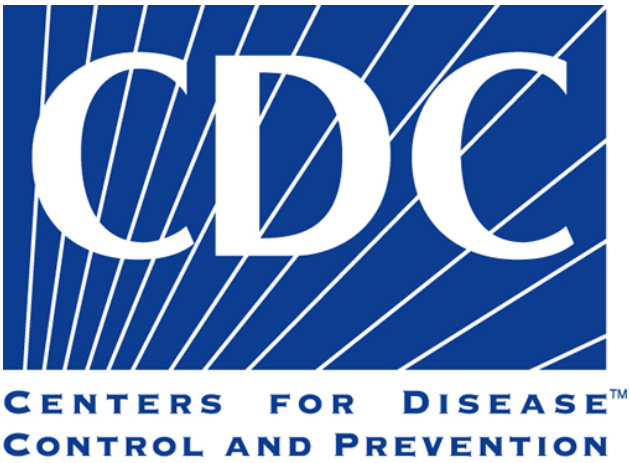

Centers for Disease Control and Prevention

NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

The Innovative Cardiovascular Health Program

CDC-RFA-DP-23-0005

05/23/2023

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Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-DP-23-0005. 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:

The Innovative Cardiovascular Health Program

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-DP-23-0005

E. Assistance Listings Number:

93.426

F. Dates:

1. Due Date for Letter of Intent (LOI):
04/22/2023

2. Due Date for Applications:
05/23/2023
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:
The Innovative Cardiovascular Health Program

Applicant Informational Webinar

Tuesday, March 28, 2023 3:00pm - 4:00pm ET

Click the link below to join the webinar:

https://cdc.zoomgov.com/j/1600868630?pwd=Z3BZV0VLaWRiSHp4TlRRcDlYY0E3QT09

Or join by phone:

US: +1 669 254 5252 or

+1 646 828 7666 or

+1 646 964 1167 or

+1 551 285 1373 or

+1 669 216 1590 or

+1 415 449 4000

Webinar ID: 160 086 8630
Passcode: 74072053

Additional information about this and other DHDSP funding opportunities may be found at: https://www.cdc.gov/dhdsp/funding-opps/index.htm

Programmatic questions about this NOFO may be submitted via email: InnovativeCVH@cdc.gov

Responses will be posted to the NOFO informational website.

G. Executive Summary:

1. Summary Paragraph
This NOFO focuses on comprehensive efforts to identify and respond to health care disparities in cardiovascular disease (CVD) and improve related outcomes, specifically for those with hypertension and high cholesterol.

Proposed interventions must assess and address the disparities and inequities in communities at highest risk, where there is a particular need for equity-focused health system interventions to prevent, detect, control, and manage hypertension and high cholesterol.

Populations of focus for this award are adults aged 18 and older with a hypertension crude prevalence of 53% or higher, as shown by data specifically at the census tract level. Emphasis should be placed on achieving impact and reach across geographic locations where disparate populations can benefit from the strategies included in this NOFO. Applicants must provide details in the Target Population section of the Project Narrative that clearly demonstrate the methodology and data sources used for identifying the population of focus at the census tract level. CDC will work with successful applicants post award to offer confirmation and approval of identified populations through technical assistance with revising workplan, evaluation plan, and budget.

a. Eligible Applicants:
Open Competition

b. Funding Instrument Type:
CA (Cooperative Agreement)

c. Approximate Number of Awards
12

d. Total Period of Performance Funding:
$105,000,000

e. Average One Year Award Amount:
$950,000

f. Total Period of Performance Length:
5 year(s)

g. Estimated Award Date:
August 30, 2023

h. Cost Sharing and / or Matching Requirements:
No

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview
Unequal socioeconomic conditions and unfair opportunity structures have long existed and contribute to poor health outcomes in minority and ethnic populations and geographically and economically disadvantaged communities. Poverty, inferior housing and health care, and other debilitating social conditions are endemic to some communities, including Non-Hispanic Black (NHB), Hispanic, and Native American communities.

Research highlights the high prevalence of cardiovascular disease (CVD), including hypertension, high cholesterol, and stroke in these groups. CVD is the leading cause of death in the US and stroke is the 5th leading cause with an estimated 1 in 9 health care dollars spent

treating CVD. Despite significant decreases in CVD rates in the last 20 years, NHB continue to have higher CVD mortality rates than Non-Hispanic Whites (NHW). In 2019, NHB women and men younger than 65 were 2.0 and 1.3 times more likely to experience premature death from CVD than their NHW counterparts. In 2020, NHB had the highest heart disease mortality rates at 228.6 per 100,000 and stroke at 56.8 per 100,000.

Uncontrolled hypertension is the primary contributor to morbidity and mortality rate disparities in CVD between NHB and other racial and ethnic groups. In 2019, NHB had more than double the age-adjusted death rates (56.7) attributable primarily to hypertension compared to NHW (25.7).

Of the 1 in 2 US adults with hypertension, only 26.1% have controlled blood pressure. By age 55, the cumulative incidence of hypertension reaches almost 76% in NHB men and women, compared to 54.5% and 40.0% among NHW men and women, respectively. Moreover, NHB had a 1.5 to 2 times higher risk for hypertension after adjustment for other factors, regardless of baseline blood pressure. Among NHB adults who did not report a hypertension diagnosis, a larger proportion (28%) were unaware of hypertension (BP ≥140/90 mm Hg) compared to NHW adults (16%). Despite the similar rate of hypertension treatment, only one-third of NHB adults had their blood pressure controlled, in contrast to 45.0% of NHW adults. These data clearly indicate that NHB bear the greatest burden of CVD among US adults.

The outcomes are as stark in other CVD-related illnesses. Although the prevalence of high cholesterol in NHB is comparable to or lower than in NHW, racial-ethnic disparities occur at every level of diagnosis and management. The disparities present in low screening rates, fewer prescriptions, and medication adherence. Unsatisfactory control of high cholesterol among NHB stems from the same adverse social conditions that hinder the control of hypertension.

Interventions must include an understanding of individual and community factors that influence a healthy diet, losing weight, being physically active, and medication adherence to address the disparities and inequities. There is a need for equity-focused health system interventions to prevent, detect, control, and manage hypertension and high cholesterol. Building on lessons from the previous work, this NOFO focuses on comprehensive efforts to identify and respond to health care disparities and improve CVD-related outcomes, specifically for those with hypertension and high cholesterol.

Populations of focus for this NOFO are adults aged 18 and older with a hypertension crude prevalence of 53% or higher, as shown by data specifically at the census tract level. Emphasis should be placed on achieving impact and reach across geographic locations where disparate populations can benefit from the strategies included in this NOFO.

b. Statutory Authorities

This program is authorized by Section 30l(a) of the Public Health Service Act [42] U.S.C. Section 241(a) 93.426.

c. Healthy People 2030

Healthy People 2030 objectives related to Heart Disease and Stroke: https://health.gov/healthypeople/objectives-and-data/browse-objectives/heart-disease-and-stroke

HDS-01: Improve cardiovascular health in adults

HDS-02: Reduce coronary heart disease deaths

HDS-03: Reduce stroke deaths

HDS-04: Reduce the proportion of adults with high blood pressure

HDS-05: Increase control of high blood pressure in adults

HDS-06: Reduce cholesterol in adults

HDS-07: Increase cholesterol treatment in adults

HDS-D07: Increase the proportion of adults whose risk for atherosclerotic cardiovascular disease was assessed

d. Other National Public Health Priorities and Strategies

- CMS Framework for Health Equity 2022-2032: https://www.cms.gov/files/document/cms-framework-health-equity.pdf
- HHS Equity Action Plan: https://www.hhs.gov/sites/default/files/hhs-equity-action-plan.pdf
- HRSA Strategic Plan FY23: https://www.hrsa.gov/about/strategic-plan
- Million Hearts® 2027: https://millionhearts.hhs.gov/index.html
- The Guide to Community Preventive Services: https://www.thecommunityguide.org/topics/heart-disease-stroke-prevention.html
- The Surgeon General's Call to Action to Control Hypertension: https://www.hhs.gov/sites/default/files/call-to-action-to-control-hypertension.pdf

e. Relevant Work

This NOFO builds on the accomplishments and outcomes achieved through the Improving the Health of Americans Through Prevention and Management of Diabetes and Heart Disease and Stroke (CDC-RFA-DP18-1815) (https://www.cdc.gov/chronicdisease/about/foa/1815/index.htm) and the Diabetes and Heart Disease & Stroke Prevent Programs-Innovative State and Local Public Health Strategies to Prevent and Manage Diabetes and Heart Disease and Stroke (CDC-RFA-DP18-1817) (https://www.cdc.gov/chronicdisease/programs-impact/supported/index.htm) NOFOs.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

Strategies and Activities	Short-Term Outcomes	Intermediate-Term Outcomes	Long-Term Outcomes

S*trategy 1. Track and Monitor Clinical Measures Shown to Improve Health and Wellness, and Health Care Quality Within Approved Populations of Focus with Hypertension and High Cholesterol.*		**Improved blood pressure control among populations within partner health care and community settings.** **Reduced disparities in blood pressure control among populations within partner health care and community settings.** **Increased utilization of social support services among approved populations of focus.**	Improved cardiovascular health Reduced disparities in cardiovascular health
1A. Advance the adoption and use of electronic health records (EHR) and health information technology (HIT) to identify, track, and monitor clinical and social services and support needs measures to address health care disparities and health outcomes within approved populations of focus.	**Increased use of EHRs and HIT to report, monitor, and track clinical data and social services and support needs to improve detection of health care disparities and the identification, management, and treatment within approved populations of focus.**		
1B. Promote the use of standardized processes or tools, such as GIS or other Geo-mapping tools, to identify the social services and support needs within approved populations of focus and monitor and assess the referral and utilization of those services, such as the need for transportation, housing, childcare, etc.	**Increased use of standardized processes or tools, such as GIS or other Geo-mapping tools, to identify, assess, track, and address the social services and support needs within approved populations of focus.**		
Strategy 2: Implement Team-Based Care to Prevent, Detect, Control, and Manage Hypertension and High Cholesterol Within Approved Populations of Focus.			
2A. Advance the use of health information systems that support team-based care to monitor and address hypertension and high cholesterol within approved populations of focus.	**Increased use of health information systems to support communication and coordination among care team members to monitor and address hypertension and high cholesterol within approved populations of focus.**		
2B. Assemble or create multidisciplinary teams to identify social services and support needs within approved populations of focus.	**Increased use of multidisciplinary care teams adhering to evidence-based guidelines to address social services and support needs within approved populations of focus.**		

2C. Build and manage a coordinated network of multi-disciplinary partnerships that address identified barriers and needs within approved populations of focus, related to their social services and support needs (e.g., childcare, transportation, language translation, food assistance, and housing).	**Increased multidisciplinary partnerships that address identified barriers and social services and support needs within approved populations of focus.**		
Strategy 3: Link Community Resources and Clinical Services that Support Comprehensive Bidirectional Referral and Follow-Up Systems Aimed at Mitigating Social Services and Support Barriers for Optimal Health Outcomes Within Approved Populations of Focus.			
3A. Create and enhance community-clinical links to identify social determinants of health {(SDOH) (e.g., housing, transportation, access to care, and community resources)} and respond to the individual social services and support needs within approved populations of focus.	**Increased community clinical links to identify and respond to social support needs within approved populations of focus.**		
3B. Identify and deploy dedicated CHWs (or their equivalents) to provide a continuum of care and services which extend the benefits of clinical interventions and address social needs leading to optimal health outcomes within approved populations of focus.	**Increased engagement of CHWs (or their equivalents) to provide a continuum of care by extending clinical interventions and addressing social services and support needs within approved populations of focus.**		
3C. Promote the use of self-measured blood pressure monitoring with clinical support within approved populations of focus.	**Increased use of SMBP with clinical support within approved populations of focus.**		

i. Purpose

This NOFO focuses on comprehensive efforts to identify and respond to health care disparities and improve health outcomes, specifically for those with hypertension and high cholesterol. ***Populations of focus for this NOFO are adults aged 18 and older with a hypertension crude prevalence of 53% or higher, as shown by data specifically at the census tract level.*** Emphasis should be placed on achieving impact and reach across geographic locations where disparate populations can benefit from the strategies included in this NOFO.

ii. Outcomes

Recipients are expected to achieve the following outcomes by the end of the period of performance:

Short-term outcomes by strategy

Strategy 1:

- Increased use of EHRs and HIT to report, monitor, and track clinical data and social services and support needs to improve detection of health care disparities and the identification, management, and treatment within approved populations of focus.
- Increased use of standardized processes or tools, such as GIS or other Geo-mapping tools, to identify, assess, track, and address the social services and support needs within approved populations of focus.

Strategy 2:

- Increased use of health information systems to support communication and coordination among care team members to monitor and address hypertension and high cholesterol within approved populations of focus.
- Increased use of multidisciplinary care teams adhering to evidence-based guidelines to address social services and support needs within approved populations of focus.
- Increased multidisciplinary partnerships that address identified barriers and social services and support needs within approved populations of focus.

Strategy 3:

- Increased community clinical links to identify and respond to social services and support needs within approved populations of focus.
- Increased engagement of CHWs (or their equivalents) to provide a continuum of care by extending clinical interventions and addressing social services and support needs within approved populations of focus.
- Increased use of SMBP with clinical support within approved populations of focus.

Intermediate outcomes

- Improved blood pressure control among populations within partner health care and community settings.
- Reduced disparities in blood pressure control among populations within partner health care and community settings.

- Increased utilization of social support services among approved populations of focus.

iii. Strategies and Activities
Applicants must address all strategies.

Strategy 1. Track and Monitor Clinical Measures Shown to Improve Health and Wellness, Health Care Quality, and Identify Patients with Hypertension and/ High Cholesterol.

- 1A: Advance the adoption and use of electronic health records (EHR) and health information technology (HIT) to identify, track, and monitor clinical and social services and support needs measures to address health care disparities and health outcomes within approved populations of focus.
- 1B: Promote the use of standardized processes or tools, such as GIS or other Geo-mapping tools, to identify the social services and support needs within approved populations of focus, and monitor and assess the referral and utilization of those services, such as the need for transportation, housing, childcare, etc.

Strategy 2: Implement Team-Based Care to Prevent and Reduce CVD Risk with a Focus on Hypertension and High Cholesterol Prevention, Detection, Control, and Management.

- 2A: Advance the use of health information systems that support team-based care to monitor population health with a focus on health disparities, hypertension, and high cholesterol within approved populations of focus.
- 2B: Assemble or create multidisciplinary teams to identify social service and support needs within approved populations of focus.
- 2C: Build and manage a coordinated network of multidisciplinary partnerships that address identified barriers and needs within approved populations of focus, related to their social services and support needs (e.g., childcare, transportation, language assistance, food assistance, and housing).

Strategy 3: Link Community Resources and Clinical Services that Support Comprehensive Bidirectional Referral and Follow-Up Systems Aimed at Mitigating Social Support Barriers for Optimal Health Outcomes.

- 3A: Create and enhance community-clinical links to identify SDOH (e.g., housing, transportation, access to care, and community resources) and respond to the individual social services and support needs within approved populations of focus.
- 3B: Identify and deploy dedicated CHWs (or their equivalents) to provide a continuum of care and services which extend the benefits of clinical interventions and address social services and support needs leading to optimal health outcomes within approved populations of focus.
- 3C: Promote the use of self-measured blood pressure monitoring with clinical support within approved populations of focus.

This NOFO will require recipients to collaborate or partner with a heart disease and stroke learning collaborative (LC) or similar entity. If one does not exist, recipients will be required to

create an LC. Post-award technical assistance will facilitate connections with existing and new LCs in a given jurisdiction, including but not limited to the state level LC that is required under CDC-RFA-DP-23- 0004: The National Cardiovascular Health Program.

An applicant should describe its history of establishing or partnering with multi-sectoral learning collaboratives (LCs) and collaborating with organizations with a history of working with approved populations of focus who are impacted by the high prevalence of CVD, with specific emphasis on hypertension and high cholesterol exacerbated by health inequities and disparities, social determinants, such as low incomes, poor health care, and unfair opportunity structures.

For the purposes of this NOFO, an LC is defined as a group of public health entities, health care providers, and community leaders and their partners with experience working to address and implement evidence-based or evidence-informed practices for CVD prevention, detection, control, and management within approved priority populations of focus. The applicant must describe how entities on the LC have a history of collaborating to achieve sustainable change and improvement in the areas outlined in the NOFO. The LC is expected to facilitate communication and the exchange of ideas between health systems, community health organizations, and public health entities. It will leverage technical and financial resources to support programs to improve cardiovascular health outcomes.

An LC may be an alliance of public health entities, housing, commerce, and transportation agencies, health systems, health care providers, clinical quality improvement organizations, health information technology experts, public and private payers, pharmacists, mental and behavioral health professionals, community-based health care professionals, community organizations, safety net providers, health departments, tribal organizations and others. These partners may also directly intervene on a clinical or community basis to address the social determinants of health (SDOH).

The LC serves as a hub focused on developing innovative approaches to improve overall cardiovascular health and is equipped to apply those approaches to the mitigation of SDOH and other associated risk factors within the approved populations of focus.

The goals of a heart disease and stroke learning collaborative are:

- Prioritizing populations and communities with the highest prevalence of CVD, with a focus on advancing health equity.
- Serving populations and communities affected disproportionately by CVD, specifically high blood pressure, high blood cholesterol, or stroke, due to unfair opportunity structures and SDOH, such as limited access to health care, inadequate or poor quality of health care, or economic instability.
- Achieving optimal health outcomes within the approved populations of focus

To achieve these goals:

- Recipients must ensure the LC employs culturally informed, evidence-based, and evidence-informed interventions and approaches that address social services and support needs to advance universal health equity goals.

- Recipients must be able to document, explain, and report on the effects of efforts to address the impact of racism and other social injustices on cardiovascular health outcomes, specifically high blood pressure, high blood cholesterol, and stroke.

Recipients will be required to use Geographic Information System (GIS) mapping technology to identify and include in the action plan census geographies with priority populations with the highest prevalence rates and at the highest risk of developing cardiovascular disease. Emphasis should be placed on achieving impact and reach across geographic locations where disparate populations can benefit from the strategies included in this NOFO. Recipients will be expected to design and implement strategies using EHR and HIT to detect and mitigate health care disparities and utilize quality improvement techniques resulting in optimal health outcomes.

These interdisciplinary partnerships must have a demonstrated history of successfully and effectively serving the approved populations of focus and their communities, by creating and enhancing community-clinical links.

The interdisciplinary team must have demonstrated experience in responding to SDOH and social services and support needs. Referrals must include agencies in the community that serve the approved population of focus and provide safety net services.

LC partnerships must strengthen efforts to expand care teams to include health care providers, community health workers, social workers, patient navigators, pharmacists, and other members of the care team in community settings outside of health care facilities to enhance follow-up, communication, and coordination among identified communities and populations.

Members of the LC must examine existing policies that are barriers to optimal health outcomes and engage in mitigation strategies aimed at system-level changes that reduce health and health care disparities and improve community conditions.

Post award technical assistance provided by CDC will ensure successful applicants adhere to the requirement for facilitating connections with any relevant existing and new LCs in a given jurisdiction, including but not limited to the state level LC that is required under CDC-RFA-DP-23-0004: The National Cardiovascular Health Program.

Post-award technical assistance provided by CDC to successful applicants will ensure LCs develop detailed action plans that complement the work plan and lists key partners the first of which must be in place within the first 90 days, that also lists key partners.

During the Period of Performance, recipients are also charged with ensuring the LC focuses on:

- Increasing the percentage of patients 18–85 years of age who have had a hypertension diagnosis and among those diagnosed, blood pressure was adequately controlled during the measurement year.
- Testing models for collaboration between public health, health care, and community partners.
- Deploying a quality improvement process to affect practice and policy at all levels of the system.

- Ensuring newly established LCs and partnerships with existing LCs have at least 51% of participating collaborators and partners that have demonstrated history and experience working with and representing the interests of approved populations of focus.
- Ensuring a dedicated staff person is identified, as evidenced by explicit inclusion in the work plan and budget, who will focus on health inequities and build relationships at the designated levels to decrease health care disparities and advance health equity.

1. Collaborations

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

Recipients should establish collaborative, strategic partnerships with other CDC-funded programs within and outside the state health departments, tribes and tribal organizations and community-based organizations. This will allow for more efficient use of existing resources.

This also will allow for the exchange of information among experts working in various areas of public health and other sectors. Recipients are expected to partner, where appropriate, with other CDC-funded heart disease and stroke programs and initiatives, including but not limited to The National Cardiovascular Health Program, WISEWOMAN, Paul Coverdell National Acute Stroke Program, Good Health and Wellness in Indian Country, Community Health Workers for COVID Response and Resilient Communities, and the Million Hearts® initiative.

Letters of support, memoranda of understanding (MOU), or memoranda of agreement (MOA) with a firm commitment from providers and partners that outline the relationship, needs, and resources provided should be included in the application. Applicants should submit letters of support from organizations and entities that will have a role in helping to achieve specific NOFO activities and outcomes. Letters must be dated within 45 days of the application. These files should be named "MOUs/MOAs.applicant name" and uploaded as a PDF file at *www.grants.gov*.

b. With organizations not funded by CDC:

An applicant should describe its history of establishing or partnering with multi-sectoral learning collaboratives (LC) and collaborating with organizations with a history of working with approved populations of focus who are impacted by the high prevalence of CVD, with specific emphasis on hypertension and high cholesterol exacerbated by health inequities and disparities, social determinants, such as low incomes, poor health care, and unfair opportunity structures. Proposed collaborations must be relevant for all NOFO strategies. These organizations may include employers, hospitals, non-profit agencies, other federal, state, or local government agencies, tribes or tribal organizations, professional associations (state medical society, other medical specialty associations, etc.), quality improvement organizations housing, commerce, and/or transportation agencies, healthcare providers, health information technology experts, public and private payers, pharmacists, mental and behavioral health professionals, community-based health care professionals, community organizations, safety net providers, and others.

Letters of support, memoranda of understanding (MOU), or memoranda of agreement (MOA) with a firm commitment from providers and partners that outline the relationship, needs, and resources provided should be included in the application. Applicants must submit letters of

support from organizations and entities that will have a role in helping to achieve specific NOFO activities and outcomes. Letters must be dated within 45 days of the application. These files must be named "MOUs/MOAs.applicant name" and uploaded as a PDF file at www.grants.gov.

2. Target Populations

Populations of focus for this NOFO are adults aged 18 and older with a hypertension crude prevalence of 53% or higher, as shown by data specifically at the census tract level. Emphasis should be placed on achieving impact and reach across geographic locations where disparate populations can benefit from the strategies included in this NOFO. Priority populations should include those affected disproportionately by hypertension and high cholesterol due to socioeconomic or other factors, including inadequate access to care, poor quality of care, or low income.

a. Health Disparities

One of the four Healthy People 2030 Foundational Health Measures is eliminating health disparities. This NOFO will address the challenges and health inequities in chronic disease risk factors and conditions that populations at high risk for CVD experience. These efforts will help determine the public health impact of programs intended to improve specific risks, conditions, and barriers experienced by populations living with high levels of disease burden for high blood pressure and high cholesterol.

Recipients are expected to advance health equity among priority populations to prevent and mitigate the impact of heart disease and stroke to improve health outcomes, increase life expectancy and quality of life within approved populations of focus. Advancing health equity can be accomplished in part through understanding how health disparities and health inequities exist within cardiovascular health. Cardiovascular disparities are compounded by variations in disease rates and the effects of unfair opportunity structures which influence social determinants of health. Some of these effects include but are not limited to lack of access to preventive and treatment services among racial and ethnic minority populations and geographically and economically disadvantaged communities.

An applicant must offer a plan that prioritizes eliminating CVD health disparities and advancing health equity in these locations. The plan must describe the health equity challenges in these locations, detail proposals to address those challenges through various strategies and show how progress will be measured. Applicants should also describe how they propose to engage communities in these locations, influence the environments, and empower individuals so that services are accessible and culturally appropriate. Organizations serving the population, and representatives of the population, should be engaged in planning processes.

iv. Funding Strategy

Funding provided will range from $650,000 to $1,200,000, with an average award of $950,000. Award amounts will be based on priority populations which for this NOFO are adults aged 18 and older with a hypertension crude prevalence of 53% or higher, as shown by data specifically at the census tract level. Consideration of the geographic area where work is proposed, along with prior experience and organizational capacity.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Evaluation and performance measurement help demonstrate program accomplishments, strengthen the evidence for strategy implementation, and guide program improvement for CDC and recipients.

Throughout the five-year period of performance, CDC will work individually and collectively with recipients to track the implementation of recipient strategies and activities and assess progress on achieving the five-year NOFO outcomes. Both the process and outcome evaluation will seek to answer the following overarching evaluation questions:

Process (Implementation Evaluation):

1. To what extent have recipients increased the reach of program strategies to improve cardiovascular disease within approved populations of focus?
2. What factors or components were associated with effective implementation of program strategies and learning collaboratives?
3. What factors were associated with identifying and addressing social services and support needs and social determinants of health within approved populations of focus?

Outcome Evaluation:

1. To what extent have the implemented strategies and learning collaboratives contributed to a measurable change in health outcomes within approved populations of focus?
2. What innovative strategies implemented by recipients can be replicated and/or scaled?

CDC will use an evaluation approach that facilitates recipient-conducted rigorous evaluations of innovative strategies, as well as collection and reporting of data that assess the program across recipients. This will include (1) ongoing monitoring and evaluation through the collection and reporting of performance measures, (2) a CDC-led comprehensive evaluation, and (3) recipient-led evaluations.

Performance measures developed for this program correspond to the strategies and outcomes described in the logic model. Recipients will report all short-term and intermediate performance measures. Recipients are not required to report long term measures. CDC will work with recipients on operationalizing and further defining each performance measure, and guidance will be provided prior to the first reporting period. Performance measures will be reported semi-annually to CDC; and CDC will manage and analyze the data to assess recipient program progress, respond to broader technical assistance needs, and report to funders, recipients, and partners. CDC will analyze performance measure data semi-annually and develop aggregate performance measure reports to be disseminated to recipients and other key partners, including federal partners, non-funded partners, and policymakers, as appropriate. These aggregate findings may also be presented during site visits and recipient meetings. In addition to performance measures reported by recipients, CDC will track additional measures relevant to the program through national datasets or national evaluation activities.

For the CDC-led comprehensive evaluation activities, CDC will lead the design, data collection, analysis, and reporting. CDC will engage recipients in developing and implementing the evaluation and recipients will be asked to participate in national evaluation activities such as surveys, interviews, case studies, and other data collection efforts. Recipients may also be asked

to participate in special studies led by CDC that further explore specific components of the program or across DHDSP-funded programs. An appropriate level of guidance and support will be provided to the recipients to ensure their effective participation in the comprehensive evaluation. CDC will use findings from these evaluation efforts to refine its technical assistance and, in turn, maximize and sustain program outcomes. Evaluation findings will be shared with recipients on a regular basis.

For recipient-led evaluations, CDC will assist recipients in developing and implementing evaluation plans that are useful for recipient program improvement and for the overall evaluation of the program. Recipients will be expected to conduct rigorous evaluations that will demonstrate their progress addressing the health and social services and support needs within approved populations of focus.

For all components of the evaluation, CDC and recipients will only collect data that will be analyzed and used. CDC will provide evaluation technical assistance and ongoing evaluation guidance on recipient-level evaluation and performance measures. Evaluation technical assistance will be provided using a customized approach to ensure that tools and services provided meet the needs of the recipients. All data will be reported via a secure system. All evaluation findings produced by CDC and recipients will contribute to: continuous program and quality improvement of program efforts, the evidence base, documentation and sharing of lessons learned to support replication and scaling of program strategies, and future funding opportunities supported by CDC.

The data collected by CDC for performance measurement and evaluation are directly related to the implementation of the strategies and/or the desired outcomes indicated in the logic model and do not include any personally identifiable information. Data being collected are strictly related to the implementation of the NOFO strategies and shall be used for assessing and reporting progress and for other pertinent program improvement actions. Recipients will report performance measure data semi-annually and will only have access to their data. Over the five-year period of performance, data will be secured with limited access to authorized CDC program and evaluation staff to the extent allowed under applicable Federal law. CDC will aggregate data across all recipients to publish regular reports. Applicants should submit a Data Management Plan (DMP). A template provided by NCCDPHP can be found at https://www.cdc.gov/chronicdisease/programs-impact/nofo/index.htm. Applicants are not required to use the sample template; however, all elements included in the template must be addressed.

The table below aligns with the logic model and shows the relationship between the overarching focus areas, specific strategies, outcomes and performance measures. Recipients are required to address all strategies and report all short term and intermediate performance measures.

Strategies	**Short-Term Outcomes and Performance Measures**

Strategy 1. Track and Monitor Clinical Measures Shown to Improve Health and Wellness, and Health Care Quality Within Approved Populations of Focus, and Identify Patients with Hypertension and High Cholesterol.	
1A. Advance the adoption and use of electronic health records (EHR) and health information technology (HIT) to identify, track, and monitor clinical and social services and support needs measures to address health care disparities and health outcomes within approved populations of focus.	***Increased use of EHRs and HIT to report, monitor, and track clinical data and social services and support needs to improve detection of health care disparities and the identification, management, and treatment within approved populations of focus.***
	Measure 1A: # and % of clinics or health care systems that have policies/protocols in place requiring the use of EHRs and standardized clinical quality measures to track hypertension control measures by race, ethnicity, and other populations of focus.
1B. Promote the use of standardized processes or tools, such as GIS or other Geo-mapping tools, to identify the social services and support needs within approved populations of focus and monitor and assess the referral and utilization of those services, such as the need for transportation, housing, childcare, etc.	***Increased use of standardized processes or tools, such as GIS or other Geo-mapping tools, to identify, assess, track, and address the social services and support needs within approved populations of focus.***
	Measure 1B: # and % of clinics or health care systems that use standardized processes or tools to identify, assess, track, and address the social services support needs within approved populations of focus.
Strategy 2: Implement Team-Based Care to Prevent, Detect, Control and Manage Hypertension and High Cholesterol Within Approved Populations of Focus.	
2A. Advance the use of health information systems that support team-based care to monitor and address hypertension and high cholesterol within approved populations of focus.	***Increased use of health information systems to support communication and coordination among care team members to monitor and address hypertension and high cholesterol within approved populations of focus.***
	Measure 2A: # and % of clinics or health systems that have policies or protocols in place requiring the use of clinical data from EHRs or HIT to support communication within the care team to coordinate care for hypertension and high cholesterol within approved populations of focus.

2B. Assemble or create multidisciplinary teams to identify social services and support needs within approved populations of focus.	***Increased use of multidisciplinary care teams adhering to evidence-based guidelines to address social services and support needs within approved populations of focus.***
	Measure 2B: # of adults, within approved populations of focus, served by clinics or health systems that use multidisciplinary care teams that adhere to evidence-based guidelines.
2C. Build and manage a coordinated network of multidisciplinary partnerships that address identified barriers and needs within approved populations of focus, related to their social services and support needs (e.g., childcare, transportation, language translation, food assistance, and housing).	***Increased multidisciplinary partnerships that address identified barriers and social services and support needs within approved populations of focus.***
	Measure 2C: # and type of social services within the recipient's network that address social needs within approved population of focus.
Strategy 3: Link Community Resources and Clinical Services that Support Comprehensive Bidirectional Referral and Follow-Up Systems Aimed at Mitigating Social Services and Support Barriers for Optimal Health Outcomes Within Approved Populations of Focus.	
3A. Create and enhance community-clinical links to identify social determinants of health {(SDoH) e.g., housing, transportation, access to care, and community resources} and respond to the individual social services and support needs within approved populations of focus.	***Increased community clinical links to identify and respond to social services and support needs within approved populations of focus.***
	Measure 3A: # of adults within approved populations of focus, who are referred to lifestyle change programs or social services and support..
3B. Identify and deploy dedicated CHWs (or their equivalents) to provide a continuum of care and services which extend the benefits of clinical interventions and address social services and support needs leading to optimal health outcomes	***Increased engagement of CHWs (or their equivalents) to provide a continuum of care by extending clinical interventions and addressing social services and support needs within approved populations of focus.***

within approved populations of focus.	**Measure 3B:** # of CHWs (or their equivalent) who engage with community organizations to provide a continuum of care by extending clinical interventions and addressing social services and support needs within approved populations of focus.
3C. Promote the use of self-measured blood pressure monitoring with clinical support within approved populations of focus	***Increased use of SMBP with clinical support within approved populations of focus.***
	Measure 3C: # of adults within approved populations of focus who participate in SMBP with clinical support.

Intermediate Outcomes	**Intermediate Required Performance Measures**
Improved blood pressure control among populations within partner health care and community settings.	# and % of adults within partner health care and community settings with known hypertension who have achieved or are currently maintaining blood pressure control.
Reduced disparities in blood pressure control among populations within partner health care and community settings.	# and % of adults within partner health care and community settings, reported by race, ethnicity, and approved population of focus, with known hypertension who have achieved or are currently maintaining blood pressure control.
Increased utilization of social and support services within populations of focus with hypertension and high cholesterol.	# and % of adults, within approved populations of focus, who were referred to social support services and accessed those services.

ii. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

In addition, to enable the required rigorous evaluations, recipients will identify relevant measures and previously untapped data sources (e.g., health system, electronic health record systems, surveys, etc.), and where appropriate, develop partnerships to enhance current data systems to improve the comprehensiveness of monitoring approaches.

The applicant's evaluation and performance measurement plans should:

- Ensure that the evaluation questions align with the purpose of this NOFO to improve hypertension control within approved populations of focus.
- Describe an evaluation design that is rigorous enough to clearly document the innovative approaches to the proposed strategies and the contribution of the strategies to outcomes outlined in the logic model. This design should include a clear description of indicators, data sources, data collection methods, analysis plans, and dissemination activities.
- Describe access to performance measure data (e.g., hypertension control within approved populations of focus) and how the applicant will meet the requirements to report performance measure data to CDC semiannually.

- Describe how and how much of the total funding will be allocated to evaluation and performance measurement. CDC strongly recommends allocating at least 15% to evaluation and performance measurement.
- Describe how GIS is used to identify populations of focus in census geographies disproportionately impacted by cardiovascular disease.

Recipients are required to work with professional evaluators (either internal or external) to meet the evaluation and performance reporting requirements of this NOFO by identifying these efforts in the workplan, evaluation plans, and budget. Therefore, CDC strongly recommends allocating at least 15% of the total funding award to evaluation and performance monitoring and to consider both development and implementation costs. For information on developing an evaluation plan, please refer to the CDC Framework for Program Evaluation in Public Health (Centers for Disease Control and Prevention. Framework for Program Evaluation in Public Health. MMWR 1999; 48, No. RR-11. Available at: https://www.cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm).

For the detailed Evaluation and Performance Measurement Plan due 6 months after award, CDC will work closely with recipients to develop the detailed plan to ensure that it is appropriate for the activities undertaken and in compliance with the monitoring and evaluation guidance established by CDC or other guidance otherwise applicable to this cooperative agreement. CDC will provide additional guidance for developing the Evaluation and Performance Measurement Plan.

c. Organizational Capacity of Recipients to Implement the Approach

Applicants must describe their organizational capacity to carry out all the strategies outlined in the Activities and Strategies section. CDC expects all applicants to demonstrate sufficient organizational capacity and readiness to address and implement the required strategies and demonstrate impact over the 5-year period of performance.

Organizational Capacity

Applicants must:

- Describe how they will coordinate efforts with other publicly- and privately-funded programs within the state to leverage resources and maximize reach and impact to address SDOH and social services and support needs related to CVD within approved populations of focus.
- Describe their capacity to manage programs and resources ensuring the administrative, financial, and staff support necessary to sustain activities. This includes describing an adequate staffing plan, providing CVs or resumes for proposed personnel, a description of how program performance will be monitored and how the program will be adjusted to address identified challenges, an organizational chart, and a project management structure that clearly defines staff roles and reporting structure as it applies to this funding opportunity. These files must be named “CVs/Resumes” and “Organizational Charts” respectively and upload them as PDFs in grants.gov.

- Describes a dedicated staff person explicitly included in the work plan and budget, who will focus on health inequities and build relationships at the designated levels to decrease health care disparities and advance health equity.
- Describe their previous experience working with organizations to implement interventions within approved populations of focus.
- Describe their proposed program plan that demonstrates the ability to document and disseminate evaluation findings, outcomes, and recommendations, including the outcomes and achievements resulting from collaborative work with partners.

d. Work Plan

Applicants must submit a detailed work plan for Year 1 of the award and provide a general summary of work plan activities for Years 2–5.

The work plan must describe how the applicant will address all strategies to achieve NOFO outcomes. These activities must be in alignment with the NOFO logic model and should include the required performance measures for accomplishing tasks. Baselines, targets for first reporting period (6 months), and data sources should be provided for all performance measures (short-term and intermediate)

A sample work plan format is provided below. Applicants are not required to use the sample work plan format but are required to include all the elements. Applicants must name this file "Workplan_Name of Applicant" and upload it as a PDF file. CDC will provide feedback and technical assistance to award recipients to finalize the work plan activities post-award. **The work plan is not included in the 20-page limit.**

Sample DP-23-0005 Work Plan format

Strategy 1. Track and Monitor Clinical Measures Shown to Improve Health and Wellness and, Health Care Quality Within Approved Populations of Focus, and Identify Patients with Hypertension and High Cholesterol.		
1A: Advance the adoption and use of electronic health records (EHR) and health information technology (HIT) to identify, track, and monitor clinical and social services and support needs measures to address health care disparities and health outcomes within approved populations of focus.		
Activities	**Responsible Position/ Party**	**Start Date / Completion Date**
Short Term Performance Outcome	**Short Term Performance Measures**	

Increased use of EHRs and HIT to report, monitor, and track clinical data and social services and support needs to improve detection of health care disparities and the identification, management, and treatment within approved populations of focus.	Measure 1A: # and % of clinics or health care systems that have policies/protocols in place requiring the use of EHRs and standardized clinical quality measures to track hypertension control measures by race, ethnicity, and other populations of focus.

1B:Promote the use of standardized processes or tools, such as GIS or other Geo-mapping tools, to identify the social services and support needs within approved populations of focus, and monitor and assess the referral and utilization of those services, such as the need for transportation, housing, childcare, etc.

Activities	**Responsible Position/ Party**	**Start Date / Completion Date**

Short Term Performance Outcome	Short Term Performance Measure
Increased use of standardized processes or tools, such as GIS or other Geo-mapping tools, to identify, assess, track, and address the social services and support needs within approved populations of focus.	Measure 1B: # and % of clinics or health care systems that use standardized processes or tools to identify, assess, track, and address the social services support needs within approved populations of focus.

Strategy 2: Implement Team-Based Care to Prevent, Detect, Control, and Manage Hypertension and High Cholesterol Within Approved Populations of Focus.

2A: Advance the use of health information systems that support team-based care to monitor and address hypertension and high cholesterol within approved populations of focus.

Activities	**Responsible Position/ Party**	**Start Date / Completion Date**

Short Term Outcome	**Short Term Performance Measure**
Increased use of health information systems to support communication and	Measure 2A: # and % of clinics or health systems that have policies/protocols in place

coordination among care team members to monitor and address hypertension and high cholesterol within approved populations of focus.	requiring the use of clinical data from EHRs or HIT to support communication within the care team to coordinate care for hypertension and high cholesterol within approved populations of focus.	
2B: Assemble or create multidisciplinary teams to identify social services and support needs within approved populations of focus.		
Activities	**Responsible Position/ Party**	**Start Date / Completion Date**
Short Term Outcome	**Short Term Performance Measure**	
Increased use of multidisciplinary care teams adhering to evidence-based guidelines to address social services and support needs within approved populations of focus.	Measure 2B: # of adults, within approved populations of focus, served by clinics or health systems that use multidisciplinary care teams that adhere to evidence-based guidelines.	
2C: Build and manage a coordinated network of multidisciplinary partnerships that address identified barriers and needs within approved populations of focus, related to their social services and support needs (e.g., childcare, transportation, language translation, food assistance, and housing).		
Activities	**Responsible Position/ Party**	**Start Date / Completion Date**
Short Term Outcome	**Short Term Performance Measure**	
Increased multidisciplinary partnerships that address identified barriers and social services and support needs within approved populations of focus.	Measure 2C: # and type of social services within the recipient's network that address social needs within approved population of focus.	
Strategy 3: Link Community Resources and Clinical Services that Support Comprehensive Bidirectional Referral and Follow-Up Systems Aimed at Mitigating Social Services and Support Barriers for Optimal Health Outcomes Within Approved Populations of Focus.		

3A: Create and enhance community-clinical links to identify social determinants of health {(SDoH) e.g., housing, transportation, access to care, and community resources} and respond to the individual social services and support needs within or approved populations of focus.		
Activities	**Responsible Position/ Party**	**Start Date / Completion Date**
Short Term Outcome	**Short Term Performance Measure**	
Increased community clinical links to identify and respond to social services and support needs within approved populations of focus.	Measure 3A: # adults within approved populations of focus, who are referred to lifestyle change programs or social services and support.	
3B: Identify and deploy dedicated CHWs (or their equivalents) to provide a continuum of care and services which extend the benefits of clinical interventions and address social services and support needs leading to optimal health outcomes within approved populations of focus.		
Activities	**Responsible Position/ Party**	**Start Date / Completion Date**
Short Term Outcome	**Short Term Performance Measure**	
Increased engagement of CHWs (or their equivalents) to provide a continuum of care by extending clinical interventions and addressing social services and support needs within approved populations of focus.	Measure 3B: # of CHWs (or their equivalent) who engage with community organizations to provide a continuum of care by extending clinical interventions and addressing social services and support needs within approved populations of focus.	
3C: Promote the use of self-measured blood pressure monitoring with clinical support within approved populations of focus.		
Activities	**Responsible Position/ Party**	**Start Date / Completion Date**

Short Term Outcome	**Short Term Performance Measure**	
Increased use of SMBP with clinical support to promote self-management within approved populations of focus.	Measure 3C: # of adults within approved populations of focus who participate in SMBP with clinical support.	
Years 2-5 Provide a general summary of work plan activities that address Strategy 3 proposed for Years 2-5 (maximum of one page narrative).		
Intermediate Outcomes		**Intermediate Required Performance Measures**
Improved blood pressure control among populations within partner health care and community settings.		# and % of adults within partner health care and community settings with known hypertension who have achieved or are currently maintaining blood pressure control.
Reduced disparities in blood pressure control among populations within partner health care and community settings.		# and % of adults within partner health care and community settings, reported by race, ethnicity, and approved population of focus, with known hypertension who have achieved or are currently maintaining blood pressure control.
Increased utilization of social support services among approved populations of focus.		# and % of adults, within approved populations of focus, who were referred to social support services and accessed those services.

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.

The proposed work plan will be reviewed annually by the project officer and performance measures will be reviewed semi-annually by the evaluation staff. Monitoring will occur routinely through ongoing communication between CDC and recipients via monthly calls, reporting mechanisms (i.e., work plans, performance measures, and financial reporting), and site visits. Post-award cooperative agreement monitoring and provision of technical assistance and training will include:

· Ensuring that work plans are feasible, fiscally responsible, consistent with the intent of the NOFO, and have acceptable milestones and timelines.

· Ensuring that the activities outlined in the NOFO are being completed.

· Assisting recipients in adjusting work plan activities based on achievement of objectives and/or budget changes.

· Communicating as needed, or at minimum monthly, with the project coordinator and other program staff on conference calls/webinars.

· Sponsoring webinars and other meetings/trainings associated with the NOFO.

· Providing tools/resources aligned with program activities and NOFO outcomes, assessment, and implementation support.

CDC will analyze performance measurement data to review progress and identify technical assistance needs for all NOFO strategies on a semi-annual basis. The performance measure data will be triangulated with other internal and external sources of appropriate data to arrive at a rational assessment of progress. Findings from the semi-annual analysis of performance measure data will be used to identify areas of program improvement, broader technical assistance needs, and for accountability reporting. CDC will develop semi-annual, aggregate performance measure reports to be disseminated to recipients and other key partners including federal partners, other funded and non-funded partners, policy makers, and the public, as appropriate. These aggregate findings may also be presented during site visits and recipient meetings. In addition to

performance measures reported by recipients, CDC will track other measures that are relevant to the program through national datasets or national evaluation activities.

f. CDC Program Support to Recipients

The CDC programs supporting this NOFO will be substantially involved beyond site visits and regular performance and financial monitoring during the period of performance. Substantial involvement means that the recipient can expect federal programmatic partnership in carrying out efforts under the award.

CDC will work in partnership with the recipient to ensure the success of the cooperative agreement by:

- Supporting recipients in implementing cooperative agreement requirements and meeting program outcomes.
- Assisting recipients in advancing program activities to achieve project outcomes.
- Providing scientific subject matter expertise and resources in support of the required strategies.
- Collaborating with recipients to develop and implement evaluation plans that align with CDC evaluation activities.
- Providing technical assistance on recipients' evaluation and performance measurement plans.
- Providing technical assistance to define and operationalize performance measures and reports.
- Engaging in and facilitating varied means of communication and peer sharing opportunities among recipients and with CDC to communicate and share tools and resources.
- Establishing learning opportunities to facilitate the sharing of information among recipients.
- Providing professional development and training opportunities – either in person or through virtual, web-based training formats – for the purpose of sharing the latest science, best practices, success stories, and program models.
- Participating in relevant meetings, committees, conference calls, and working groups related to the cooperative agreement requirements to achieve outcomes.
- Coordinating communication and program links with other CDC programs and federal agencies, such as the Health Resources and Services Administration (HRSA), Centers for Medicare & Medicaid Services (CMS), Indian Health Service (IHS), and the National Institutes of Health (NIH), as appropriate.

- Providing surveillance technical assistance and state-specific data collected by CDC.
- Providing technical expertise to other CDC programs and Federal agencies on how to interface with recipients.
- Translating and disseminating lessons learned through publications, meetings, and other means on promising and best practices to expand the evidence base.

B. Award Information

1. Funding Instrument Type:
CA (Cooperative Agreement)
CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.

2. Award Mechanism:
U58

3. Fiscal Year:
2023

4. Approximate Total Fiscal Year Funding:
$14,400,000

5. Total Period of Performance Funding:
$105,000,000
This amount is subject to the availability of funds.

Estimated Total Funding:
$110,000,000

6. Total Period of Performance Length:
5 year(s)

year(s)

7. Expected Number of Awards:
12

8. Approximate Average Award:

$950,000
Per Budget Period

9. Award Ceiling:
$1,200,000
Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor:
$650,000
Per Budget Period

11. Estimated Award Date:
August 30, 2023

12. Budget Period Length:
12 month(s)

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

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

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:
00 (State governments)

01 (County governments)

02 (City or township governments)

04 (Special district governments)

05 (Independent school districts)

06 (Public and State controlled institutions of higher education)

07 (Native American tribal governments (Federally recognized))

08 (Public housing authorities/Indian housing authorities)

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

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

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

20 (Private institutions of higher education)

22 (For profit organizations other than small businesses)

23 (Small businesses)

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

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

Additional Eligibility Category:

Government Organizations:

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

Local governments or their bona fide agents

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

State controlled institutions of higher education

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

Non-government Organizations

American Indian or Alaska native tribally designated organizations

2. Additional Information on Eligibility

N/A

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:
No

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.

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

a. Unique Entity Identifier (UEI):

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

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

b. System for Award Management (SAM):

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

c. Grants.gov:

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

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

Step	System	Requirements	Duration	Follow Up
1	System for Award Management (SAM)	1. Go to SAM.gov and designate an E-Biz POC (You will need to have an active SAM account before you can register on	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/

		grants.gov). The UEI is generated as part of your registration.		home.do Calls: 866-606-8220
2	Grants.gov	1. Set up an individual account in Grants.gov using organization's new UEI number to become an Authorized Organization Representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	It takes one day (after you enter the EBiz POC name and EBiz POC email in SAM) to receive a UEI (SAM) which will allow you to register with Grants.gov and apply for federal funding.	Register early! Applicants can register within minutes.

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.

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)

Number Of Days from Publication 30

04/22/2023

b. Application Deadline

Due Date for Applications 05/23/2023

05/23/2023
11:59 pm U.S. Eastern 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.

Due Date for Information Conference Call

The Innovative Cardiovascular Health Program

Applicant Informational Webinar

Tuesday, March 28, 2023 3:00pm - 4:00pm ET

Click the link below to join the webinar:

https://cdc.zoomgov.com/j/1600868630?pwd=Z3BZV0VLaWRiSHp4TlRRcDlYY0E3QT09

Or join by phone:

US: +1 669 254 5252 or

+1 646 828 7666 or

+1 646 964 1167 or

+1 551 285 1373 or

+1 669 216 1590 or

+1 415 449 4000

Webinar ID: 160 086 8630
Passcode: 74072053

Additional information about this and other DHDSP funding opportunities may be found at: https://www.cdc.gov/dhdsp/funding-opps/index.htm

Programmatic questions about this NOFO may be submitted via email: InnovativeCVH@cdc.gov

Responses will be posted to the NOFO informational website.

5. Pre-Award Assessments

Risk Assessment Questionnaire Requirement

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

CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-

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

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

Duplication of Efforts

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

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

6. Content and Form of Application Submission

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

7. Letter of Intent

A Letter of Intent (LOI) is requested, not required. 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 should be submitted by the lead applicant or lead fiduciary agent and simply indicate the intent to submit an application, along with a listing of identified partner organizations.

LOI must be sent via email to:

Rebekah Buckley
CDC, NCCDPHP
InnovativeCVH@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

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.

Recipients are required to work with professional evaluators (either internal or external) to meet the evaluation and performance reporting requirements of this NOFO. Therefore, CDC strongly

recommends allocating at least 15% of the total funding award to evaluation and performance monitoring and to consider both development and implementation costs.

13. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 45 CFR 75 which include, but are not limited to, the following:

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

14. Pilot Program for Enhancement of Employee Whistleblower Protections

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

15. Copyright Interests Provisions

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

months of the publisher's official date of final publication; however the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

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

16. Funding Restrictions

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

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

17. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection or generation must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan unless CDC has stated that CDC will take on the responsibility of creating the DMP. The DMP describes plans for assurance of the quality of the public health data through the data's lifecycle and plans to deposit the data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information:
https://www.cdc.gov/grants/additional-requirements/ar-25.html.

18. Other Submission Requirements

a. Electronic Submission:

Applications must be submitted electronically by using the forms and instructions posted for this notice of funding opportunity at www.grants.gov. 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.

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 via email.

E. Review and Selection Process

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

a. Phase 1 Review

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

b. Phase II Review

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

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

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

i. Approach **Maximum Points:** 35

Overall Program Strategy (12 points total)

The extent to which an applicant describes:

- Establishing, or aligning with and joining an existing, learning collaborative (LC) that serves as a hub of entities focused on developing innovative approaches to improve overall cardiovascular (CVD) health. The LC must be equipped to apply those approaches to mitigate social service and support needs and other associated risk factors for CVD within approved populations of focus.
- An approach to using Geographic Information System (GIS), or other Geo-mapping technology that highlights census geographies to identify approvable populations of focus identified for this NOFO as adults aged 18 and older with a hypertension crude prevalence of 53% or higher, as shown by data specifically at the census tract level.
- An approach to working through partners to increase the percentage of adults within approved populations of focus, 18–85 years of age who have had a hypertension diagnosis and among those diagnosed have had their blood pressure adequately controlled during the measurement year.

Strategy 1. Track and Monitor Clinical Measures shown to improve health and wellness, and health care quality within approved populations of focus and identify patients with hypertension and high cholesterol. **(6 points)**

- The extent to which an applicant describes how they will:
- Advance the adoption and use of EHRs and HIT to identify, track, and monitor clinical and social support needs measures to address health care disparities and health outcomes within approved populations of focus.
- Promote the use of standardized processes or tools, such as GIS or other Geo-mapping tools, to identify the social services and support needs within approved populations of focus, and monitor and assess the referral and utilization of those services, such as the need for transportation, housing, childcare, etc.

Strategy 2. Implement Team-Based Care to prevent, detect, control and manage hypertension and high cholesterol within approved populations of focus. **(6 points)**

- The extent to which an applicant describes how they will:
- Advance the use of health information systems that support team-based care to monitor and address hypertension and high cholesterol within approved populations of focus.
- Assemble or create multidisciplinary teams to identify social services and support needs within approved populations of focus.
- Build and manage a coordinated network of multidisciplinary partnerships that address identified barriers and needs within approved populations of focus, related to their social services and support needs (e.g., childcare, transportation, language translation, food assistance, and housing).

Strategy 3. Link Community Resources and Clinical Services that support comprehensive bidirectional referral and follow-up systems aimed at mitigating social services and support barriers for optimal health outcomes within approved populations of focus. **(6 points)**

- The extent to which an applicant describes how they will:

- Create and enhance community-clinical links to identify social determinants of health {(SDOH) e.g., housing, transportation, access to care, and community resources} and respond to the individual social services and support needs within approved populations of focus.
- Identify and deploy dedicated CHWs (or their equivalents) to provide a continuum of care and services which extend the benefits of clinical interventions and address social services and support needs leading to optimal health outcomes within approved populations of focus.
- Promote the use of self-measured blood pressure monitoring with clinical support within approved populations of focus.

Work Plan (5 Points total)
The extent to which an applicant:

- Provides a detailed work plan for the first year of the award and describes the activities and timelines that will support the achievement of the outcomes. Activities must align with the logic model and have appropriate performance measures or milestones for accomplishing tasks. A timeline, evaluation, data collection activities, and staff person responsible for oversight must be included.

ii. Evaluation and Performance Measurement **Maximum Points:** 30

The extent to which an applicant:

- Describes specific evaluation questions, in addition to the broad evaluation questions posed by CDC, that their proposed evaluation will answer and that are aligned with the purpose of this Cooperative Agreement to improve hypertension control within approved populations of focus.
- Describes an evaluation design that is rigorous enough to clearly document the innovative approaches to the proposed strategies and the contribution of the strategies to outcomes outlined in the logic model. This design should include a clear description of indicators, data sources, data collection methods, analysis plans, and dissemination activities.
- Clearly describes their access to performance measure data (e.g., hypertension control within approved populations of focus) and how they will meet the requirements to report performance measure data to CDC semiannually.
- Clearly demonstrates how and how much of the total funding is allocated to evaluation and performance measurement. This should be explicitly described in the Evaluation and Performance Measurement section and documented in the staffing plans and budget.
- Includes a preliminary Data Management Plan (DMP).

iii. Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 35

Organizational Capacity (25 points total)

The extent to which an applicant:

- Describes how they will coordinate efforts with other publicly and privately funded programs within the state to leverage resources and maximize reach and impact to address SDOH and social services and support needs related to CVD within approved populations of focus.
- Describes their capacity to manage programs and resources ensuring the administrative, financial, and staff support necessary to sustain activities. This includes describing an adequate staffing plan, providing CVs or resumes for proposed personnel, a description of how program performance will be monitored and how the program will be adjusted to address identified challenges, an organizational chart, and a project management structure that clearly defines staff roles and reporting structure as it applies to this funding opportunity.
- Describes a dedicated staff explicitly included in the work plan and budget, who will focus on health inequities and build relationships at the designated levels to decrease health care disparities and advance health equity.
- Describes their previous experience working with organizations to implement interventions within approved populations of focus.
- Describes their proposed program plan that demonstrates the ability to document and disseminate evaluation findings, outcomes, and recommendations, including the outcomes and achievements resulting from collaborative work with partners.

Collaborations (10 points total)

The extent to which an applicant:

- Describes how they will collaborate with CDC-funded programs and health equity subject-matter experts.
- Describes how they will establish or partner with multi-sectorial learning collaboratives (LC) and collaborate with organizations with a history of working within approved populations of focus.
- Provides letters of support or Memorandums of Agreement from proposed LC partners.

Budget **Maximum Points:** 0

The extent to which an applicant:

Describes how the budget supports the work plan and evaluation plan.

- Provides an accurate and reasonable budget.
- Describes how and how much of the total funding is allocated to evaluation and performance measurement.

c. Phase III Review

Applications will be reviewed and scored in accordance with the Phase II review criteria. The CDC will provide funding to up to 12 applicants.

Applications may be funded out of rank order to ensure geographic representation across the U.S. to ensure the greatest reach for priority populations. The CDC will provide justification for any application funded out of rank order.

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

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

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

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

(1) Financial stability;

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

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

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

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

CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions

restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

Successful applicants can anticipate notice of funding by August 30, 2023, with a start date of September 30, 2023.

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

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

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

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

AR-1: Human Subjects Requirements

AR-2: Requirements for Inclusion of Women and Racial and Ethnic Minorities in Research

AR-3: Animal Subjects Requirements

AR-9: Paperwork Reduction Act Requirements

AR-10: Smoke-Free Workplace Requirements

AR-11: Healthy People 2030

AR-12: Lobbying Restrictions

AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities

AR-14: Accounting System Requirements

AR-16: Security Clearance Requirement

AR-17: Peer and Technical Reviews of Final Reports of Health Studies – ATSDR

AR-21: Small, Minority, And Women-owned Business

AR-22: Research Integrity

AR-24: Health Insurance Portability and Accountability Act Requirements

AR-25: Data Management and Access

AR-26: National Historic Preservation Act of 1966

AR-28: Inclusion of Persons Under the Age of 21 in Research

AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving", October 1, 2009

AR-30: Information Letter 10-006, - Compliance with Section 508 of the Rehabilitation Act of 1973

AR-31: Research Definition

AR-32: Appropriations Act, General Provisions

AR-33: United States Government Policy for Institutional Oversight of Life Sciences Dual Use Research of Concern

AR-37: Prohibition on certain telecommunications and video surveillance services or equipment for all awards issued on or after August 13, 2020

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

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

- For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide

effective communication, see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.

- HHS funded health and education programs must be administered in an environment free of sexual harassment, see https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html.
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

3. Reporting

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

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

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

Report	When?	Required?
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Data on Performance Measures.	Reporting is required on a semi-annual basis.	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 period of performance	Yes

Recipients are required to report all performance measures more frequently than annually in the APR. **Semi-annual reporting is required for all performance measures.** Specific dates of reporting, data fields, and format will be provided at the beginning of the award period.

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

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

Performance Measurement

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

Evaluation

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

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

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

This report must include the following:

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

The recipients must submit the Annual Performance Report via www.Grantsolutions.gov 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.

Recipients are required to report all performance measures more frequently than annually in the APR. **Semi-annual reporting is required for all performance measures.** Specific dates of reporting, data fields, and format will be provided at the beginning of the award period.

d. Federal Financial Reporting (FFR) (required)

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

e. Final Performance and Financial Report (required)

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

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

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

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

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1)

information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.

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

- https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf,
- https://www. 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.

6. Termination

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

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

(1) By the HHS awarding agency or pass-through entity, if the non-Federal entity fails to comply with the terms and conditions of the award;

(2) By the HHS awarding agency or pass-through entity for cause;

(3) By the HHS awarding agency or pass-through entity with the consent of the non-Federal entity, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated; or

(4) By the non-Federal entity upon sending to the HHS awarding agency or pass-through entity written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if the HHS awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

First Name:
Rebekah

Last Name:

Buckley
Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention

Address:

Telephone:

Email:
InnovativeCVH@cdc.gov

Grants Staff Contact

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

First Name:
Keisha

Last Name:
Thompson
Grants Management Specialist
Department of Health and Human Services
Office of Grants Services

Address:

Telephone:

Email:
dwt6@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.

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
- Report on Programmatic, Budgetary and Commitment Overlap
- Table of Contents for Entire Submission

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:
Resumes / CVs

Letters of Support

Organization Charts

Indirect Cost Rate, if applicable

Memorandum of Agreement (MOA)

Memorandum of Understanding (MOU)

Bona Fide Agent status documentation, if applicable

I. Glossary

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

Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see .https://www.cdc.gov/grants/additional-requirements/index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar

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

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

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

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

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

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

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