/or informing critical decisions or actions. (5 points)

iii. Applicant's Organizational Capacity to Implement the Approach — Maximum Points:25

The extent to which the applicant demonstrates its current capacity to:

- Provide an adequate number of staff of highly qualified public health professionals with appropriate experience in asthma and expertise in leadership, supervision, program management, epidemiology, surveillance, evaluation, training, communications, and contract management; and secure a commitment of senior managers to ensure ongoing support for proper staffing, contracting mechanisms and other resources specifically designated for the asthma program. (5 points)
- Partner with public health organizations or others such as Medicaid, CHIP, children's hospitals, managed care plans, federally qualified health centers, community health centers, school districts, child care centers, housing authorities, environmental health groups, etc. that have successfully delivered evidence-based, asthma control services. (5 points)

- Maintain a robust, comprehensive asthma surveillance system with capacity for future expansion. (1 point)
- Report all of the following measures from core data sets (listed in the glossary) on an annual basis for adults (ages 18 and over) and children (ages 0-17): Hospital discharge rates (asthma is first listed diagnosis), emergency department visits rates (asthma is first listed diagnosis), mortality rates (asthma is underlying cause), lifetime prevalence, current prevalence, asthma control, asthma attacks in the past 30 days and past 12 months, activity limitations, number of missed school or work days due to asthma, and asthma self-management education activities and behaviors. Report measures for the entire state, territory, or tribe as well as local levels such as counties, cities or zip codes when possible. (4 points)
- Develop, or adapt and produce, audience-based (e.g., children 0-17, parents/caregivers, health care providers, policy makers, and partners) communication and education materials in multiple media formats and languages and use existing systems to disseminate communication and education material. (5 points)
- Collaborate and coordinate with partners to develop and implement evaluation plans, including economic evaluations; enhance program evaluation capacity among partners; engage key program staff and partners in the evaluation and performance measurement planning process, conduct both process and outcome evaluations; use evaluation findings to improve the effectiveness and efficiency of asthma programs and strategies for continuous program and quality improvement. (5 points)

Budget

The extent to which the budget is reasonable, allowable, meets all of the requirements in the cost principles, does not include items listed under funding restrictions, and is within the scope and intent of this NOFO. (Not Scored)

c. Phase III Review

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

Review of risk posed by applicants.
Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.
In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Recipient Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or

procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.
CDC's framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this Notice of Funding Opportunity.
In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:
(1) Financial stability;
(2) Quality of management systems and ability to meet the management standards prescribed in this part;
(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and
(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.
CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

Anticipated award date is 9-1-2019.

F. Award Administration Information

1. Award Notices

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

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

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

The program requires the Performance Measures to be reported for the annual budget period Sept 1 – August 31 and is due to the program by October 31. The Program will provide the data fields and format for reporting at the beginning of the award period.

2. Administrative and National Policy Requirements

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

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

3. Reporting

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

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

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

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

	yearly continuation application.	
Data on Performance Measures	Reported for the annual budget period Sept 1 – August 31 and is due to the program by October 31. The Program will provide the data fields and format for reporting at the beginning of the award period.	Yes
Federal Financial Reporting Forms	90 days after the end of the budget period.	Yes
Final Performance and Financial Report	90 days after end of project period.	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30; April 30; July 30; and October 30.	Yes

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

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

Performance Measurement

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

Evaluation

• The types of evaluations to be conducted (e.g. process or outcome evaluations).
• The frequency that evaluations will be conducted.
• How evaluation reports will be published on a publically available website.
• How evaluation findings will be used to ensure continuous quality and program improvement.

• How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).
• Dissemination channels and audiences.

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

b. Annual Performance Report (APR) (required)

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

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**
    - Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.
    - Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
    - Recipients must describe success stories.
- **Challenges**
    - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
    - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Recipients**
    - Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.
- **Administrative Reporting** (No page limit)
    - SF-424A Budget Information-Non-Construction Programs.
    - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.

- Indirect Cost Rate Agreement.

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

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

The program requires the Performance Measures to be reported for the annual budget period Sept 1 – August 31 and is due to the program by October 31. The Program will provide the data fields and format for reporting at the beginning of the award period.

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

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

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

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

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

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

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

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

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

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

2) Quarterly Report: The recipient must quarterly submit a report on the amount of foreign taxes charged by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant. This report shall be submitted no later than two weeks following the end of each quarter: April 15, July 15, October 15 and January 15.

3) Terms: For purposes of this clause:

"Commodity" means any material, article, supplies, goods, or equipment;
"Foreign government" includes any foreign government entity;
"Foreign taxes" means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

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

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

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

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

Daniel J. Burrows, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
Telephone: (770) 488-3722
Email: zpc3@cdc.gov

Grants Staff Contact

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

Damond Barnes, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
2920 Brandywine Road, MS K70

Atlanta, GA 30341

Telephone: 770-488-2441

Email: inp2@cdc.gov

Telephone: (770) 488-2441
Email: xhp5@cdc.gov

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

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

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

H. Other Information

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

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

- Resumes / CVs
- Position descriptions
- Letters of Support
- Organization Charts
- Non-profit organization IRS status forms, if applicable
- Indirect Cost Rate, if applicable
- Memorandum of Agreement (MOA)
- Memorandum of Understanding (MOU)
- Bona Fide Agent status documentation, if applicable

Items to document responsiveness:

- Responsiveness - Surveillance
- Responsiveness - Partnerships
- Responsiveness - Populations

I. Glossary

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

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

Fiscal Year: The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.
Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.
Grants.gov: A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.
Grants Management Officer (GMO): The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.
Grants Management Specialist (GMS): A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.
Health Disparities: Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.
Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.
Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.
Healthy People 2020: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.
Inclusion: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.
Indirect Costs: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.
Intergovernmental Review: Executive Order 12372 governs applications subject to

Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list: https://www.whitehouse.gov/wp-content/uploads/2017/11/Intergovernmental_-Review-_SPOC_01_2018_OFFM.pdf.

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

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

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

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

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

Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher educations, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).

Notice of Award (NoA): The official document, signed (or the electronic equivalent of signature) by a Grants Management Officer that: (1) notifies the recipient of the award of a grant; (2) contains or references all the terms and conditions of the grant and Federal funding limits and obligations; and (3) provides the documentary basis for recording the obligation of Federal funds in the HHS accounting system.

Objective Review: A process that involves the thorough and consistent examination of applications based on an unbiased evaluation of scientific or technical merit or other relevant aspects of the proposal. The review is intended to provide advice to the persons responsible for making award decisions.

Outcome: The results of program operations or activitIes; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced

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

approved budget.

NOFO-specific Glossary and Acronyms

Additional data sets: Data sets that are not required. They may include but are not limited to the Youth Tobacco Survey, Youth Risk Behavior Survey, payers (e.g., Medicaid or Children's Health Insurance Program (CHIP)), worker's compensation claims, medical or pharmacy insurance claims, school district health data or student attendance records, use of health care services and costs of care.

AE-C: Certified Asthma Educator: An asthma educator who meets the requirements of the National Asthma Educator Certification Board, Inc. http://naecb.com. An asthma educator is an expert in teaching, educating, and counseling individuals with asthma and their families in the knowledge and skills necessary to minimize the impact of asthma on their quality of life. The educator possesses comprehensive, current knowledge of asthma pathophysiology and management including developmental theories, cultural dimensions, the impact of chronic illness, and principles of teaching-learning.

Community: A group of people who have common characteristic and interests. The group can be defined by location, occupation, interest in particular problems or outcomes, or other common bonds.

Core data sets: Data sets required under this NOFO: Hospitalization, Emergency Department Visits, Behavioral Risk Factor Surveillance System (BRFSS) Core, BRFSS Random Child Selection Module, BRFSS Child Prevalence Module, BRFSS Asthma Call-Back Survey (adult), BRFSS Asthma Call-Back Survey (child) and Vital Statistics

Core measures: Measures required under this NOFO: Adult Lifetime Prevalence, Child Lifetime Prevalence, Adult Current Prevalence, Child Current Prevalence, Mortality Rates (underlying cause), Hospital Discharge Rates (1st-listed discharge diagnosis), Emergency Department Visit Rates (1st-listed discharge diagnosis).

Clinical Decision Support (CDS): A process for enhancing health-related decisions and actions with pertinent, organized clinical knowledge and patient information to improve health and health care delivery.

Culturally competent: Having the capacity to function effectively as an individual or an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.

Essential elements of asthma self-management education: As defined by the NAEPP, EPR-3 report, the essential elements asthma information and training in asthma management skills, self-monitoring (either symptom- or peak flow-based) written asthma action plan, and regular assessment by a consistent clinician. https://www.nhlbi.nih.gov/guidelines/asthma/05_sec3_comp2.pdf (page 97)

Health care organization: An administration involved with the delivery of health care services such as diagnosis, treatment, and prevention of disease, illness, injury, and other physical and mental impairments in humans. The health care services are usually delivered by medical specialists. This term includes hospital systems, federally qualified health centers, accountable care organizations, medical homes, managed care organizations, school-based clinics, and large,

multi-provider practices.

Health care system: For the purpose of this NOFO, a healthcare system is defined as a system of providers and services for clinical care which may include hospitals, clinics, home care, long-term care facilities, assisted living, health plans, physicians, nurses, pharmacists, and other services and clinical providers. It is a concept concerned with all aspects of providing and distributing health services to a patient population.

Intensive asthma self-management education: Includes all the elements of essential asthma self-management education but provides more detail and repetition than may be possible in the context of a clinical visit. It should include all the topics listed in the NAEPP guidelines https://www.nhlbi.nih.gov/files/docs/guidelines/05_sec3_comp2.pdf (pp 121-136), be tailored as much as possible to an individual's or family's underlying knowledge and cultural beliefs and practices, consider the needs of patients who have limited health literacy, and address social and environmental needs that interfere with optimal asthma control.

Medical Home: A model of primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective. Several organizations have developed or are in the process of developing programs that recognize and/or accredit various health care organizations as medical homes according to specified sets of standards. For more information see www.medicalhomeinfo.org

Non-Governmental Organization (NGO): Any nonprofit, voluntary citizens' group that is organized on a local, national, or international level.

Poorly-controlled asthma: A person has not well-controlled or very poorly-controlled asthma if he/she has any of the following: (a) asthma symptoms more than twice a week that require quick relief medicine (short-acting beta2-agonists such as albuterol); (b) night time waking because of coughing or wheezing more than one time a month (c) missed school or work days due to asthma; (d) the need to stop and rest during activity because of asthma symptoms; or (e) symptoms requiring unscheduled visit to a doctor or emergency room, or hospitalization. http://www.nhlbi.nih.gov/health/prof/lung/asthma/asth_act_plan_frm.pdf

Population: A group of individuals that can be defined by geographic regions or by other associations.

Population Health: The health outcomes of a group of individuals, including the distribution of such outcomes within the group.

Practice-Based Evidence: The systematic documentation and measurement of the processes and outcomes of carrying out activities, strategies, or interventions in the real world. When done in multiple settings it can provide information about the feasibility, acceptability, and sustainability of recommendations developed in controlled research settings. It can also define the necessary or optimal conditions under which the recommendations can be successfully carried out.

Public Health and Health Care Collaboration: Health care organizations and public health/community-based systems linking together to provide integrated services.

Schools: Public or private teaching institutions that can include K-12, pre-K, or Early Childhood Education Centers. For the purpose of this NOFO, schools do not include home day-care providers.

State-Specific Business Case: A business case for the health care sector that presents evidence that reduced health expenditures realized by a service or package of services outweigh the cost of the service or package. It is used to encourage purchasers and payers to cover or reimburse for the services in their health plans. A business case can also argue that costs associated with the service, although not cost saving, are reasonable considering the value of the health benefits gained. A state-specific business case augments data from the literature and other states with state-specific evaluation and surveillance data.

Strategic Partners: Partners who are essential to the effective implementation of program activities. These are a subset of all asthma stakeholders in the state.

Team-Based Care: Team-based health care is the provision of health services to individuals, families, and/or their communities by at least two health providers who work collaboratively with patients and their caregivers to the extent preferred by each patient to accomplish shared goals within and across settings to achieve coordinated, high-quality care. For more information see https://www.nationalahec.org.