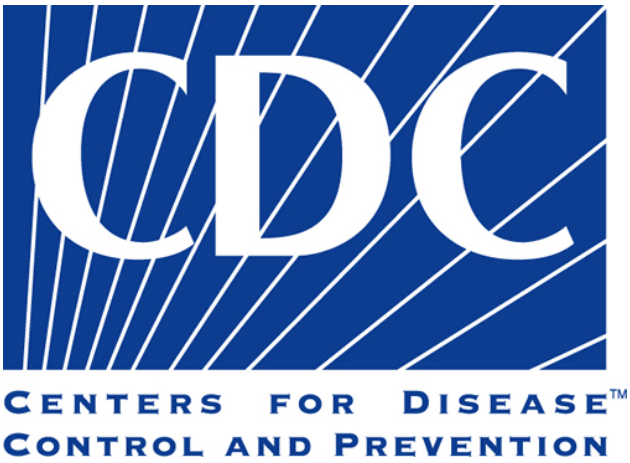


Centers for Disease Control and Prevention

NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

WISEWOMAN: Well-Integrated Screening and Evaluation of WOMen Across the Nation

CDC-RFA-DP-23-0003

05/30/2023

Table of Contents

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-23-0003. 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:

WISEWOMAN: Well-Integrated Screening and Evaluation of WOMen Across the Nation

C. Announcement Type: New - Type 1:

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

New-Type 1

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-DP-23-0003

E. Assistance Listings Number:

93.436

F. Dates:

1. Due Date for Letter of Intent (LOI):
05/01/2023

2. Due Date for Applications:
05/30/2023
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:
WISEWOMAN: **W**ell-**I**ntegrated **S**creening and **E**valuation of **WOM**en **A**cross the **N**ation

Applicant Informational Webinar

Tuesday, April 11, 2023

3:00pm - 4:00pm ET

Click the link below to join the webinar:
https://cdc.zoomgov.com/j/1611247473?pwd=cUpic1ViVEs3VU5NcHplY3JENXJJUT09

Or join by phone:

US: +1 669 254 5252 or

+1 646 964 1167 or

+1 646 828 7666 or

+1 415 449 4000 or

+1 551 285 1373 or

+1 669 216 1590

Webinar ID: 161 124 7473

Passcode: 08483154

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

Questions about this NOFO may be submitted via email: WISEWOMAN23-0003@cdc.gov

Responses will be posted to the NOFO informational website.

G. Executive Summary:

1. Summary Paragraph
This notice of funding opportunity (NOFO) aims to improve cardiovascular health in a specific population with a focus on advancing health equity. It will support the implementation and evaluation of a core set of evidence-based strategies proven to reduce heart disease and stroke rates through early detection and treatment of hypertension and high cholesterol in low-income, uninsured, and underinsured participants ages 35 to 64.

An applicant must propose a comprehensive work plan for year one and a high-level work plan for all years of the project that addresses hypertension in alignment with the broad evidence-based, evidence-informed strategies indicated. There must be a demonstration of how key health equity concepts: health inequities and disparities, social determinants, and unfair opportunity structures, factor into the design and implementation of program activities.

This NOFO requires that an applicant collaborates with partners with expertise and services to address the social needs of participants to promote blood pressure control and other healthy behaviors.

The use of Geographic Information Systems (GIS), or other Geo-mapping tools, will be required to identify priority populations where heart disease and stroke are prevalent and use data to propose criteria for selecting health systems and communities in which to work based on a robust analysis of overall health burden across population subgroups.

a. Eligible Applicants:
Open Competition

b. Funding Instrument Type:
CA (Cooperative Agreement)

c. Approximate Number of Awards
33

d. Total Period of Performance Funding:
$110,000,000

e. Average One Year Award Amount:
$650,000

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

g. Estimated Award Date:
August 30, 2023

h. Cost Sharing and / or Matching Requirements:
Yes
Recipient financial participation is required for this program in accordance with the authorizing legislation. Section 1502(a) and (b)(1), (2), and (3) of the PHS Act, as amended, requires matching funds from non-Federal sources in an amount not less than one dollar for every three dollars of Federal funds, a ratio of 3:1, awarded under this program. However, Title 48 of the US Code 1469a (d) requires DHHS to waive matching fund requirements for Guam, U.S. Virgin Islands, American Samoa, and the Commonwealth of the Northern Mariana Islands up to $200,000.

The match requirement may include third-party in-kind contributions, as well as expenditures from the grantee. The matching funds may be cash, in-kind or donated services or equipment. Public Law 93-638 authorizes tribal organizations contracting under the authority of Title I to use funds received under the Indian Self-Determination Act as matching funds.

Matching funds may not include: 1) payment for treatment services or the donation of treatment services; 2) services assisted or subsidized by the Federal government; or 3) the indirect or overhead costs of an organization. All costs designated as meeting the match requirement must be documented by the applicant and will be subject to audit. Documentation of appropriate matching is to be provided in the detailed budget and narrative justification.

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

CDC's Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) program is at the forefront of the nation's efforts to improve cardiovascular health for low-income, uninsured, and underinsured participants. Congress authorized the WISEWOMAN program in 1993 to extend the preventive health services offered to participants of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). The intent is to expand services to NBCCEDP participants aged 35-64 to address cardiovascular health concerns in a population made vulnerable through social determinants of health.

Extensive scientific evidence links non-medical factors, including economic opportunities and systemic racism, with poor health outcomes and increased mortality rates. These factors, commonly referred to as social determinants of health, also explain long-standing disparities in cardiovascular health across racial and ethnic groups and between men and women.

Cardiovascular disease (CVD) is the leading cause of death in the US and stroke is the 5th leading cause. In 2020, about 1 in 5 adults who died from CVD were younger than 65 years old. CVD accounts for about 1 in 3 deaths per year in women. In 2020, the age-adjusted CVD death rate among women was 183.9/100,000. Hypertension, which is the leading risk factor for CVD is prevalent among non-Hispanic Black and Hispanic women at 56.7% and 36.8%, respectively.

While improvements in CVD mortality have been made and life expectancy has increased for all Americans, women continue to experience a disproportionately high mortality rate, and health inequities by race and ethnicity persist. For example, Black and Native American women experience higher rates of total cardiovascular disease, coronary disease and stroke deaths when compared to white women.

Increased efforts to target risk factors and achieve equitable outcomes through culturally-focused interventions are urgently needed. Better health outcomes in priority populations can be achieved by implementing interventions that disrupt health disparities that are compounded by social conditions. The American Heart Association notes that clinicians should consider factors that affect individuals, such as the social determinants of health, to inform treatment decisions. Public health interventions that focus on advancing health equity are critical.

The current cooperative agreement, CDC-RFA-DP18-1816 (2018-2023), funds 30 recipients in 27 states and three Tribal organizations. It prioritizes activities encouraging women to become informed, active participants in CVD self-management by self-monitoring blood pressure with

clinical support, maintaining a healthy diet, engaging in physical activity, and smoking cessation. Given the importance of health equity, this new NOFO will continue the nation's efforts to improve cardiovascular health for low-income, uninsured, and underinsured participants aged 35-64. Further, it will address social and economic factors to help program participants achieve the best health possible by addressing social needs and the effect of unfair opportunity structures.

b. Statutory Authorities

Title XV, Section 1509 of the Public Health Service Act (PHS Act) (42 U.S.C. 300n-4a). Section 1502 of the PHS Act (42 U.S.C. 300l) and the FY 2023 Consolidated Appropriations Act (Pub. L. 117-328, Div. H). Because WISEWOMAN is a sister program with the National Breast and Cervical Cancer Early Detection Program, eligible applicants must have received a grant pursuant to Section 1501 of the PHS Act (42 USC 300k).

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

WISEWOMAN began as research program designed to compare the efficacy of lifestyle interventions (LSIs) and usual care in reducing CVD risk in a priority population. It evolved into cooperative agreements funding organizations focused on service delivery and evaluating the feasibility of implementing evidence-informed LSIs in local settings. Beginning in 2008, a series

of 5-year NOFOs (CDC-RFA-DP08-804, CDC-RFA-DP13-1302, and CDC-RFA-DP18-1816) were funded to prioritize delivery of CVD screenings and providing LSIs. This shifted to engaging women in becoming informed, active participants in CVD self-management, and providing referrals to healthy behavior support services in 2013. This new NOFO, CDC-RFA-DP23-0003, builds upon CDC-RFA-DP18-1816 while centering health equity.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

Strategies and Activities	**Short-Term Outcomes**	**Intermediate Outcomes**	**Long-Term Outcomes**
Strategy 1: Track and Monitor Clinical Measures Shown to Improve Health and Wellness, Health Care Quality, and Identify Patients at Risk of and with CVD, Particularly Hypertension.		**Improved blood pressure control among WISEWOMAN participants.**	Improved cardiovascular health. Reduced disparities in cardiovascular health.
1A. Provide cardiovascular disease (CVD) risk assessment to under- and uninsured participants in the priority age range of 35-64 years during the baseline, follow-up, and reassessment office visits, as appropriate.	**Increased number of under- and uninsured participants, ages 35-64, who receive CVD risk assessment.**	**Reduced disparities in blood pressure control among WISEWOMAN participants.**	
1B. Use electronic health record (EHR) and health information technology (HIT) data to query, monitor, and track clinical and social services and support needs data for improved identification, management, referrals,	**Increased use of EHR and HIT to query, monitor, and track clinical and social services and support needs data for improved identification, management, and treatment of**	**Increased utilization of social services and support among WISEWOMAN**	

treatment, and outcomes of those at risk of CVD, particularly hypertension.	**participants at risk of CVD, particularly hypertension.**	**participants at high risk of CVD.**	
1C. Use standardized procedures to identify social services and support needs of participants and monitor and assess the referral and utilization of those services, such as food assistance, transportation, housing, childcare, etc.	**Increased use of standardized processes or tools to identify, assess, track, and address social service and support needs of participants.**		
1D. Use metrics from program data to guide quality improvement activities, e.g., Plan Do Study Act (PDSA) cycles, participant and partner feedback, etc., to increase program enrollment, retention, and referrals to additional services.	**Increased use of metrics from program data to guide quality improvement activities to increase program enrollment, retention, and referrals to additional services.**		
1E. Use EHR, HIT or program data to identify health care disparities and address health outcomes within their WISEWOMAN population.	**Increased use of EHR, HIT, or program data to identify health care disparities and address health outcomes within their WISEWOMAN population.**		
Strategy 2: Implement Team-Based Care to Prevent and Reduce CVD Risk with a Focus on Hypertension Prevention, Detection, Control, and Management through the Mitigation of Social Support Barriers to Improve Outcomes.			

2A. Engage program participants, health professionals, 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 participant follow-up and communication and coordination among the care team.	**Increased use of multidisciplinary care teams adhering to evidence-based guidelines to address patient needs.**		
2B. Build and maintain a network of state, regional, and local social services and support based on social determinants of health within the recipient's jurisdiction.	**Increased multidisciplinary partnerships with a network of state, regional, and local social services and support.**		
Strategy 3: Link Community Resources and Clinical Services that Support Comprehensive Bidirectional Referral and Follow-up Systems Aimed at Mitigating Social Support Barriers and Supporting Participation in and Completion of Lifestyle Change Programs for Participants at Risk of and with CVD.			
3A. Identify, enhance, or build systems that facilitate provider and community bidirectional referrals to support medical follow-up, healthy behavior support	**Increased data sharing and utilization through a bidirectional feedback mechanism.**		

services (HBSS), and social services and support.			
3B. Collaborate with community groups who represent and serve the priority population, provide evidence-informed HBSS, and refer participants to those HBSS.	**Increased referrals to evidence-based and evidence-informed HBSS.**		
3C. Use evidence-based and evidence-informed strategies to ensure participants are actively engaged in HBSS.	**Increased participation in and completion of HBSS.**		
3D. Refer participants to appropriate social services and support; track and monitor use.	**Increased referrals to and utilization of social services and support.**		

i. Purpose

The purpose of the WISEWOMAN program is to extend preventive health services to achieve optimal cardiovascular health for participants ages 35-64 who are participants of the CDC-funded National Breast and Cervical Cancer Early Detection Program (NBCCEDP). The program helps participants understand and reduce their risk of cardiovascular disease and benefit from early detection and treatment. With health equity as a guiding principle, WISEWOMAN provides culturally-informed risk factor screenings and program services that are mindful of the social determinants of health.

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 number of under- and uninsured participants, ages 35-64, who receive CVD risk assessment.
- Increased use of electronic health records (EHR) and health information technology (HIT) to query, monitor, and track clinical and social services and support needs data for improved identification, management, and treatment of participants at risk of CVD, particularly hypertension.
- Increased use of standardized processes or tools to identify, assess, track, and address the social services and support needs of participants.

- Increased use of metrics from program data to guide quality improvement activities to increase program enrollment, retention, and referrals to additional services.
- Increased use of EHR, HIT, or program data to identify health care disparities and address health outcomes within their WISEWOMAN population.

Strategy 2:

- Increased use of multidisciplinary care teams adhering to evidence-based guidelines to address patient needs.
- Increased multidisciplinary partnerships with a network of state, regional, and local social services and support.

Strategy 3:

- Increased data sharing and utilization through a bidirectional feedback mechanism.
- Increased referrals to evidence-based and evidence-informed healthy behavior support services (HBSS).
- Increased participation in and completion of HBSS.
- Increased referrals to and utilization of social services and support.

Intermediate outcomes

- Improved blood pressure control among WISEWOMAN participants.
- Reduced disparities in blood pressure control among WISEWOMAN participants.
- Increased utilization of social services and support among WISEWOMAN participants at high risk of CVD.

iii. Strategies and Activities
Applicants must address ALL strategies listed below.

Strategy 1: Track and Monitor Clinical Measures Shown to Improve Health and Wellness, Health Care Quality, and Identify Patients at Risk of and with Cardiovascular Disease (CVD), Particularly Hypertension.

- 1A.Provide CVD risk assessment to under- and uninsured participants in the priority age range of 35-64 years during the baseline, follow-up, and reassessment office visits, as appropriate.
- 1B. Use electronic health record (EHR) and health information technology (HIT) data to query, monitor, and track clinical and social services and support needs data for improved identification, management, referrals, treatment, and outcomes of those at risk of CVD, particularly hypertension.
- 1C. Use standardized procedures to identify social support needs of participants and monitor and assess the referral and utilization of those services, such as food assistance, transportation, housing, childcare, etc.
- 1D. Use metrics from program data to guide quality improvement activities, e.g., PDSA cycles, participant and partner feedback, etc., to increase program enrollment, retention, and referrals to additional services.

- 1E. Use EHR, HIT, or program data to identify health care disparities and address health outcomes within their WISEWOMAN population.

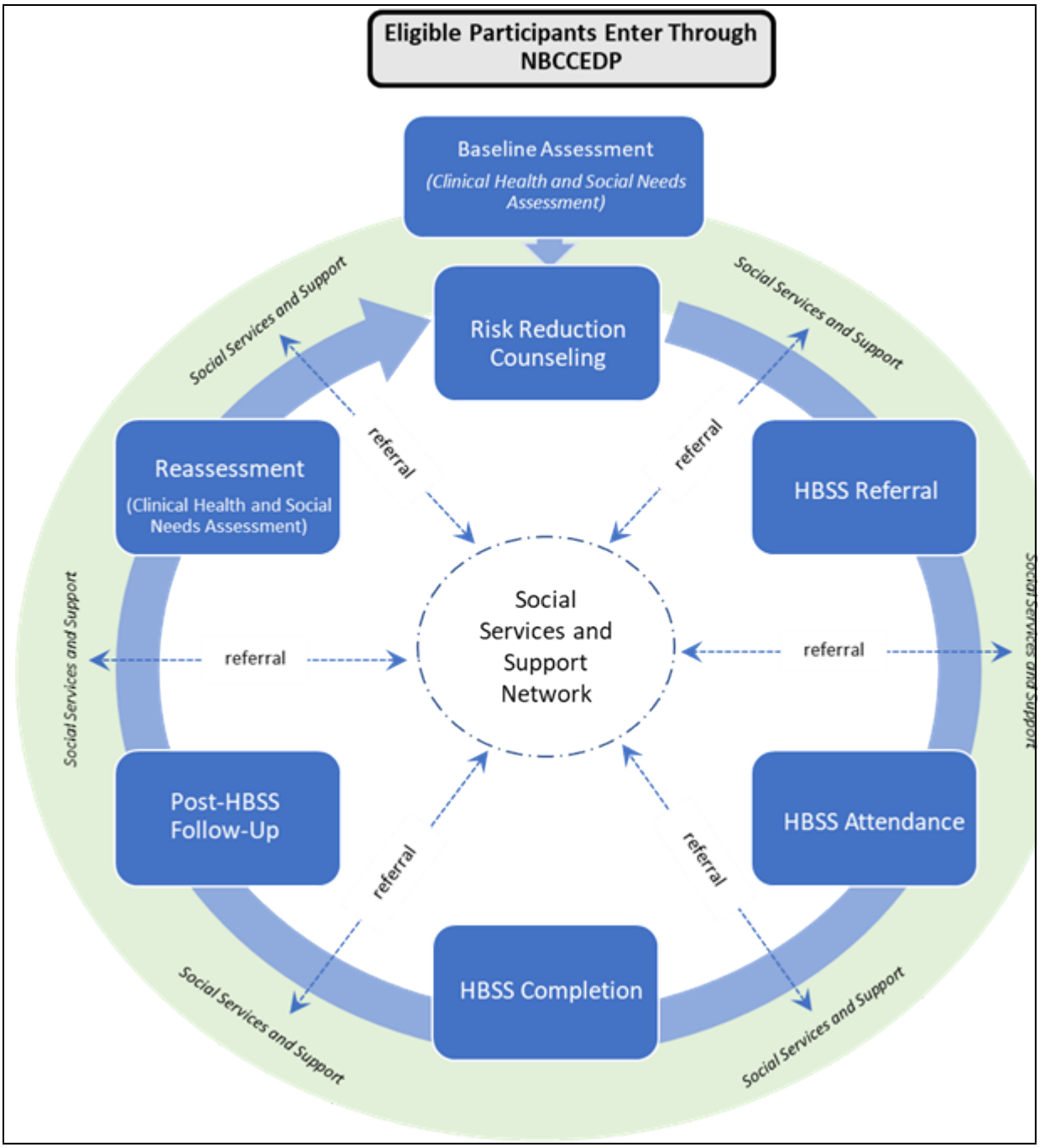
Strategy 2: Implement Team-Based Care to Prevent and Reduce CVD Risk with a Focus on Hypertension Prevention, Detection, Control, and Management through the Mitigation of Social Support Barriers to Improve Outcomes.

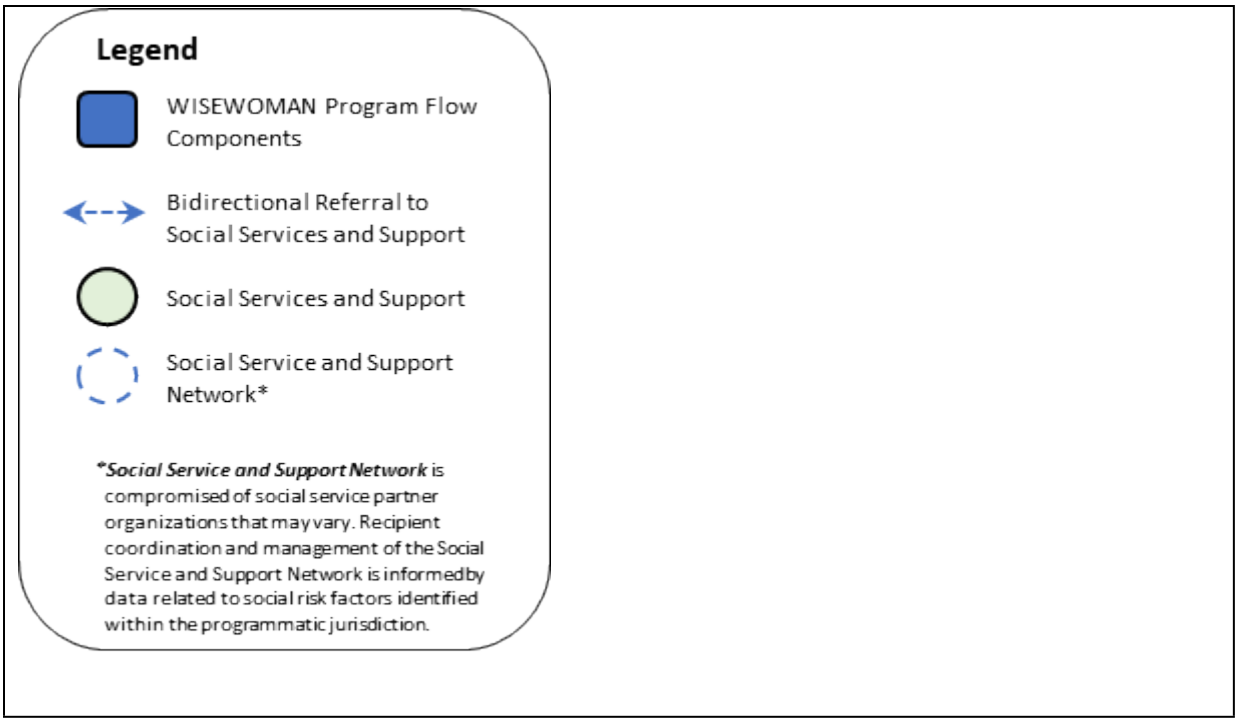
- 2A. Engage program participants, health professionals, community health workers, social workers, patient navigators, pharmacists, and other members of the care team in community settings outside of health care facilities to enhance participant follow-up and communication/coordination among the care team.
- 2B. Build and maintain a network of state, regional, and local social services and support based on social determinants of health within the recipient's jurisdiction.

Strategy 3: Link Community Resources and Clinical Services that Support Comprehensive Bidirectional Referral and Follow-up Systems aimed at Mitigating Social Support Barriers and Supporting Participation in and Completion of Lifestyle Change Programs for Participants at Risk of and with Cardiovascular Disease (CVD).

- 3A. Identify, enhance, or build systems that facilitate provider and community bidirectional referrals to support medical follow-up, healthy behavior support services (HBSS), and social services and support.
- 3B. Collaborate with community groups who represent and serve the priority population, provide evidence-informed HBSS, and refer participants to those HBSS.
- 3C. Use evidence-based and evidence-informed strategies (EBS/EIS) to ensure participants are actively engaged in HBSS.
- 3D. Refer participants to appropriate social services and support; track and monitor use.

WISEWOMAN Program Flow: WISEWOMAN is a direct services program, which requires providers to follow a specific program flow in order to ensure appropriate identification, assessment, and referral of participants. The following program flow chart describes the process of providing WISEWOMAN cardiovascular disease (CVD) risk assessments and access to healthy behavior support services to those enrolled in the program. Participant eligibility is determined by the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). Health care providers assess individuals for cardiovascular risk and based on risk factors and results from the patient-centered risk reduction counseling, individuals receive referrals to healthy behavior support services (evidence-based lifestyle programs, health coaching, and community-based resources) that support bidirectional referrals, self-management, and lifestyle change. Recipients are expected to work with health care providers that have systems in place to optimize control of hypertension and other CVD risk factors through the use of electronic health records and health information technology, delivery system designs, decision support, and team-based care. This program flow aligns with the program strategies of tracking and monitoring clinical measures, implementing team-based care, and linking community and clinical services.


Eligible Participants Enter Through NBCCEDP
Baseline Assessment
(Clinical Health and Social Needs Assessment)
Risk Reduction Counseling
HBSS Referral
HBSS Attendance
HBSS Completion
Post-HBSS Follow-Up
Reassessment
(Clinical Health and Social Needs Assessment)
Social Services and Support
referral
Social Services and Support Network



The diagram displays a continuum of care from the funded recipient's perspective. As the participant progresses through the program flow, the participants' clinical and social needs are assessed. *The participant may be referred to new or additional social services and support at any step.*

Program Flow Definitions:

- **Eligible Participants:** Participants of the CDC-funded National Breast and Cervical Cancer Early Detection Program (NBCCEDP) ages 35-64.
- **Baseline Assessment (Clinical Health and Social Needs Assessments):** The initial baseline assessment may be an integrated office visit with NBCCEDP. This visit includes a cardiovascular health risk and social needs assessment that is completed at baseline and the subsequent reassessments. Results must be reported in participant data files. Health assessment completion facilitates immediate patient-centered, risk-reduction counseling which is particularly valuable in the absence of lab work. In conjunction with clinical care, a social needs assessment is conducted to identify the program participant's social needs and determine an appropriate referral to a network of social services and support partners.
- **Risk Reduction Counseling:** Every program participant must receive a cardiovascular disease baseline risk assessment and reassessment, interpretation of the results, and appropriate recommendations in accordance with national clinical care guidelines. In a team-based care approach, it is critical that participants understand their CVD and health assessment findings. In the WISEWOMAN model, the participant is a crucial member of the health team. Participation facilitates increased self-management behavior, a critical component to becoming effective and informed managers of their health and health care.

The participant must receive CVD assessment information verbally and in writing using health literacy and plain language standards. If complete screening results are unavailable, programs should use the participant's health risk assessment results to provide initial risk reduction counseling. Risk reduction counseling should include motivational interviewing to encourage the participant to change behaviors and lifestyle. Effective motivational interviewing requires active listening by the interviewer, asking open questions, affirmation of the participant's strengths, and support for strategies for maintenance or change. Immediate and ongoing support of needs identified in the social needs assessment must be provided.

- **Healthy Behavior Support Services (HBSS) Referrals:** Healthy behavior support services (HBSS) include evidence-based lifestyle programs, health coaching, and community-based resources. Health care team members refer participants to appropriate HBSS that support the identified participant goals and helps reduce CVD risk. This referral typically occurs during risk reduction counseling but may also occur during a lifestyle program or health coaching session. Program participants will continue to have access to immediate and ongoing social services and support based on identified social needs.
- **HBSS Attendance:** Once the program participant attends the referred HBSS, the participant will continue to have access to immediate and ongoing social services and support based on identified social needs.
- **HBSS Completion:** Upon completion of the HBSS series, program participant will continue to have access to ongoing social services and support based on the participant's identified social needs, priorities, and preferences to support sustaining results. New or social support service referrals may be made at this time.
- **Post-HBSS Follow-Up:** At the completion of health coaching series or lifestyle programs, a follow-up assessment is conducted to assess the participant's progress, short-term health outcomes, reinforce health goals, and facilitate ongoing social support needs.
- **Reassessment (Clinical Health and Social Needs Assessment):** Clinical health and social needs reassessments are conducted after the baseline assessment to determine participant's health outcomes, existing needs, priorities, and preferences to support continued participation in the WISEWOMAN program and allows the participant to continue through the WISEWOMAN program flow.
- **Social Services and Support Network and Referrals:** The Social Services and Support Network is comprised of social service and support partner organizations which address social risk factors that inhibit a participant's involvement and completion of HBSS. Recipient coordination and management of the social service network is informed by data related to social risk factors identified within the programmatic jurisdiction. Social services and support referrals are based on care coordination systems that link program participants to social services and support that contribute to optimal health outcomes. It should be noted that these do not always occur linearly but can occur at different phases of the program. These services should address the needs identified by the participant and care team members and include, but not be limited to, services that address social risk factors broadly within the programmatic jurisdiction, such as inadequate housing, food assistance, and lack of transportation.
    - Referrals are a system with essential elements and coordinated processes including:

- an organizing entity that coordinates and tracks outcomes for all referrals to social services and support;
- a network of community resources and partners who can address the social determinants of health;
- a bidirectional or closed-loop referral mechanism to document community services and feedback of the primary care provided; and
- a data collection mechanism to track outcomes.*Note: WISEWOMAN Program Directors or Program Managers should identify a state, regional, and local coordinator who will be responsible for garnering all social services and support to which participants would be referred and making connections to other programs and resources.*

Recipients must establish, implement, and use a data system that collects all required minimum data elements (MDE) and other program data for program monitoring and reporting. MDEs are a set of standardized data variables tailored to this NOFO and capture consistent and complete participant information throughout the WISEWOMAN program flow. These are used to describe, monitor, and assess individual and program progress. Additional guidance will be provided to successful applicants post award.

1. Collaborations

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

An applicant's collaborative efforts should be tied to the jurisdiction's overarching heart disease and stroke prevention plan. 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 will also allow for the exchange of information among experts working in various areas of public health and other sectors. At a minimum, partnerships must be established with heart disease and stroke, tobacco, cancer (especially the NBCCEDP), diabetes, and nutrition and physical activity programs. These include but are not limited to other CDC-funded heart disease and stroke programs such as The National Cardiovascular Health Program, The Innovative Cardiovascular Health Program, Paul Coverdell National Acute Stroke Program, Good Health and Wellness in Indian Country (GHWIC), and Community Health Workers for COVID Response and Resilient Communities, and the Million Hearts® initiative.

An applicant is encouraged to use a variety of data and technologies to establish an achievable health equity goal. It is also important that an applicant identify and leverage opportunities and partnerships that will help address unfair opportunity structures and the social determinants of health. This will enhance the recipient's work with other state health department programs that address related chronic diseases or their underlying risk factors.

b. With organizations not funded by CDC:

Applicants are expected to describe and demonstrate the ability to collaborate with a variety of public and private partners to leverage resources and maximize reach and impact and utilize bidirectional referral systems. Collaborative partners can include entities from many sectors. Successful applicants will be required to collaborate with partners and agencies that serve the priority population of interest or work with the identified communities of interest. For example, they may partner with health systems to improve heart disease screening, management, medical

follow-up and HBSS referrals to improve cardiovascular health.

An applicant should consider establishing strategic partnerships with community health centers including Federally Qualified Health Centers, Health Center Controlled Networks, Regional Extension Centers, state Rural and Primary Care Associations, health plans, health systems, providers and hospitals, managed care organizations, Medicaid/HRSA, Indian Health Service providers, American Indian/Alaska Native tribal governments and/or tribally designated organizations. Recipients should identify and establish strategic partnerships that are tailored to the social determinants needs of the priority population, informed by data and community champions (e.g. focus groups, input from community members and coalitions, faith-based and cultural organizations, LGBTQ+ organizations, social justice organizations, people with disabilities orgs, shelters, reproductive health support orgs, substance rehabilitation centers, employment assistance organizations, language service groups, tribal organizations and governments).

Applicants are expected to describe and demonstrate collaborations with organizations that support heart disease prevention, physical activity, healthy food choices, chronic disease self-management, and smoking cessation. Recipients are also expected to collaborate with organizations to provide resources appropriate for underserved sub-populations that address participant barriers to accessing care and changing behavior (e.g., transportation, mental health, housing resources).

Recipients will be expected to establish contracts with HBSS providers who can provide culturally and linguistically appropriate services, telehealth, virtual, in-person lifestyle programs, and health coaching services to which participants may be referred.

It is also strongly recommended that recipients collaborate with non-traditional partner agencies and organizations (e.g., Federal Office of Rural Health Policy, Department of Transportation, and Department of Housing and Urban Development) to reach more underserved individuals and to coordinate access to social needs referrals and follow-up (e.g., establishing or participating on coalitions and reducing duplication). Recipients should establish or continue strategic partnerships that support the Division for Heart Disease and Stroke Prevention (DHDSP) goals with professional organizations; businesses; not-for-profit organizations, such as the American Heart Association; community-based organizations; for-profit organizations; non-governmental organizations; state and local governments; community advocates and members; and other partners that may have a vested interest in improving cardiovascular health.

Recipients will be expected to work with Quality Improvement Organizations/Quality Improvement Networks or other health care quality improvement entities to enhance patient care and improve health systems.

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. Letters or Memoranda must be dated within 45 days of the application. *Applicants must file the MOU or MOA, as appropriate, name*

the file "MOUs/MOAs", and upload it as a PDF file at www.grants.gov

2. Target Populations

Per Congressional support via statutory language, the priority population is low-income persons ages 35-64 years who are uninsured or under-insured and eligible to participate in NBCCEDP. Applicants must focus program activities in locations where the population experiences disparities in CVD risk factors, morbidity, and mortality. Applicants are required to describe their location of focus, using available data, such as race, ethnicity, census geography, socioeconomic status, social vulnerability, health literacy, screening rates, and cardiovascular disease incidence, prevalence, and mortality. Applicants must prioritize eliminating health disparities and advancing health equity in these locations. An applicant must describe the health equity challenges in these locations, how they propose to address them through various strategies, and how progress will be measured. An applicant 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. The planning process should engage organizations serving the population and population representatives.

Among the populations that will benefit from this funding are low-income persons, rural and frontier populations, and those experiencing health disparities within the following population subgroups: the uninsured or under-insured, geographically or culturally isolated, medically under-served, racial, ethnic, and/or cultural minorities, including African Americans, Alaska Natives, American Indians, Asian Americans, Hispanics, Pacific Islanders, and those with disabilities.

a. Health Disparities

Applicants are expected to advance health equity among priority populations to prevent and mitigate the impact of heart disease and stroke to improve health outcomes, and increase life expectancy and quality of life among program participants. 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 a lack of access to preventive and treatment services among disproportionately affected populations.

iv. Funding Strategy

Funding provided will range from $500,000 to $2,000,000 with an average award of $650,000. Award amounts will be based on priority populations which for this NOFO are low-income persons ages 35-64 years who are uninsured or under-insured with heart disease and stroke risk factors and eligible to participate in NBCCEDP. Consideration will be given to the geographic area where the applicant's work is proposed, along with prior experience and organizational capacity.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

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 10% 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)
https://www.cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm

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 cooperative agreement, 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:

- To what extent have recipients increased the reach of the program strategies to prevent and control cardiovascular disease?
- To what extent has program strategy implementation led to improved health outcomes among the identified population(s) at high risk of cardiovascular disease?
- What factors were associated with effective implementation of the program strategies?
- What factors were associated with identifying and addressing social services and support needs and social determinants of health for populations at high risk of cardiovascular disease?
- To what extent can the implemented program strategies be sustained after the NOFO ends?

Outcome Evaluation:

- To what extent have the implemented program strategies contributed to a measurable change in health outcomes, health equity, and health systems in a defined community, population, organization, or system?
- To what extent have the program strategies contributed to reduced health care disparities and improved health outcomes within populations at high risk of cardiovascular disease?

CDC will use an evaluation approach that consists of (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 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 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 partners. CDC will analyze performance measure data annually and develop aggregate performance measure reports to be disseminated to recipients and other key partners, including federal partners, other funded and 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 comprehensive evaluation activities.

For the 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 comprehensive 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-level program improvement and for the overall evaluation of the program. For all components of the evaluation, CDC and recipients will only collect data that will be analyzed and used.

CDC will provide recipients with guidance for developing evaluation plans and reporting performance measures and evaluation results. CDC will also provide ongoing evaluation technical assistance and ensure that the tools and services provided best meet the needs of the recipients. All information will be stored using a secure system. All evaluation findings produced by CDC and recipients, where appropriate, will contribute to: (1) continuous improvement of quality and effectiveness of program strategies; (2) the evidence base; (3) documentation and sharing of lessons learned to support replication and scaling of these program strategies; and (4) 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. The data collected for this NOFO for performance measurement and comprehensive evaluation 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. All performance measure data will be stored using a secure data system. Recipients will report their performance measure data 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 annual and summative reports. Applicants should submit a Data Management Plan (DMP). A

sample 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.

Recipients must establish, implement, and use a data system that collects all required minimum data elements (MDE) and other program data for program monitoring and reporting. MDEs are a set of standardized data variables tailored to this NOFO and capture consistent and complete participant information throughout the WISEWOMAN program flow. These are used to describe, monitor, and assess individual and program progress. Additional guidance will be provided to successful applicants post award.

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 and Activities	**Short-Term Outcomes and Measures**	**Intermediate Outcomes and Measures**	
Strategy 1: Track and Monitor Clinical Measures Shown to Improve Health and Wellness, Health Care Quality, and Identify Patients at Risk of and with Cardiovascular Disease (CVD), Particularly Hypertension.		**Improved blood pressure control among WISEWOMAN participants.** • PM #7: # and % of WISEWOMAN participants with known hypertension who have achieved or are currently maintaining blood pressure control.	
1A. Provide CVD risk assessment to under- and uninsured participants in the priority age range of 35-64 years during the baseline, follow-up, and reassessment office visits, as appropriate.	**Increased number of under- and uninsured participants, ages 35-64, who receive CVD risk assessment.**		
	Tracked via MDE data		
1B. Use electronic health record (EHR) and health information technology (HIT) data to query, monitor, and track clinical and social services and support needs data for improved identification, management, referrals, treatment, and outcomes of	**Increased use of EHR and HIT to query, monitor, and track clinical and social services and support needs data for improved identification, management, and treatment of participants at risk of CVD,**	**Reduced disparities in blood pressure control among WISEWOMAN participants** • PM #8: # and % of WISEWOMAN participants, reported by race and ethnicity, with known	

those at risk of CVD, particularly hypertension.	**particularly hypertension.**	hypertension who have achieved or are currently maintaining blood pressure control. **Increased utilization of social services and support among WISEWOMAN participants at high risk of CVD** • Tracked via MDE data.	
	PM #1: # and % of WISEWOMAN providers with a protocol for using EHR and HIT data to query, monitor, and track clinical data to identify, manage, refer, and treat patients at risk of CVD, particularly hypertension.		
1C. Use standardized procedures to identify social services and support needs of participants and monitor and assess the referral and utilization of those services, such as food assistance, transportation, housing, childcare, etc.	**Increased use of standardized processes or tools to identify, assess, track, and address social services and support needs of participants.**		
	PM #2: # and % of WISEWOMAN providers using standardized processes or tools to identify, assess, track, and address social services and support needs of WISEWOMAN participants.		
1D. Use metrics from program data to guide quality improvement activities, e.g., PDSA cycles, participant and partner feedback, etc., to increase program enrollment, retention, and referrals to additional services.	**Increased use of metrics from program data to guide quality improvement activities to increase program enrollment, retention, and referrals to additional services.**		
	Tracked via Project Officer documentation		
1E. Use EHR, HIT or program data to identify health care disparities and	**Increased use of EHR, HIT or program data to identify health care**		

address health outcomes within their WISEWOMAN population.	**disparities and address health outcomes within their WISEWOMAN population.**		
	PM #3: # and % of WISEWOMAN providers using standardized processes or tools to identify and address health care disparities.		
Strategy 2: Implement Team-Based Care to Prevent and Reduce Cardiovascular Disease (CVD) Risk with a Focus on Hypertension Prevention, Detection, Control, and Management through the Mitigation of Social Support Barriers to Improve Outcomes.			
2A. Engage program participants, health professionals, 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 participant follow-up and communication and coordination among the care team.	**Increased use of multidisciplinary care teams adhering to evidence-based guidelines to address patient needs.**		
	PM #4: # and % of WISEWOMAN providers who use multidisciplinary care teams that adhere to evidence-based guidelines.		
2B. Build and maintain a network of state, regional, and local social services and support based on social determinants of health	**Increased multidisciplinary partnerships with a network of state,**		

within the recipient's jurisdiction.	**regional, and local social services and support.**		
	PM #5: # and type of social services and support within the recipient's network.		
Strategy 3: Link Community Resources and Clinical Services that Support Comprehensive Bidirectional Referral and Follow-up Systems Aimed at Mitigating Social Support Barriers and Supporting Participation in and Completion of Lifestyle Change Programs for Participants at Risk of and with Cardiovascular Disease (CVD).			
3A. Identify, enhance, or build systems that facilitate provider and community bidirectional referrals to support medical follow-up, healthy behavior support services (HBSS), and social services and support.	**Increased data sharing and utilization through a bidirectional feedback mechanism.**		
	PM #6: # and % of WISEWOMAN providers with an implemented community referral system (tracking bidirectional referrals) for medical follow-up, healthy behavior support services, and social services and support.		
3B. Collaborate with community groups who represent and serve the priority population, provide evidence-informed HBSS,	**Increased referrals to evidence-based and evidence-informed HBSS.**		

and refer participants to those HBSS.			
	Tracked via MDE data.		
3C. Use evidence-based and evidence-informed strategies to ensure participants are actively engaged in HBSS.	**Increased participation in and completion of HBSS.**		
	Tracked via MDE data.		
3D. Refer participants to appropriate social services and support; track and monitor use.	**Increased referrals to and utilization of social services and support.**		
	Tracked via MDE data.		

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, the applicant's evaluation and performance measurement plans should:

- Describe data collection approaches, measures, and data sources.
- Align each evaluation question with the approach, instruments/data sources, and timeline.
- Propose analysis for at least two time points (baseline and follow-up) and assess program impact on any intended health disparate populations.
- Describe how applicants will work with professional evaluators (either internal or external) to meet the evaluation and performance measurement requirements.
- Describe how much of the overall funding amount will be allocated to evaluation and performance measurement.
- Describe how the applicant will use GIS to identify priority populations in census geographies disproportionately impacted by cardiovascular disease.
- Use the NDCCPHP DMP template at: https://www.cdc.gov/chronicdisease/programs-impact/nofo/index.htm

Applicants must demonstrate a clear plan 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 10% 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)
https://www.cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm .

For the detailed Evaluation and Performance Measurement Plan due 6 months post award, CDC will work closely with recipients to develop the detailed plan to ensure that it is appropriate for the activities conducted as part of this cooperative agreement, for 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
An applicant must demonstrate their organizational capacity to successfully implement all required strategies outlined in the NOFO. CDC anticipates that all applicants will be able to

demonstrate capacity to carry out the activities outlined in the NOFO over the 5-year period of performance.

When applicants are describing organizational capacity, consideration should be given to:

- Minimizing duplication of effort.
- Coordinating efforts with other federally and privately funded programs within their state to leverage resources and maximize reach and impact.

Applicants should describe the following:

- Nature and scope of the organization's work, organizational structure, and the capacities of staff who will implement cardiovascular or chronic disease programs, monitor program performance including hiring and contract execution, and taking necessary steps to address identified problems in a timely manner.
- Established HBSS and social services and support networks and referral systems.
- Existing or potential social support service organizations which includes a description of their experience addressing participants' social service needs.
- Experience working with partners to collect, report, and use program data, and address potential challenges.
- Plans for partnering with community groups who represent the priority population, provide evidence-based and evidence-informed HBSS, and refer participants to those HBSS.
- Propose staff and entities responsible for key tasks, including building and maintaining a social services and support network, project leadership, implementing program strategies, monitoring progress, collecting data and preparing reports, budget review and monitoring, program evaluation, and communication with partners and CDC. Resumes for key staff must be included.
- Describe process for recruitment and retention of a regional or local coordinator who can build a comprehensive network of social services and support to address identified social needs of program participants.

Organizational Chart or CV/Resume files should be named "CVs/Resumes" or "Organizational Charts", respectively, and uploaded to www.grants.gov.

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 should describe how the applicant will address all strategies to achieve NOFO outcomes. These activities must be in alignment with the NOFO logic model and service delivery flow chart and should include the required performance measures for accomplishing tasks. Baselines, Year 1 targets, and data sources should be provided for all performance measures. Additionally, CDC will aggregate recipient-reported MDE data to calculate MDE-related measures. The work plan must include in narrative form an overview with the estimated number of women who will be screened for cardiovascular disease risk factors and participate in Healthy Behavior Support Services in the first year, and how that number was determined.

Work plan must include the specific community resources and follow-up clinical support that participants will be referred to and methods for bi-directional referrals. Work plan must include objectives, activities, and timelines for developing or modifying a data collection and reporting system, which includes MDEs and social services and support needs, and meeting evaluation requirements.

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 Workplan is not included in the 20-page limit.**

Sample DP-23-0003 Work Plan format

Strategy 1: Track and Monitor Clinical Measures Shown to Improve Health and Wellness, Health Care Quality, and Identify Patients at Risk of and with Cardiovascular Disease (CVD), Particularly Hypertension.		
1A. Provide cardiovascular disease (CVD) risk assessment to under- and uninsured participants in the priority age range of 35-64 years during the baseline, follow-up, and reassessment office visits, as appropriate.		
Activities	**Responsible Position/Party**	**Completion Date**
Short Term Outcome	**Minimum Data Element (MDE) Measurement**	
Increased number of under- and underinsured participants, age 35-64, who receive cardiovascular disease (CVD) risk assessment.	Number of eligible participants who receive a CVD risk assessment (MDE data).	
1B. Use electronic health record (EHR) and health information technology (HIT) data to query, monitor, and track clinical and social services and support needs data for improved identification, management, referrals, treatment, and outcomes of those at risk of CVD, particularly hypertension.		
Activities	**Responsible Position/Party**	**Completion Date**

Short Term Outcome	**Short Term Performance Measure**	
Increased use of EHR and HIT to query, monitor, and track clinical and social services and support needs data for improved identification, management, and treatment of participants at risk of CVD, particularly hypertension.	# and % of WISEWOMAN providers with a protocol for using EHR and HIT data to query, monitor, and track clinical data to identify, manage, refer, and treat patients at risk of CDC, particularly hypertension.	
1C. Use standardized procedures to identify social services and support needs of participants and monitor and assess the referral and utilization of those services, such as food assistance, transportation, housing, childcare, etc.		
Activities	**Responsible Position/Party**	**Completion Date**
Short Term Outcome	**Short Term Performance Measure**	
Increased use of standardized processes or tools to identify, assess, track, and address social services and support needs of participants.	# and % of WISEWOMAN providers using standardized processes or tools to identify, assess, track, and address social services and support needs of WISEWOMAN participants.	
1D. Use metrics from program data to guide quality improvement activities, e.g., PDSA cycles, participant and partner feedback, etc., to increase program enrollment, retention, and referrals to additional services.		
Activities	**Responsible Position/Party**	**Completion Date**
Short Term Outcome	**Short Term Performance Measure**	
Increased use of metrics from program data to guide quality improvement activities to increase program enrollment, retention, and referrals to additional services.	N/A	
1E. Use EHR, HIT or program data to identify health care disparities and address health outcomes within their WISEWOMAN population.		

Activities	Responsible Position/Party	Completion Date
Short Term Outcome	**Short Term Performance Measure**	
Increased use of EHR, HIT or program data to identify health care disparities and address health outcomes within their WISEWOMAN population.	# and % of WISEWOMAN providers using standardized processes or tools to identify and address health care disparities.	

Years 2-5:
Provide a general summary of work plan activities that address Strategy 1 proposed for Years 2-5 (maximum of one page narrative).

Strategy 2: Implement Team-Based Care to Prevent and Reduce CVD Risk with a Focus on Hypertension Prevention, Detection, Control, and Management through the Mitigation of Social Support Barriers to Improve Outcomes.

2A. Engage program participants, health professionals, 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 participant follow-up and communication and coordination among the care team.

Activities	Responsible Position/Party	Completion Date
Short Term Outcome	**Short Term Performance Measure**	
Increased use of multidisciplinary care teams adhering to evidence-based guidelines to address patient needs.	# and % of WISEWOMAN providers who use multidisciplinary care teams that adhere to evidence-based guidelines.	

2B. Build and maintain a network of state, regional, and local social services and support based on social determinants of health within the recipient's jurisdiction.

Activities	Responsible Position/Party	Completion Date
Short Term Outcome	**Short Term Performance Measure**	

Increased multidisciplinary partnerships with a network of state, regional, and local social services and support.	# and type of social services and support within the recipient's network.

Years 2-5:
Provide a general summary of work plan activities that address Strategy 2 proposed for Years 2-5 (maximum of one page narrative).

Strategy 3: Link Community Resources and Clinical Services that Support Comprehensive Bidirectional Referral and Follow-up Systems Aimed at Mitigating Social Support Barriers and Supporting Participation in and Completion of Lifestyle Change Programs for Participants at Risk of and with Cardiovascular Disease (CVD).

3A. Identify, enhance, or build systems that facilitate provider and community bidirectional referrals to support medical follow-up, healthy behavior support services (HBSS), and social services and support.

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

Short Term Outcome	**Short Term Performance Measure**
Increased data sharing and utilization through a bidirectional feedback mechanism.	# and % of WISEWOMAN providers with an implemented community referral system (tracking bidirectional referrals) for medical follow-up, healthy behavior support services, and social services and support.

3B. Collaborate with community groups who represent and serve the priority population, provide evidence-informed HBSS, and refer participants to those HBSS.

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

Short Term Outcome	**Minimum Data Element (MDE) Measurement**
Increased referrals to evidence-based and evidence-informed HBSS.	Number of participants referred to evidence-based and evidence-informed HBSS. (MDE data).

3C. Use evidence-based and evidence-informed strategies to ensure participants are actively engaged in HBSS.

Activities	**Responsible Position/Party**	**Completion Date**
Short Term Outcome	**Minimum Data Element (MDE) Measurement**	
Increased participation in and completion of HBSS.	Number of participants referred to HBSS who attend and complete HBSS. (MDE data).	

3D. Refer participants to appropriate social services and support; track and monitor use.

Activities	**Responsible Position/Party**	**Completion Date**
Short Term Outcomes	**Minimum Data Element (MDE) Measurement**	
Increased referrals to and utilization of social services and support.	Number of participants who are referred to and access social support services. (MDE data).	

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 WISEWOMAN participants.	**# and % of WISEWOMAN participants with known hypertension who have achieved or are currently maintaining blood pressure control.**
Reduced disparities in blood pressure control among WISEWOMAN participants.	**# and % of WISEWOMAN participants, reported by race and ethnicity, with known hypertension who have achieved or are currently maintaining blood pressure control.**
Increased utilization of social support services among WISEWOMAN participants at high risk of CVD.	**Tracked via MDE Data.**

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 and performance measures will be reviewed annually by the project officer and evaluation staff and may need to be modified to better reflect program activities as outlined in the NOFO.

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 award, 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 the achievement of objectives 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 and training associated with the NOFO.
- Providing tools and 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 an 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 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 annual, aggregate and individual performance measure reports to be disseminated to recipients, federal partners, other funded and non-funded partners, policymakers, and the public as appropriate. Reports 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 and 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:
$22,000,000

5. Total Period of Performance Funding:
$110,000,000
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:
33

8. Approximate Average Award:

$650,000
Per Budget Period

9. Award Ceiling:
$2,000,000
Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor:
$500,000
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)

07 (Native American tribal governments (Federally recognized))

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

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

Additional Eligibility Category:

Government Organizations:

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

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

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

Eligible applicants must be recipients of National Breast and Cervical Cancer Early Detection Program (NBCCEDP) funding, per Congressional statute, Title XV, Section 1509 of the Public Health Service Act (PHS Act) (42 U.S.C. 300n-4a). Section 1502 of the PHS Act (42 U.S.C. 300l) and the FY 2023 Consolidated Appropriations Act (Pub. L. 117-328, Div. H).

Under the NBCCEDP, WISEWOMAN is authorized to expand screening services to include cardiovascular risk. To receive WISEWOMAN services, WISEWOMAN program recipients must be NBCCEDP recipients; thus, only organizations that are currently receiving NBCCEDP funding may apply. Current recipients of the National Breast and Cervical Cancer Early Detection Program are available at: https://nccd.cdc.gov/dcpc_Programs/index.aspx#/1

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:
Yes
Recipient financial participation is required for this program in accordance with the authorizing legislation. Section 1502(a) and (b)(1), (2), and (3) of the PHS Act, as amended, requires matching funds from non-Federal sources in an amount not less than one dollar for every three dollars of Federal funds, a ratio of 3:1, awarded under this program. However, Title 48 of the US Code 1469a (d) requires DHHS to waive matching fund requirements for Guam, U.S. Virgin Islands, American Samoa, and the Commonwealth of the Northern Mariana Islands up to $200,000.

The match requirement may include third-party in-kind contributions, as well as expenditures from the grantee. The matching funds may be cash, in-kind or donated services or equipment. Public Law 93-638 authorizes tribal organizations contracting under the authority of Title I to use funds received under the Indian Self-Determination Act as matching funds.

Matching funds may not include: 1) payment for treatment services or the donation of treatment services; 2) services assisted or subsidized by the Federal government; or 3) the indirect or overhead costs of an organization. All costs designated as meeting the match requirement must be documented by the applicant and will be subject to audit. Documentation of appropriate matching is to be provided in the detailed budget and narrative justification.

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	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://

	Management (SAM)	grants.gov). The UEI is generated as part of your registration.		fsd.gov/ fsd-gov/ 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)

Due Date for Letter Of Intent 05/01/2023

05/01/2023

b. Application Deadline

Due Date for Applications 05/30/2023

05/30/2023

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
WISEWOMAN: **W**ell-**I**ntegrated **S**creening and **E**valuation of **WOM**en **A**cross the **N**ation

Applicant Informational Webinar

Tuesday, April 11, 2023

3:00pm - 4:00pm ET

Click the link below to join the webinar:
https://cdc.zoomgov.com/j/1611247473?pwd=cUpic1ViVEs3VU5NcHplY3JENXJJUT09

Or join by phone:

US: +1 669 254 5252 or

+1 646 964 1167 or

+1 646 828 7666 or

+1 415 449 4000 or

+1 551 285 1373 or

+1 669 216 1590

Webinar ID: 161 124 7473

Passcode: 08483154

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

Questions about this NOFO may be submitted via email: WISEWOMAN23-0003@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) to 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.

The LOI must be sent via email to:

Rebekah Buckley
CDC, NCCDPHP
WISEWOMAN23-0003@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.

Applicants are encouraged to work with professional evaluators (either internal or external) to meet the evaluation and performance reporting requirements of this NOFO. Therefore, CDC strongly encourages allocating at least 10% 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.
- As specified in Public Law 101-354 not more than 10 percent of the award may be spent for administrative expenses. This 10 percent limitation is in lieu of and replaces the indirect cost (Section 1504(f) of the PHS Act, as amended).

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:** 40

Program Strategy – 24 points

- **Extent to which an applicant describes the priority populations** that will be served, data used to identify populations and communities to be served, and social services and support network that will be used to address the social needs of the program participants.

Strategy 1: Track and Monitor Clinical Measures Shown to Improve Health and Wellness, Health Care Quality, and Identify Patients at Risk of and with Cardiovascular Disease, Particularly Hypertension.

- **Extent to which an applicant describes how they will:**
  - Conduct cardiovascular risk assessments during the baseline, follow-up, and reassessment office visits for under- and uninsured participants in the priority age range of 35-64 years.
  - Use electronic health record (EHR) and health information technology (HIT) data to identify health and health care disparities and address health outcomes within the WISEWOMAN population, e.g., query, monitor, and track clinical and social services and support needs data for improved identification, management, referrals, treatment, and outcomes of those at risk of and with hypertension.
  - Use standardized processes or tools to identify, assess, track, address, and monitor the social support needs of participants, e.g., food assistance, transportation, housing, childcare, etc.
  - Use metrics from program data to guide quality improvement activities, e.g., PDSA cycles, participant and partner feedback, etc., to increase program enrollment, retention, and referrals to additional services beyond baseline measures.

Strategy 2: Implement Team-Based Care to Prevent and Reduce CVD Risk with a Focus on Hypertension Prevention, Detection, Control, and Management through the Mitigation of Social Support Barriers to Improve Outcomes.

- **Extent to which an applicant describes how they will:**
    - Engage program participants, health professionals, 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 participant follow-up and communication and coordination among the care team.
    - Build and maintain a state or local social services and support network, or both, based on social determinants of health within the applicant's jurisdiction.

Strategy 3: Link Community Resources and Clinical Services that Support Comprehensive Bidirectional Referral and Follow-up Systems aimed at the Mitigating Social Support Barriers and Supporting Participation in and Completion of Lifestyle Change Programs for Participants at Risk of and with CVD.

- **Extent to which an applicant describes how they will:**
    - Identify, enhance, or build systems that facilitate provider and community bidirectional referrals to support medical follow-up, healthy behavior support services (HBSS), and social support services.
    - Refer participants to the appropriate social services, and track and monitor their use.
    - Use evidence-based and evidence-informed strategies to ensure participants are actively engaged in HBSS.

<u>Collaborations – 4 points</u>

- **Extent to which an applicant describes how they will:**
    - Collaborate with other CDC-funded programs within the applicant's organization or jurisdiction, as appropriate.
    - Work with organizations funded and not funded by CDC, including state health departments, health care systems, and tribal organizations; include a Memorandum of Understanding/Memorandum of Agreement (MOU/MOA) for all proposed partners.

<u>Work Plan – 12 points</u>

The Work Plan must reflect all 3 strategies.

- **Extent to which an applicant:**
    - Provides a detailed work plan for the first year of the award and a high-level work plan for all years of the period of performance.
    - Ensures successful administration and quality assessments of process and outcome measures to achieve program goals and objectives. These activities must align with the logic model and WISEWOMAN service delivery flow chart and should have appropriate performance measures or milestones for

accomplishing tasks. A timeline for accomplishing each task, guideline, or action plan for data collection and staff responsible to oversee these actions must be included.
    - Estimates the number of participants who will be assessed for cardiovascular risk in the first year and subsequent years.

ii. Evaluation and Performance Measurement **Maximum Points:** 35

Evaluation and Performance Measurement – 25 points

- **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 that are aligned with the purpose of this Cooperative Agreement to improve hypertension control among under- and uninsured participants between the ages of 35-64.
    - Describes an evaluation design that includes a clear description of indicators, data sources, data collection methods, analysis plan, and dissemination activities.
    - Describes how an applicant will collect performance measures, including available data sources, feasibility of data collection, other relevant information, and analysis plan.
    - Describes 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).

Minimum Data Elements (MDEs) – 10 points

- **Extent to which an applicant will:**
    - Demonstrate expertise to establish a data system to collect and use MDEs for data-related activities.
    - Describe how they have formed partnerships with state, local, or tribal, and community-based organizations or entities that have the capacity to collect, store, and disseminate confidential program data.

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

Organizational Capacity – 15 points

- **Extent to which an applicant describes the following:**
    - Nature and scope of the organization’s work, organizational structure, and the capacities of staff who will implement cardiovascular or chronic disease programs, monitor program performance including hiring and contract execution, and taking necessary steps to address identified problems in a timely manner.
    - Established HBSS and social services and support networks and referral systems.

- Existing or potential social support service organizations which includes a description of their experience addressing participants' social service needs.
- Experience working with partners to collect, report, and use program data, and address potential challenges.
- Plans for partnering with community groups who represent the priority population, provide evidence-based and evidence-informed HBSS, and refer participants to those HBSS.

Program Management – 10 points

- **Extent to which an applicant describes the following:**
  - Proposed staff and entities responsible for key tasks, including building and maintaining a social services and support network, project leadership, implementing program strategies, monitoring progress, collecting data and preparing reports, budget review and monitoring, program evaluation, and communication with partners and CDC. Resumes for key staff must be included.
  - Process for recruitment and retention of a regional or local coordinator who can build a comprehensive network of social services and support to address identified social needs of program participants.

Budget **Maximum Points:** 0

- **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 budget is allocated to evaluation efforts.

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 33 applicants.

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). This includes Data on Performance Measures.	No later than 120 days before end of budget period. Serves as yearly continuation application. Data on Performance Measures are reported annually.	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
Minimum Data Elements (MDE)*	Semi-annually	Yes

***Minimum Data Elements (MDEs)**
Recipients will be required to submit minimum data elements (MDEs) semi-annually per budget period. Specific dates of reporting, data fields, and format will be provided at the beginning of

the award period. Recipients must develop, implement, and use minimum data elements (MDEs) collection system and other data collection activities for program monitoring and reporting.

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.

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:
WISEWOMAN23-0003@cdc.gov

Grants Staff Contact

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

First Name:
Uliecia

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

Address:

Telephone:

Email:
uaj0@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