

**National Innovative
Partnership for Addressing
Obesity through
Environmental Supports for
Nutrition and Physical Activity**



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Part I. Overview Information

To receive notifications of any changes to DP13-1304, return to synopsis page of this announcement at: www.grants.gov and check on the "Send Me Change Notifications Emails" link. Applicants must provide an email address to www.grants.gov to receive notifications.

- A. Federal Agency Name:** Centers for Disease Control and Prevention (CDC)
- B. Funding Opportunity Title:** *National Innovative Partnerships for Addressing Obesity through Environmental Supports for Nutrition and Physical Activity*
- C. Announcement Type:** New - Type 1
- D. Agency Funding Opportunity Number:** CDC-RFA-DP13-1304
- E. Catalog of Federal Domestic Assistance Number:** 93.945 Chronic Diseases
- F. Dates:**
- **Application Deadline Date:** June 24, 2013, 11:59 p.m. U.S. Eastern Standard Time, on www.grants.gov
- G. Executive Summary:**

Overweight and obesity are among the most urgent health challenges facing our country today. Excess weight contributes to some of the leading causes of preventable death, including heart disease, stroke, type 2 diabetes and certain types of cancer. In 2010, the national rate of obesity was 35.7 percent among persons ages 20 and over, and 17 percent among youth ages 2 to 19 years. National health objectives are to decrease U.S. obesity rates to 30.5 percent among adults and 12 percent among children and adolescents.

To help reverse the obesity epidemic, CDC, seeks to create new innovative collaborations and enhance existing national innovative collaborations to raise awareness, engage in collective action, and facilitate environmental and system improvements that promote healthy eating and physical activity in places where individuals live, learn, and work. Such collaborations should include the private and public sectors, as well as public health and non-public health organizations.

Activities conducted under this agreement will support CDC's mission by promoting implementation of environmental and system supports within HHS regions that create healthier places and lead to improvements in healthy eating and physical activity behaviors across the U.S. Funded organizations will be expected to lead activities within their existing chapters, councils, agencies, members and/or practice groups ("affiliates"), engage new partners, and coordinate with other CDC grantees working on

obesity prevention, to promote population-level approaches that are most likely to result in:

- Increased or enhanced access to safe, attractive and convenient places where individuals can be physically active, combined with informational outreach. (Note: For purposes of this FOA, informational outreach is the provision of information, including signs, prompts, and cues, that lets people know where these places and opportunities for physical activity are);
- Increased access to healthy, affordable food and beverages; and
- Increased breastfeeding duration and support.

Applicants must select at least one component under which they want to be funded, and two or more related strategies from a predefined list (see pages 16-17) to achieve the objectives of this FOA. Applicants are required to submit process and outcome evaluation results based on the FOA logic model (see pages 10-12) and expected to achieve long term outcomes at the end of the three year period.

This announcement is for a three year cooperative agreement under which CDC plans to fund up to four applicants with an average award of \$50,000 for each twelve month budget period. Funding is anticipated to begin September 1, 2013. Cost sharing or matching funding is not a requirement of this program; however, efforts to leverage resources to maximize the impact and/or sustainability of the program is strongly encouraged.

Applicants must include evidence (see Section C – “Other Requirements”) demonstrating existing organizational reach and representation in at least one state in each of the ten HHS regions identified at: (<http://www.hhs.gov/about/regionmap.html>).

Applicants must submit their application by June 24, 2013, at 11:59 p.m. U.S. EST. All applications must be submitted online at <http://www.grants.gov>. Any application that is received after the deadline, requests a funding amount greater than \$400,000, or does not meet the criteria and submission requirements in Section C, will not be reviewed.

Part II. Full Text

A. Funding Opportunity Description

1. Background:

Government alone cannot address the numerous environmental, organizational, social, and individual challenges that create and perpetuate obesogenic conditions. To reverse the obesity epidemic, government needs to pursue collaborative endeavors with the public and private sectors as well as traditional and nontraditional organizations. This FOA seeks to create and/or enhance such collaborations within each of the ten HHS

regions (<http://www.hhs.gov/about/regionmap.html>) to promote environmental and system supports for healthy eating and active living lifestyles for U.S. children, adolescents and adults

a. Statutory Authorities:

This program is authorized under section 317(k)(2) of the Public Health Service Act, (42 U.S.C. § 247b(k)(2)), as amended.

b. Problem Statement:

Overweight and obesity are among the most urgent health challenges facing our country today. Excess weight contributes to some of the leading causes of preventable death, including heart disease, stroke, type 2 diabetes and certain types of cancer. In 1980, obesity prevalence among U.S. adults, persons aged 20 years and older, was 15%, and among U.S. children ages 2 to 19 years, 5.5%. Obesity rates among children have not changed since 2008 (16.9%) and increased modestly among adults (33.8% to 35.7%). Although national obesity prevalence remains higher than health objective targets (30.5% for adults, 16.1% for children), the rate of increase of obesity has slowed among nearly all population groups marking signs of progress in efforts to reverse the epidemic.

Notwithstanding observed leveling in rates of increase, there is a real and imminent danger of national obesity prevalence reaching 42% and the nation's share of obesity-related health care costs rising to as much as \$549.5 billion, by 2030, if aggressive population-level interventions are not implemented.

To improve population-level health outcomes, concerted, multi-sectoral, interdisciplinary collaborations are needed. There are many stakeholders in the obesity prevention movement, but few efforts to bridge existing silos. As a result there are gaps in information sharing, lack of awareness of evidence- and practice-based interventions, and missed opportunities to leverage resources.

c. Healthy People 2020:

Healthy People 2020 focus areas include Nutrition and Weight Status; Maternal, Infant and Child Health; and Physical Activity. Healthy People 2020 provides national health objectives for improving the health of all Americans by encouraging collaboration across sectors, guiding individuals toward making informed health decisions, and measuring the impact of prevention activities.

Additional information on Healthy People 2020 is available at:

<http://www.healthypeople.gov>

- Physical Activity
 - Reduce the proportion of adults who engage in no leisure time physical activity (PA-1)

- Increase the proportion of adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscle strengthening activity (PA-2)
- Increase the number of States with licensing regulations for physical activity provided in child care (PA-9)
- *Nutrition and Weight Status*
 - Increase the number of States with nutrition standards for foods and beverages provided to preschool aged children in child care (NWS-1)
 - Increase the proportion of American who have access to a food retail outlet that sells a variety of food that are encouraged by the Dietary Guidelines for Americans (NWS-4)
 - Increase the contribution of vegetables to the diets of the population aged 2 years and older (NWS-15)
- *Maternal, Infant, and Child Health*
 - Increase the proportion of infants who are breastfed at 6 months (MICH-21.2)
 - Increase the proportion of employers that have worksite lactation support programs (MICH-22)
 - Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and their babies (MICH-24)

d. Other National Public Health Priorities and Strategies:

This funding aligns to current national efforts to implement solutions to the obesity epidemic, and the following national public health priorities:

- The National Prevention Strategy;
<http://www.healthcare.gov/prevention/nphphealthcare/strategy/report.pdf>.
- Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation, 2012; <http://www.iom.edu/Reports/2012/Accelerating-Progress-in-Obesity-Prevention.aspx>
- HHS National Partnership for Action to End Health Disparities. HHS National Stakeholder Strategy for Ending Health Disparities;
<http://minorityhealth.hhs.gov/npa/templates/content.aspx?vl=1&vlid=33&ID=286>
- CDC Health Equity Resource Toolkit for State Practitioners Addressing Obesity Disparities, 2012;
<http://www.cdc.gov/obesity/downloads/CDCHealthEquityObesityToolkit508.pdf>

- The Surgeon General’s Call to Action to Support Breastfeeding, 2011;
<http://www.surgeongeneral.gov/library/calls/breastfeeding/index.html>
- Dietary Guidelines for Americans, 2010;
<http://www.cnpp.usda.gov/DGAs2010-PolicyDocument.htm>
- Recommended Community Strategies and Measurements to Prevent Obesity in the United States, 2009;
http://www.cdc.gov/obesity/downloads/community_strategies_guide.pdf
- Physical Activity Guidelines for Americans, 2008;
<http://www.health.gov/PAGuidelines/>
- National Physical Activity Plan;
<http://www.physicalactivityplan.org>
- Physical Activity Guidelines for Americans Midcourse Report: Strategies to Increase Physical Activity Among Youth;
<http://www.health.gov/PAGuidelines/>
- CDC Overweight and Obesity Recommendations.
<http://www.cdc.gov/obesity/resources/recommendations.html>

e. Relevant Work:

This FOA builds on previous obesity prevention work conducted to develop and reach consensus on evidence based interventions and strategies that work. Results and lessons-learned from this FOA will also contribute to the growing catalog of promising practices to prevent obesity.

This FOA also supports the following CDC Winnable Battle strategies to prevent obesity (<http://www.cdc.gov/winnablebattles/>):

- Increase or enhance access to places where individuals can be physically active, combined with informational outreach;
- Increase access to healthy, affordable food and beverages;
- Promote breastfeeding-friendly environments; and,
- Improve the food environment in public serving institutions (e.g., worksites, public buildings, early care and education centers, schools).

2. CDC Project Description

- a. Approach:** To help reverse the U.S. obesity epidemic, CDC is issuing this FOA to invest in population-level approaches designed to create healthier places through increasing awareness and engaging collective action around efforts to improve access to healthy foods and beverages, create safe and convenient places for physical activity, and increase breastfeeding support and duration. These interventions should be carried out in strategic settings such as workplaces, hospitals and medical care facilities, early care and education centers, communities and schools, thereby enabling more people to adopt

healthy nutrition and physical activity behaviors across their lifespan. This FOA seeks to establish collaborative partnerships, at a minimum, across the ten HHS regions to leverage these investments, inform future public health action and set priorities around healthy eating and active living. After the three year funding term, grantees – through their affiliates and new collaborations – should be able to sustain and expand the reach and impact of their activities thereby advancing CDC efforts to improve nutrition and physical activity behaviors and prevent obesity in the U.S.

The table below reflects CDC’s expectations of applicants related to outcomes to be achieved based on the funding component, and related strategies, selected.

Inputs	Program Focus Areas: Recipient Activities	Program Strategies by Component Area	Outputs	Outcomes		
				Short	Mid	Long
	Conduct All	Select ≥2 per Component Selected				
<p>CDC</p> <p>Staff and Administrative Resources</p> <p>Cooperative Agreement Program Funding</p> <p>Guidelines, recommendations and evidence base for nutrition and physical activity strategies</p> <p>Technical Assistance</p> <p>National Surveillance and Monitoring Systems</p>	<p>Engage and Coordinate: Use <i>existing</i> chapters, councils, members, agencies, and/or practice groups (“affiliates”) to create a national cadre to promote incorporation of population-based environmental and systems support for nutrition, physical activity, and obesity prevention in multiple settings and sectors</p> <p>Coordinate with new affiliates and with those from <i>non-public health settings</i> and sectors to promote and incorporate population-based environmental nutrition, physical activity, and obesity prevention efforts in multiple settings</p> <p>Coordinate with existing CDC nutrition, physical activity and obesity grantees to build synergy, leverage momentum, and avoid duplication of effort.</p>	<p>Increase or enhance access to safe, attractive and convenient places where people can be physically active, combined with informational outreach</p> <ol style="list-style-type: none"> Promote and facilitate access to places for people to be physically active, using signage, prompts, cues and other techniques that provide information about opportunities and locations for physical activity. Promote and facilitate implementation of physical activity standards in early care and education centers and/or schools Promote and facilitate implementation of bicycle share programs Promote and facilitate establishment and implementation of Joint Use Agreements Promote and facilitate implementation of street-scale design/community-scale design interventions 	<ul style="list-style-type: none"> Number of affiliates <i>actively engaged</i> in incorporation of population-based environmental and systems supports for nutrition, physical activity, and obesity prevention strategies; Number of partners provided <i>training</i> to incorporate <i>health equity</i> in selection of population-based environmental and systems supports for nutrition, physical activity, and obesity prevention strategies; Number of <i>training, technical assistance, or information sessions</i> provided to promote population-based environmental and systems supports for nutrition, physical activity, and obesity prevention strategies; Increased number of stakeholders with formal approved plans to promote population-based 	<p>Initiated engagement among existing chapters, councils, agencies, members and/or practice groups, in activities around the FOA component areas</p> <p>Increased adoption of FOA strategies by new public and private partners</p> <p>Increased inclusion of representatives of disproportionately impacted populations</p>	<p>Increased dissemination of information related to funded component</p> <p>Increased use of information technology to communicate about the funded component</p> <p>Increased number of evaluation results reported</p>	<p>Increased number of places in which standards for nutrition and physical activity are being implemented</p> <p>Increased number of places where individuals can be physically active</p> <p>Increased number of places that are breastfeeding friendly</p>

	<p>Educate and Communicate: Provide technical assistance and information on best practices in developing and implementing evidence-based environmental and systems approaches to nutrition, physical activity, and obesity prevention</p> <p>Educate and inform stakeholders about strategies that advance health equity</p> <p>Provide professional development and follow-up technical assistance to build the skills of existing members and new partners to implement, evaluate, and maintain effective obesity practices.</p> <p>Use innovative strategies to provide virtual communication, training, technical assistance and peer-sharing to new and existing chapters, member practice groups, and councils to improve reach and impact of selected strategies</p>	<p>Increase access to health, affordable food and beverages</p> <ol style="list-style-type: none"> 1. Promote and facilitate implementation of nutrition standards in intervention settings (e.g., early care and education centers, worksites, hospitals, public institutions, and schools) where food and beverages are available 2. Promote and facilitate increased access to farmers markets 3. Promote and facilitate efforts to increase access to healthier food retail, particularly in underserved areas 4. Promote and facilitate the provision of free drinking water in public institutions 5. Promote and facilitate the provision of salad bars in schools 6. Promote and facilitate implementation of Farm to Institution programs <p>Increase breastfeeding duration and support</p> <ol style="list-style-type: none"> 1. Promote and facilitate (i.e., technical assistance and funding to assist facilities) efforts for birthing facilities to implement maternity practices supportive of breastfeeding 2. Provide access to professional and peer support for breastfeeding 	<p>environmental and systems supports for nutrition, physical activity, and obesity prevention strategies; and</p> <ul style="list-style-type: none"> • Number of materials developed that feature success factors and highlight program accomplishments. 			
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	<p>Educate and train affiliates on how to calculate reach, cost, impact and degree to which health disparities will be addressed for each of the selected strategies.</p> <p>Promote, Implement and Report on Action: Coordinate activities and mobilize existing affiliates to address at least one of the focal areas.</p> <p>Coordinate with other organizations and partners to advance strategies for nationwide action related to environmental and systems improvements for nutrition, physical activity and obesity.</p> <p>Develop an evaluation plan of ongoing efforts to improve program</p>	<p>3. Promote and facilitate worksite compliance with Federal and appropriate State lactation accommodation laws</p>				
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i. Purpose:

CDC is issuing this FOA as one of many efforts to reverse the U.S. obesity epidemic and to prevent projected obesity-related health and economic consequences. CDC seeks to create or enhance national innovative collaborations to raise awareness, engage in collective action, and facilitate environmental and system improvements that promote healthy eating and physical activity in places where individuals live, learn, and work (e.g., child care centers, hospital and medical care facilities, workplaces, communities, and schools). Under this FOA, organizations will receive funding to increase awareness of and promote implementation of environmental and system supports across states, at least one in each of the ten HHS regions, to create healthier places and lead to improvements in healthy eating and physical activity behaviors across the U.S.

Collaborative endeavors with public and private, public health and non-public health organizations can leverage investments and lead to successful implementation of evidence- and practice-based obesity prevention strategies, especially in populations experiencing disproportionately high rates of obesity. **As such, innovative national collaborations are essential to achieving the outcomes of this FOA.**

Gaps in information sharing and cross-sector and setting collaboration can be addressed through innovative partnerships that span across silos, settings (e.g., child care centers, schools, communities, workplaces, hospital and medical care facilities) and sectors (e.g., education, transportation, housing, civic leadership, agriculture and/or food systems, parks and recreation) to integrate public health and non-public health stakeholders, and engage private and public sector organizations.

ii. Outcomes:

Project period expected outcomes for the National Innovative Partnerships for Addressing Obesity through Environmental Supports for Nutrition and Physical Activity are aimed at long-term promotion of population-level approaches that are most likely to result in:

- Increased physical activity access and informational outreach;
- Increased access to healthy, affordable food and beverages; and
- Increased breastfeeding duration and support.

The outcomes are as follows:

Long Term Outcomes: (25 months to \geq 3 years)

- Increased number of places in which standards for nutrition and physical activity are being implemented;
- Increased number of safe, attractive and convenient places where individuals can be physically active; and
- Increased number of places that are breastfeeding friendly.

Intermediate Outcomes: (13-24 months)

- Increased dissemination of information related to funded component(s);
- Increased use of information technology to communicate about the funded component(s);
- Increased number of evaluation results reported.

Short Term Outcomes: (0-12 months)

- Initiated engagement among existing chapters, councils, agencies, members and/or practice groups, in activities around the FOA component areas;
- Increased adoption of FOA strategies by new public and private partners;
- Increased inclusion of representatives of disproportionately impacted populations.

iii. Program Strategy:

Funded organizations will be expected to lead activities across states in each of the ten HHS regions with their existing chapters, councils, agencies, members, and/or practice groups (“affiliates”), engage new partners, and coordinate with other CDC grantees working on obesity prevention. Applicants must conduct all activities in the three core focus areas in this FOA: (1) engage and coordinate, (2) educate and communicate, and (3) promote, implement and report on action. These activities are to be conducted in at least one component area (i.e., (a) access to safe, attractive and convenient places where individuals can be physically active, (b) access to healthy, affordable food and beverages, and/or (c) breastfeeding duration and support), with no fewer than two strategies per component selected (see pages 16-17) for a list of all strategies by component:

Focus Area 1: Engage and Coordinate:

Recipient Activities

- Use *existing* chapters, member practice groups, and/or councils (“affiliates”) to create a national cadre to promote incorporation of population-based environmental and systems support for nutrition, physical activity, and obesity prevention strategies in multiple settings and sectors;
- Coordinate with new affiliates and with those from *non-public health settings* and sectors to promote and incorporate population-based

environmental nutrition, physical activity, and obesity prevention efforts in multiple settings; and

- Coordinate with existing CDC grantees, as identified by the funding program, particularly those funded under FOA DP 13-1305: *State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health* to build synergy, leverage momentum, and avoid duplication of effort.

Focus Area 2: Educate and Communicate:

Recipient Activities

- Provide technical assistance and information on best practices in developing and implementing evidence-based environmental and systems approaches to nutrition, physical activity, and obesity prevention;
- Educate and inform stakeholders about strategies that advance health equity;
- Provide professional development and follow-up technical assistance to build the skills of existing members and new partners to implement, evaluate, and maintain effective obesity prevention practices;
- Use innovative strategies to provide virtual communication, training, technical assistance and peer-sharing to new partners and existing affiliates to improve reach and impact of selected strategies; and
- Educate and train affiliates on how to take action on health disparities related to the selected strategies.

Focus Area 3: Promote, Implement and Report on Action:

Recipient Activities

- Coordinate activities and mobilize existing affiliates to address at least one of the component areas;
- Coordinate with other organizations and partners to advance strategies for nationwide action related to environmental and systems improvements for nutrition, physical activity and obesity; and
- Develop an evaluation plan of ongoing efforts to improve program.

Component	Strategy 1	Strategy 2	Strategy 3	Strategy 4	Strategy 5	Strategy 6
A. Increase or enhance access to safe, attractive and convenient places where people can be physically active combined with informational outreach.	Promote and facilitate access to places for people to be physically active, using signage, prompts, cues and other techniques that provide information about opportunities and locations for physical activity.	Promote and facilitate implementation of physical activity standards in early care and education centers and/or schools	Promote and facilitate implementation of bicycle share programs	Promote and facilitate establishment and implementation of Joint Use Agreements	Promote and facilitate implementation of street-scale design/community-scale design interventions	
B. Increase access to healthy, affordable food and beverages	Promote and facilitate implementation of nutrition standards in intervention settings (e.g., early care and education centers, worksites, hospitals, public institutions, and schools) where food and beverages are available	Promote and facilitate increased access to farmers markets	Promote and facilitate efforts to increase access to healthier food retail, particularly in underserved areas	Promote and facilitate the provision of free drinking water in public institutions	Promote and facilitate the provision of salad bars in schools	Promote and facilitate implementation of Farm to Institution programs
C. Increase breastfeeding duration and support	Promote and facilitate efforts for birthing facilities to implement maternity practices supportive of	Provide access to professional and peer support for breastfeeding	Promote and facilitate worksite compliance with Federal and appropriate			

	breastfeeding		State lactation accommodation laws			
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The following table provides resources for the components of this FOA. Proposed work plans should reflect alignment with CDC programmatic efforts.

<p><u>Increase Physical Activity Access and Informational Outreach</u></p> <ul style="list-style-type: none"> • CDC Division of Nutrition, Physical Activity, and Obesity, Physical Activity “Take Action for My Community” Web Page: http://www.cdc.gov/physicalactivity/strategies/community.html • CDC Childhood Obesity Strategies & Solutions Website: http://www.cdc.gov/obesity/childhood/solutions.html • Let’s Move Child Care: http://www.healthykidshealthyfuture.org/content/hkhf/home/startearly/signupnow.html • Preventing Childhood Obesity in Early Care and Education Programs: http://www.nrckids.org/SPINOFF/PCO/PreventingChildhoodObesity2nd.pdf
<p>Promote the creation or enhancement of access to places for physical activity with a focus on walking combined with informational outreach</p> <ul style="list-style-type: none"> • Physical Activity Guidance Document, Strategy 6: http://www.cdc.gov/obesity/downloads/PA_2011_WEB.pdf • Physical Activity Vital Signs: http://www.cdc.gov/VitalSigns/Walking/index.html
<p>Promote and address barriers to the use of bicycle share programs</p> <p>Minneapolis, MN Community Profile: http://www.cdc.gov/CommunitiesPuttingPreventiontoWork/communities/profiles/obesity-mn_minneapolis.htm</p>
<p>Promote and address barriers to the establishment of Joint Use Agreements CDC Communities Putting Prevention to Work (CPPW) Resource Center: http://www.cdc.gov/CommunitiesPuttingPreventiontoWork/resources/schools.htm#joint_use_agreements</p>
<p>Promote and address barriers to the implementation of street-scale design & community-scale design interventions Physical Activity Guidance Document, Strategies 7 & 8: http://www.cdc.gov/obesity/downloads/PA_2011_WEB.pdf</p>
<p>Promote and address barriers to instituting Active Play best practices</p> <ul style="list-style-type: none"> • http://nrckids.org/CFOC3/PDFVersion/PDF_Color/CFOC3_ch6.pdf • http://nrckids.org/CFOC3/PDFVersion/PDF_Color/CFOC3_S.pdf

Increase Access to Healthy, Affordable Food and Beverages

- CDC Obesity Strategies & Solutions Web Page:
<http://www.cdc.gov/obesity/strategies/communityStrategies.html>
- CDC Childhood Obesity Strategies & Solutions Web Page:
<http://www.cdc.gov/obesity/childhood/solutions.html>
- Fruit & Vegetable Guidance Document:
http://www.cdc.gov/obesity/downloads/FandV_2011_WEB_TAG508.pdf
- CDC Childhood Obesity Strategies & Solutions Website:
<http://www.cdc.gov/obesity/childhood/solutions.html>
- CDC Children’s Food Environment State Indicator Report:
<http://www.cdc.gov/obesity/downloads/ChildrensFoodEnvironment.pdf>
- Let’s Move Child Care:
<http://www.healthykidshealthyfuture.org/content/hkhf/home/startearly/signupnow.html>
- Preventing Childhood Obesity in ECE Programs:
<http://www.nrckids.org/SPINOFF/PCO/PreventingChildhoodObesity2nd.pdf>

Provide access to farmers markets

CDC Fruit and Vegetable Guidance Document, Strategy 4:
http://www.cdc.gov/obesity/downloads/FandV_2011_WEB_TAG508.pdf

Provide access to healthier food retail

- CDC Healthier Food Retail Assessment and Report:
<http://www.cdc.gov/obesity/downloads/HFRassessment.pdf>
- CDC Fruit and Vegetable Guidance Document, Strategy 2:
http://www.cdc.gov/obesity/downloads/FandV_2011_WEB_TAG508.pdf

Provide access to drinking water

CDC drinking water in schools: <http://www.cdc.gov/healthyyouth>

Promote and address barriers to instituting nutrition standards related to infant feeding practices and water availability

- http://nrckids.org/CFOC3/PDFVersion/PDF_Color/CFOC3_ch4.pdf
- http://nrckids.org/CFOC3/PDFVersion/PDF_Color/CFOC3_R.pdf

Promote and facilitate Farm to Institution programs

CDC Fruit and Vegetable Guidance Document, Strategy 3:

http://www.cdc.gov/obesity/downloads/FandV_2011_WEB_TAG508.pdf

Increase Breastfeeding Duration and Support

<http://www.cdc.gov/breastfeeding/resources/guide.htm>

<p>Promote and address barriers to birthing facilities implementing maternity care practices supportive of breastfeeding</p> <p>CDC Breastfeeding, Promotion & Support, Health Care: http://www.cdc.gov/breastfeeding/promotion/healthcare.htm</p>
<p>Promote and address barriers to providing access to professional and peer support for breastfeeding</p> <p>CDC Breastfeeding, Promotion & Support, Communities: http://www.cdc.gov/breastfeeding/promotion/communities.htm</p>
<p>Promote and address barriers to ensuring worksite compliance with federal lactation accommodation law</p> <p>CDC Breastfeeding, Promotion & Support, Employment: http://www.cdc.gov/breastfeeding/promotion/employment.htm</p>

1. Target Populations:

Applicants should target populations that are disproportionately impacted by the obesity epidemic, and should describe approaches to reduce barriers to achieving health equity. Applicants should describe the target population, describe the data source and results used to identify the target population, identify perceived barriers to conducting activities with this population, and identify which of the component area strategies will be leveraged to address those barriers. Obesity related health disparities are notable and most heavily observed in the southeast, and among African-American, Mexican-American and Native American people; low income people; and persons with disabilities. (See, *CDC Fact Sheet: Health Disparities in Obesity*, <http://www.cdc.gov/minorityhealth/reports/CHDIR11/FactSheets/Obesity.pdf>; *Differences in Prevalence of Obesity Among, Black, White, and Hispanic Adults, United States, 2006-2008*, <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5827a2.htm>)

The CDC Health Equity Toolkit provides an overview of obesity related health disparities and a process by which obesity prevention strategies can be assessed and applied to factors that lead to health disparities. (<http://www.cdc.gov/obesity/downloads/CDCHealthEquityObesityToolkit508.pdf>).

Applicants are encouraged to reference this and/or other available resources to assist them in addressing health disparities and promoting health equity.

2. Inclusion:

Applicants should include existing and new organizations with representation from: low income communities, people of color, people with disabilities, people who speak English as a second language, people with limited health literacy, and others with a documented disproportionate burden of obesity in their program planning, implementation and evaluation.

3. Collaborations:

a. With CDC funded programs: Applicants are expected to participate in activities with current CDC nutrition, physical activity and obesity cooperative agreement recipients, as appropriate and directed by the CDC funding program, and should participate in information sessions to ensure continued synergy and prevent duplication of effort.

b. With organizations external to CDC: Applicants will coordinate with their existing affiliates, public and private organizations to conduct work within their practice area(s) and, public health and non-public health organizations across multiple sectors, to develop, implement and evaluate their activities. Engagement of these stakeholders does not have to be formal but should be meaningful. Examples of organizations that could be engaged include civic organizations (e.g., NAACP, sororities and fraternities, League of Cities), non health government organizations (e.g., American Association of State and Highway Transportation Officials), public health organizations (e.g., National Indian Health Board, American Public Health Association), and private organizations (e.g., PolicyLink, Prevention Institute, ChangeLab Solutions).

iv. Work Plan:

Applicants must identify and describe innovative activities under this FOA in no more than 25 single-spaced pages. Applicants must identify the component(s) and strategies they will implement to achieve the outcomes of this FOA. CDC will provide feedback and technical assistance to recipients to finalize the work plan during post-award. Work must include:

1. The selection of at least one component and two or more of the related strategies under each of the selected component(s);
2. The applicant's plan to conduct recipient activities;
3. Activities specifically designed to target populations that are disproportionately impacted by the obesity epidemic with applicant's target population identified by an epidemiological or GIS data source;

4. For each selected strategy, a descriptive plan, process and timeline with milestones/measures for efforts related to each short term outcome in the logic model, for the year-one detailed work plan. A high-level work plan for years two and three should address intermediate and long-term outcomes in the logic model;
5. A description of the staff and administrative roles and functions to support the project work plan and the outcomes. Grantees should identify and assign staff, contractors, and/or consultants, sufficient in number and expertise, to carry out the activities of this FOA;
6. A description of administrative and assessment processes to ensure successful implementation, reporting and quality assurance;
7. A description of organizational capacity to successfully achieve the project outcomes, including demonstrated experience leading collective action; and
8. A description of capacity and plans to successfully implement sustainable practices that result in improved health outcomes for service recipients.

b. Organizational Capacity of Awardees to Execute the Approach:

Applicants must have demonstrated evidence of established, identifiable chapters, councils, members, agencies and/or practice groups in at least one state in each HHS region to be considered as having the organizational capacity necessary to readily conduct activities and achieve the outcomes of this FOA. To further demonstrate organizational capacity, applicants must describe the composition, extent and reach of their affiliate structure; they must indicate the number of affiliates they expect to engage and the states in which those affiliates are located; and, they must demonstrate the ability of their affiliates to conduct the focus area recipient activities including showing engagement in population-level strategies related to their selected component(s). Applicants must demonstrate their capacity to create effective health communication materials and to utilize information technology to disseminate such materials to their affiliates, stakeholders and the general public.

Applicants must describe their ability to manage this project. Special attention will be placed on the applicant's ability to initiate and lead collective action, negotiate roles and responsibilities, develop accountability measures and mechanisms, prepare financial reports, develop staffing plans, conduct training, and disseminate best practices, lessons learned, and evaluation results.

c. Evaluation and Performance Measurement:

i. CDC evaluation and performance measurement strategy:

CDC must document the impact and effectiveness of this FOA. Therefore, applicants are highly encouraged to develop a logic model and evaluation plan that accounts for achieving the desired project period outcome(s). While the CDC project officer will collaborate with awardees and evaluators to help develop a detailed evaluation and performance measurement plan (as part of the first year activities), applicants must provide their own evaluation plan first.

ii. Applicant Evaluation and Performance Measurement Plan:

Applicants should submit an evaluation plan at 18 months and again at the conclusion of the project period. The mid-term evaluation can be process oriented; however, the final evaluation must be outcome oriented.

iii. Awardee Evaluation and Performance Measurement Plan:

CDC encourages awardees to develop additional measures, and an application-specific logic model. The awardees logic model must illustrate how evaluation and performance measures are linked to the strategy the awardee has chosen to implement as well as the focus area recipient activities they must carry out to achieve project period outcomes. Key evaluation questions to demonstrate the effectiveness of this FOA may rely on qualitative and quantitative methods, and should be based on the expected outcomes of this FOA. Key evaluation questions are listed below:

Year One:

1. Have we increased inclusion of representatives of disproportionately impacted populations?
2. Have we increased the number of affiliates who engage and coordinate, educate and communicate, and promote, implement and report on population-based environmental and systems supports for nutrition, physical activity, and obesity prevention?
3. Have we increased our collaboration with private and public sector organizations and with representatives of disproportionately impacted population groups around strategies to prevent obesity?

Year Two:

1. Have we increased information dissemination to raise awareness of social and environmental barriers to healthy eating, active living?
2. Have we increased use of information technology to communicate population-based environmental and systems supports for nutrition, physical activity, and obesity prevention efforts?
3. Have we increased the number of evaluation results reported?

Year 3, and Project Period Accomplishments:

1. After three years of effort, have our efforts increased the number of places in which standards for nutrition and physical activity are being implemented?
2. After three years of effort, have our efforts increased the number of safe, attractive and convenient places where people can be physically active?
3. After three years of effort, have our efforts increased the number of places that are breastfeeding friendly?

d. CDC Monitoring and Accountability Approach:

Monitoring routinely occurs through ongoing communication between CDC and awardees, as well as through awardee reporting (including work plans, real-time ongoing performance tracking, and financial reporting). Monthly telephone calls from the CDC project officer serve to create an environment that fosters integrity in program performance and results.

e. CDC Program Support to Awardees:

The CDC program has substantial involvement beyond site visits and regular performance and financial monitoring during the project period. Substantial involvement means that the awardee can expect federal programmatic collaboration in carrying out the effort under the award. In a cooperative agreement, CDC and awardees share responsibility for successfully implementing the award and meeting identified outcomes. The following are areas of involvement:

- i. *Technical Assistance:* A CDC project officer commits time to the awardee, and connects the awardees to:
 - Specific subject matter expertise;
 - More up-to-date resources for engaging members and others related to CDC recommended nutrition and physical activity strategies;
 - Feasible evaluation reporting tools;
 - Performance measurement expertise;
 - Work plan development;
 - Program planning;
 - Capacity building assistance; and
 - The Procurement and Grants Specialist for reporting.
- ii. *Information Sharing between Awardees:* The CDC program will share information, practices, lessons learned, and evaluation results between awardees through webinars, conference calls and working groups related to the cooperative agreement and its strategies.
- iii. *Additional Support:* none

B. Award Information

- 1. Type of Award:** Cooperative Agreement (CDC substantial involvement in this program appears in the CDC Program Support to Awardees section)
- 2. Award Mechanism:** U58 Chronic Disease Control Cooperative Agreement
- 3. Fiscal Year:** FY 2013
- 4. Approximate Total Fiscal Year Funding:** \$400,000
- 5. Approximate Total Project Period Funding:** \$1,200,000 - \$1,600,000, FY2013-FY2016
- 6. Approximate Number of Awards:** 1-4
- 7. Approximate Average Award:** \$100,000
- 8. Floor of Individual Award Range:** \$50,000
- 9. Ceiling of Individual Award Range:** \$200,000
- 10. Anticipated Award Date:** September 1, 2013
- 11. Budget Period Length:** 12 months
- 12. Project Period Length:** 3 years

Throughout the project period, CDC's commitment to continuation of awards will be conditioned on the availability of funds, evidence of satisfactory progress by the awardee (as documented in required reports), and the determination that continued funding is in the best interest of the Federal government. Include the total number of years for which Federal support has been approved (project period), as will be shown in the Notice of Award. This does not constitute a commitment by the Federal government to fund the entire period. The total project period comprises the initial competitive segment, any subsequent competitive segments resulting from a competing continuation award(s), and any no-cost or low-cost extension(s), if applicable.

13. Direct Assistance:

Direct assistance (DA) is not available through this FOA.

C. Eligibility Information

1. Eligible Applicants:

- American Indian/Alaska Native tribal governments (federally recognized or state-recognized)
- American Indian/Alaska native tribally designated organizations
- Alaska Native health corporations
- Colleges
- Community-based organizations
- Faith-based organizations
- For-profit organizations (other than small business)
- Hospitals
- Nonprofit with 501C3 IRS status (other than institution of higher education)
- Nonprofit without 501C3 IRS status (other than institution of higher education)
- Political subdivisions of States (in consultation with States)
- Research institutions (that will perform activities deemed as non-research)
- Small, minority, and women-owned businesses
- State and local governments or their Bona Fide Agents (this includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau)^[1].
- Tribal epidemiology centers
- Universities
- Urban Indian Health organizations

2. Special Eligibility Requirements

3. Other Requirements

- Applicants must provide evidence of organizational reach and representation in at least one state in each of the ten HHS regions as identified at (<http://www.hhs.gov/about/regionmap.html>)

^[1] A Bona Fide Agent is an agency/organization identified by the state as eligible to submit an application under the state eligibility in lieu of a state application. If applying as a bona fide agent of a state or local government, a legal, binding agreement from the state or local government as documentation of the status is required.

Acceptable forms of evidence are (1) an organizational chart reflecting member affiliates and locations, to reflect established organizational reach and control, and (2) letters of support from members in at least one state in each HHS region. This evidence must be uploaded in Grants.gov under "Other Attachment Forms", as a separate attachment and must be labeled "Proof of Reach and Representation". Failure to submit evidence in the manner described will result in the application being considered non responsive and will not be entered into the review process.

The application will be considered non-responsive, and will not be entered into the review process if it is received after the application deadline; requests a funding amount greater than \$400,000; or if the organization does not meet the stated eligibility and submission requirements in Section C. If any one of these conditions exists, the applicant will be notified that the application did not meet submission requirements by CDC.

1. Cost Sharing or Matching:

Cost sharing or matching funds are not required for this program. Although there is no statutory match requirement for this FOA, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

2. Maintenance of Effort:

Maintenance of Effort is not required for this program.

D. Application and Submission Information

1. Required Registrations:

There are a total of three registrations needed to submit an application on www.grants.gov.

a. Data Universal Numbering System:

All applicant organizations must obtain a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number as the Universal Identifier when applying for Federal awards or cooperative agreements. The DUNS number is a nine-digit number assigned by Dun and Bradstreet Information Services. An Authorized Organization Representative (AOR) should be consulted to determine the appropriate number. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the internet, obtaining a DUNS number may take one to two days at no charge. If your organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at <http://fedgov.dnb.com/webform/displayHomePage.do>. An AOR should complete the US D&B D-U-N-S Number Request Form online or contact Dun and Bradstreet by telephone directly at 1-866-705-5711 (toll-free) to obtain one. This is an organizational number. Individual Program Directors do not need to

register for a DUNS number. If funds are awarded to an applicant organization that includes sub-awardees, sub-awardees' must provide their DUNS numbers prior to accepting any sub-awards.

b. System for Award Management:

All applicant organizations must register in the System for Award Management (SAM). SAM is the primary registrant database for the Federal government and is the repository into which an entity must provide information required for the conduct of business as an awardee. The SAM number must be maintained with current information at all times during which it has an application under consideration for funding by CDC, and if an award is made, until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process requires three to five business days to complete. SAM registration must be renewed annually. Additional information about registration procedures may be found at www.SAM.gov.

c. [Grants.gov](http://www.grants.gov):

Registering your organization through www.grants.gov, the official HHS E-grant website, is the first step in submitting an application online. Registration information is located on the "Get Registered" screen of www.grants.gov. All applicant organizations must register with www.grants.gov. The "one-time" registration process will take three to five days to complete. However, it is best to start the registration process as early as possible.

2. Request Application Package:

Download the application package from www.grants.gov

3. Application Package:

Applicants must download the SF-424 application package associated with this funding opportunity from www.grants.gov. If access to the Internet is not available or if the applicant encounters difficulty in accessing the forms online, contact the HHS/CDC Procurement and Grant Office Technical Information Management Section (PGO TIMS) staff at (770) 488-2700 for further instruction. CDC Telecommunications for individuals with hearing loss is available at: TTY 1.888.232.6348.

4. Submission Dates and Times:

If the application is not submitted by the deadline published herein, it will not be processed by www.grants.gov and the applicant will be notified by www.grants.gov. If the applicant has received authorization to submit a paper application, it must be received by the deadline provided by PGO TIMS.

- a. Application Deadline Date: June 24, 2013, 11:59 p.m. U.S. Eastern Standard Time, on www.grants.gov

5. CDC Assurances and Certifications:

All applicants are required to sign and submit CDC Assurances and Certifications that can be found on the CDC Web site at the following Internet address:

<http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>

Applicants must name this file ‘Assurances and Certifications’ and upload as a PDF on www.grants.gov.

6. Content and Form of Application Submission:

Applicants are required to submit all of the documents outlined below (items 7-12) as their application package on www.grants.gov.

7. Letter of Intent

A LOI is not required for this FOA.

8. Table of Contents (No page limit):

Provide a detailed table of contents for the entire submission package that includes all of the documents being submitted in the application and headers in the project narrative section. Name the file ‘Table of Contents’ and upload it as a PDF under “Other Attachment Forms” on www.grants.gov.

9. Project Abstract Summary (Maximum of 2 paragraphs):

A project abstract must be submitted in the www.grants.gov mandatory documents list. The project abstract should be a self-contained, brief description of the proposed project to include the purpose and outcomes. This summary must not include any proprietary/confidential information. Applicants should enter the “Project Abstract Summary” into the textbox on www.grants.gov.

10. Project Narrative (Maximum of 15 pages, single spaced, Calibri 12 point, 1-inch margins, number all pages, content beyond 15 pages will not be reviewed):

The project narrative must include all the bolded headers outlined under this section. The project narrative should be succinct, self-explanatory and organized in the order outlined in this section so reviewers can understand the proposed project. The description should address activities to be conducted over the entire project period. A project narrative must be submitted with the application forms. Applicants should name the file “Project Narrative” and upload it on www.grants.gov.

a. Background:

For your jurisdiction or the population served, the applicant must describe the core information to understand how the FOA will address the public health problem and support public health priorities.

b. Approach

i. Purpose:

The applicant must briefly describe how their application will address the problem statement.

ii. Outcomes:

The applicant must clearly identify the outcomes the applicant expects to achieve by the end of the project period. Outcomes are the intended results that are expected as a consequence of the program and its strategies. All outcomes should indicate the direction of desired change (i.e., increase, decrease, maintain).

In addition to the project period outcomes required by CDC, include any additional outcomes.

iii. Program Strategy:

The applicant must provide a clear and concise description of the program strategy or strategies the applicant intends to use to meet the project period outcomes. As applicable, applicants should use and explicitly reference The Community Guide¹ as a source of evidence-based program strategies whenever possible. In addition, applicants may propose additional program strategies to support the outcomes. Applicants should select existing evidence-based strategies that meet their needs, or describe the rationale for developing and evaluating new strategies or practice-based innovations.

- 1. Target Populations:** Applicants must describe the specific target population(s) to be addressed in their jurisdiction to allocate limited resources, target those at greatest health risk, and achieve the greatest health impact. Applicants should use data, including social determinants data, to identify communities within their jurisdictions or community served that are disproportionately affected by the public health problem, and plan activities to reduce or eliminate these disparities. Disparities by race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant dimensions (e.g., tribal communities) should be considered.
- 2. Inclusion:** Applicants should describe how they will be inclusive of the specific populations who can benefit from the programmatic strategies. Inclusion should be made with regard to low income communities, people of

¹ <http://www.thecommunityguide.org/index.html>

color, people with disabilities, persons who speak English as a second language, people with limited health literacy, and others with documented disproportionate burden of obesity.

3. **Collaborations:** Applicants must describe how they will collaborate with CDC funded programs as well as with organizations external of CDC.

c. Organizational Capacity of Awardees to Execute the Approach:

i. Organizational Capacity Statement:

The organizational capacity statement must describe how the applicant agency is organized, the nature and scope of its work and/or the capabilities it possesses. Applicants may include a detailed description of the entity's experience, program management components, affiliate resources, readiness to establish contracts in a timely manner, and a plan for long-term sustainability of the project.

ii. Project Management:

This section must include a clear delineation of the roles and responsibilities of project staff and their qualifications. Also, how consultants and partner organizations will contribute to achieving the project's outcomes. It should also include information about any contractual organization(s) that will have a significant role(s) in implementing program strategies and achieving project outcomes. It must specify who would have day-to-day responsibility for key tasks such as: leadership of the project; monitoring the project's on-going progress; the preparation of reports; program evaluation; and communication with other partners and CDC. It must also include all CV's/resumes or management staff and include an organizational chart. Applicants should name file "CVs/Resumes" or "Organizational Charts" and upload to www.grants.gov.

d. Evaluation and Performance Measurement:

Evaluation and performance measurement help demonstrate achievement of program outcomes; build a stronger evidence base for specific program interventions, clarify applicability of the evidence base to different populations, settings, and contexts, and drive continuous program improvement. Evaluation and performance measurement also can determine if program strategies are scalable and effective at reaching target populations.

Applicants must provide an overall jurisdiction/community specific evaluation and performance measurement plan that is consistent with the CDC evaluation and performance measurement strategy.

The plan must:

- Describe how key program partners will be engaged in the evaluation and performance measurement planning processes;
- Describe the type of evaluations to be conducted (i.e. process and/or outcome);
- Describe key evaluation questions to be answered;
- Describe other information, as determined by the CDC program (e.g., performance measures to be developed by the applicant) that should be included;
- Describe potentially available data sources and feasibility of collecting appropriate evaluation and performance data;
- Describe how evaluation findings will be used for continuous program and quality improvement; and
- Describe how evaluation and performance measurement will contribute to development of that evidence base, where program strategies are being employed that lack strong evidence based of effectiveness.

If awarded funds, awardees must provide a more detailed plan within the first year of programmatic funding. This more detailed evaluation and performance measurement plan should be developed by awardees with support from CDC as part of first year project activities. This more detailed evaluation plan will build on the elements stated in the initial plan. This plan should be no more than 35 pages. At a minimum, and in addition to the elements of the initial plan, it must:

- Describe the frequency that evaluation and performance data are to be collected;
- Describe how data will be reported;
- Describe how evaluation findings will be used for continuous quality and program improvement;
- Describe how evaluation and performance measurement will yield findings to demonstrate the value of the FOA (e.g., impact on improving public health outcomes, effectiveness of FOA, cost-effectiveness or cost benefit);
- Describe dissemination channels and audiences (including public dissemination); and
- Describe other information requested, as determined by the CDC program.

In developing evaluation and performance measurement plans, applicants are encouraged to use the following resource: *Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide* www.cdc.gov/eval/guide/index.html

11. Work Plan:

Applicants must prepare a detailed (no more than 15 pages) work plan for the first year of the award and a high-level plan for subsequent years. CDC will provide feedback and technical assistance to awardees to finalize the work plan post-award.

Applicants must name this file “Work Plan” and upload it as a PDF file on www.grants.gov

12. Budget Narrative:

An itemized budget narrative is required as part of an applicant’s submission and may be scored as part of the Organizational Capacity of Awardees to Execute the Approach. When developing the budget narrative, applicants should 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 the following headers:

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

For guidance on completing a detailed budget, visit:
<http://www.cdc.gov/od/pgo/funding/budgetguide.htm>.

Applicants should name this “Budget Narrative” and upload as a PDF file to www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost rate agreement is required. If the indirect cost rate is a provisional rate, the agreement should be less than 12 months of age. Applicants should name this file “Indirect Cost Rate” and upload to www.grants.gov.

13. Tobacco and Nutrition Policies:

- a. Awardees are encouraged to implement tobacco and nutrition policies. Unless otherwise explicitly permitted under the terms of a specific CDC award, no funds associated with this FOA can be used to implement the optional policies, and no applicants will be evaluated or scored on whether they choose to participate in implementing these optional policies.

- b. The CDC supports implementing evidence-based programs and policies to reduce tobacco use and secondhand smoke exposure, and to promote healthy nutrition. CDC encourages all awardees to implement the following optional recommended evidence-based tobacco and nutrition policies within their own organizations. This builds upon the current federal commitment to reduce exposure to secondhand

smoke, which includes The Pro-Children Act, 20 U.S.C. 7181-7184, that prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, or early childhood development services are provided to children.

Tobacco Policies:

1. Tobacco-free indoors – no use of any tobacco products (including smokeless tobacco) or electronic cigarettes in any indoor facilities under the control of the awardee;
2. Tobacco-free indoors and in adjacent outdoor areas – no use of any tobacco products or electronic cigarettes in any indoor facilities, within 50 feet of doorways and air intake ducts, and in courtyards under the control of the awardee; and
3. Tobacco-free campus – no use of any tobacco products or electronic cigarettes in any indoor facilities and anywhere on grounds or in outdoor space under the control of the awardee.

Nutrition Policies:

1. Healthy food service guidelines should at a minimum, align with Health and Human Services and General Services Administration Health and Sustainability Guidelines for Federal Concessions and Vending Operations for cafeterias, snack bars, and vending machines in any facility under the control of the awardee and in accordance with contractual obligations for these services ([http://www.gsa.gov/graphics/pbs/Guidelines for Federal Concessions and Vending Operations.pdf](http://www.gsa.gov/graphics/pbs/Guidelines_for_Federal_Concessions_and_Vending_Operations.pdf))
2. The following are resources for healthy eating and tobacco free workplaces:
 - <http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/tobacco/index.htm>
 - <http://www.thecommunityguide.org/tobacco/index.html>
 - <http://www.cdc.gov/chronicdisease/resources/guidelines/food-service-guidelines.htm>

14. Intergovernmental Review: Executive Order 12372 does not apply to this program.

15. Funding Restrictions: Restrictions, which must be taken into account while planning the programs and writing the budget, are as follows:

- Awardees may not use funds for research;
- Awardees may not use funds for clinical care;
- Awardees may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual;
- In most cases, awardees may not use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be clearly identified in the budget;

- Reimbursement of pre-award costs is not allowed;
- Awardees may not use funds for any kind of impermissible lobbying activity designed to influence proposed or pending legislation, appropriations, regulations, administrative actions, or Executive Orders (“legislation and other orders”). These restrictions include grass roots lobbying efforts and direct lobbying. Certain activities within the normal and recognized executive-legislative relationships within the executive branch of that government are permissible. See Additional Requirement (AR) 12 for further guidance on this prohibition; and
- 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.

16. Other Submission Requirements:

a. Electronic Submission:

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

Submit the application electronically by using the forms and instructions posted for this funding opportunity on www.grants.gov. If access to the Internet is not available or if the applicant encounters difficulty in accessing the forms on-line, contact the HHS/CDC, PGO TIMS staff at 770.488.2700 or email pgotim@cdc.gov Monday-Friday 7:30am-4:30pm.

b. Tracking Number:

Applications submitted through www.grants.gov, are electronically time/date stamped and assigned a tracking number. The Authorized Organization Representative (AOR) will receive an email notice of receipt when www.grants.gov receives the application. The tracking number serves to document submission and initiate the electronic validation process before the application is made available to CDC.

c. Validation Process:

Application submission is not concluded until successful completion of the validation process. After submission of the application package, applicants will receive a “submission receipt” email generated by www.grants.gov. The

www.grants.gov site will then generate a second email message to applicants which will either validate or reject their submitted application package. This validation process may take as long as two (2) business days. Applicants are strongly encouraged to check the status of their application to ensure submission of their application package is complete and no submission errors exist. To guarantee that you comply with the application deadline published in the FOA, applicants are also strongly encouraged to allocate additional days prior to the published deadline to file their application. Non-validated applications will not be accepted after the published application deadline date.

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

d. Technical Difficulties:

If the applicant encounters technical difficulties with www.grants.gov, the applicant should contact www.grants.gov Customer Service. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, with the exception of Federal Holidays. You can reach the www.grants.gov Contact Center at 1-800-518-4726 or by email at support@www.grants.gov. Submissions sent by email, fax, CD's or thumb drives of applications will not be accepted. Please note that www.grants.gov is managed by the U.S. Department of Health and Human Services.

- e. Paper Submission:** Organizations that encounter technical difficulties in using www.grants.gov to submit their application must attempt to overcome those difficulties by contacting the www.grants.gov Contact Center (1-800-518-4726, support@www.grants.gov). After consulting with the www.grants.gov Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible to meet the established deadline, organizations may submit a request prior to the application deadline by email to CDC GMO/GMS for permission to submit a paper application. However, please note that this request may not be approved.

An organization's request for permission 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 submitted to the GMO/GMS at least three (3) calendar days prior to the application deadline. Paper applications submitted without prior approval will not be considered. If a paper application is authorized, the applicant will receive

instructions from PGO TIMS to submit the original and two hard copies of the application by mail or express delivery service.

E. Application Review Information

1. Criteria: In scoring applications, eligible applications will be evaluated against the following criteria during Phase II review:

a. Approach [40 points]:

- The extent to which the applicant’s work plan is feasible, logical and aligned with measureable change in the selected component(s);
- The extent to which the applicant’s plan includes leading and facilitating environmental supports for nutrition and/or physical activity in each of the 10 HHS regions; and
- The extent to which the objectives are aligned with the required recipient activities and expected outcomes under this FOA;
- The extent to which the applicant’s plan addresses populations disproportionately impacted by obesity and includes activities to reduce or eliminate these disparities.

b. Organizational Capacity of Awardees to Execute the Approach [35 points]:

- The extent to which the applicant and its staff involved in the project have experience in implementing programs with population-level health outcomes;
- The extent to which the applicant has experience and demonstrates success in addressing the selected component(s);
- The extent to which the applicant has experience and demonstrates success in leading people, facilitating a cooperative team, and organizing activities to initiate public action and implement innovative programs to improve health across the U.S.;
- The extent to which the applicant has experience and success in implementing sustainable standards and practices that improve health outcomes for population(s) disproportionately impacted by the obesity epidemic;
- The extent to which the applicant describes how the project reinforces the overall direction of their organization, and identifies their ability to provide adequate resources (including infrastructure and staffing) to make the project a success.

c. Evaluation and Performance Measurement [25 points]:

- The extent to which the plan includes a well-defined and adequate process for data collection, measuring and reporting progress;
- The extent to which the applicant provides a plan for assessing its baseline reach and impact and conducting periodic assessments throughout the project period;
- The extent to which the applicant provides a plan to measure progress and accomplishments, including reach and impact of strategies/activities;

- The extent to which the proposed methods to measure and evaluate the effectiveness of the selected strategies are well-defined and adequate.

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

Although the budget is not scored, the applicant must provide a detailed budget and narrative justification that is linked to the proposed activities and provides a description of the fiscal management processes and reporting practices.

2. Review and Selection Process

a. Phase I Review:

All eligible applications will be initially reviewed for completeness by the CDC's Procurement and Grants Office (PGO) staff. In addition, eligible applications will be jointly reviewed for responsiveness by the CDC Division of Nutrition, Physical Activity, and Obesity, within the National Center for Chronic Disease Prevention and Health Promotion, and PGO. Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance to Phase II review. Applicants will be notified that the application did not meet eligibility and/or published submission requirements.

b. Phase II Review:

An objective review panel will evaluate complete and responsive applications according to the criteria listed in the criteria section of the FOA. Applicants will be notified electronically if the application did not meet eligibility and/or published submission requirements thirty (30) days after the completion of Phase II review.

c. Phase III Review:

Applications will be funded in order by score and rank determined by the review panel. In addition, the following factors may affect the funding decision:

1. Representation across the three component areas.
2. Geographical area representation.

3. Anticipated Announcement and Award Dates:

The CDC Procurement and Grants Office (PGO) will contact award recipients with notification of award. Once the award is finalized and work plans reviewed, the CDC Division of Nutrition, Physical Activity, and Obesity will post a notice and description of the program on its web site.

F. Award Administration Information

1. Award Notices:

Awardees will receive an electronic copy of the Notice of Award (NoA) from the CDC PGO. The NoA is the only binding, authorizing document between the awardee and CDC. The NoA will be signed by an authorized GMO and emailed to the awardee program director.

Any application awarded in response to this FOA will be subject to the DUNS, SAM Registration and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements. Unsuccessful applicants will receive notification of the results of the application review by email with delivery receipt or by mail.

2. Administrative and National Policy Requirements:

Awardees must comply with the administrative requirements outlined in 45 Code of Federal Regulations (CFR) Part 74 or Part 92, as appropriate. To view brief descriptions of relevant provisions visit the CDC website at:

http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm

The following administrative requirements apply to this project:

- AR-1: Human Subjects Requirements
- AR-6: Patient Care
- AR-7: Executive Order 12372;
- AR-8: Public Health System Reporting Requirements
- AR-9: Paperwork Reduction Act;
- AR-10: Smoke-Free Workplace;
- AR-11: Healthy People 2010;
- AR-12: Lobbying Restrictions;
- AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities
- AR-14: Accounting System Requirements;
- AR-15: Proof of Non-profit Status
- AR-16: Security Clearance Requirement
- AR-19: Third Party Agreements – ATSDR (AR-19)
- AR-20: Confidence Support
- AR-21: Small, Minority, And Women-owned Business;
- AR-23: Compliance with 45 C.F.R. Part 87
- AR-24: Health Insurance Portability and Accountability Act;
- AR-25: Release and Sharing of Data;
- AR-27: Conference Disclaimer and Use of Logos
- AR-29: Compliance with EO13513, “Federal Leadership on Reducing Text Messaging while Driving,” October 1, 2009;
- AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973

- AR-32: FY 2012 Enacted General Provisions
- AR-33: Plain Writing Act of 2010; and
- AR-34: Patient Protection and Affordable Care Act (e.g. a tobacco-free campus policy and a lactation policy consistent with S4207)

Organization Specific ARs:

- AR-8: Public Health System Reporting (Community-based non-governmental organizations);
- AR-15: Proof of Non-profit Status (Non-profit organizations); and
- AR 23: Compliance with 45 C.F.R. Part 87 (Faith-based organizations).

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

3. Reporting

a. CDC Reporting Requirements Reporting allows for continuous program monitoring and identifies successes and challenges that awardees encounter throughout the award. Reporting is also necessary for awardees to apply for yearly continuation of funding. In addition, reporting is helpful to CDC and awardees because it:

- Helps target support to awardees, particularly for cooperative agreements;
- Provides CDC with periodic data to monitor awardee progress towards meeting the FOA outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous program improvement throughout the project period and to determine applicability of evidence-based approaches to different populations, settings, and contexts; and
- Enables the assessment of the overall effectiveness and impact of the FOA.

As described below, awardees must submit one report per year; ongoing performance measures data, administrative reports, and a final performance and financial report.

Below are the specific reporting requirements.

b. Annual Performance Report (due 120 days before the end of the budget period and serves as a continuation application). This report must not exceed 35 pages excluding work plan and administrative reporting. Attachments are not permitted when submitting this report. Awardees may insert web links in this report.

This report must include the following:

- **Performance Measures (including outcomes)** – Awardees must report on performance measures for each budget period and update measures, if needed;
- **Evaluation Results** –Awardees must report evaluation results for the work completed to date (including any impact data);
- **Work Plan (Maximum of 15 pages)** – Awardees should update work plan each budget period;
- **Successes;**
 - ✓ Awardees must report progress on completing activities outlined in the work plan,
 - ✓ Awardees must describe any additional successes (e.g., identified through evaluation results or lessons learned) achieved in the past year, and
 - ✓ Awardees must describe success stories.
- **Challenges;**
 - ✓ Awardees should describe any challenges that hinder achievement of both annual and project period outcomes, performance measures, or their ability to complete the activities in the work plan, and
 - ✓ Awardees must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Awardees** - Awardees should describe how CDC could assist them in overcoming any challenges to achieve both annual and project period outcomes and performance measures, and complete activities outlined in the work plan;
- **Administrative Reporting (not subject to page limits);**
 - ✓ SF-424A Budget Information-Non-Construction Programs,
 - ✓ Budget Narrative – Must use the format outlined in Section IV, Content and Form of Application Submission, Budget Narrative Section, and
 - ✓ Indirect Cost Rate Agreement.

Awardees may request up to 75% of their unobligated funds be carried forward into the next budget period.

The awardee must submit the Annual Performance Report via www.grants.gov 120 days before the end of the budget period.

c. Performance Measure Reporting:

CDC programs must require awardees to submit performance measures at least annually. CDC may require more frequent reporting of performance measures. Performance measure reporting should be limited to the collection of data. CDC programs should specify reporting frequency, required data fields, and format for awardees at the beginning of the award.

d. Federal Financial Reporting:

The Annual Federal Financial Report (FFR) SF 425 is required and must be submitted through eRA Commons² within 90 days after the calendar quarter. The FFR should only include 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 in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to submit a letter explaining the reason and date by which the Grants Management Officer will receive the information.

e. Final Performance and Financial Report:

At the end of the project period, awardees should submit a final report to include a final financial and performance report. This report is due 90 days after the end of the project period. This report shall not exceed 20 pages.

At a minimum, this report must include the following:

- Performance Measures (including outcomes) – Awardees should report final performance data for all performance measures for the project period;
- Evaluation results – Awardees should report final evaluation results for the project period;
- Impact/Results – Awardees should describe the impact/results of the work completed over the project period, including success stories; and
- FFR (SF-425).

The report should be emailed to the CDC Project Officer and the GMS listed in "Agency Contacts" section of the FOA.

²<https://commons.era.nih.gov/commons/>

4. Federal Funding Accountability and Transparency Act of 2006:

- Federal Funding Accountability And Transparency Act Of 2006 (FFATA), Public Law 109-282, the Federal Funding Accountability and Transparency Act of 2006 as amended (FFATA), requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, 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, go to:
 - http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109_cong_bills&docid=f:s2590enr.txt.pdf.

G. Agency Contacts

CDC encourages inquiries concerning this announcement.

For **programmatic technical assistance**, contact:

Alicia S. Hunter, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
4770 Buford Highway, NE, K24
Atlanta, GA 30341
Telephone: (770) 488-5797
Email: ahunter@cdc.gov

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

Kenya Anderson, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS E-09
Atlanta, GA 30341
Telephone: (770) 488-2487
Email: vfz6@cdc.gov

For assistance with **submission difficulties related to** www.grants.gov, contact:

www.grants.gov Contact Center: 1-800-518-4726.

Hours of Operation: 24 hours a day, 7 days a week. Closed on Federal holidays.

For all other **submission** questions, contact:

Technical Information Management Section
Department of Health and Human Services
CDC Procurement and Grants Office

2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700
Email: pgotim@cdc.gov
CDC Telecommunications for individuals with hearing loss is available at:
TTY 1.888.232.6348

H. Other Information

Below is a list of acceptable attachments for applicants to upload as part of their www.grants.gov application as PDF files. Applicants may not attach other documents. If applicants do so, they will not be reviewed.

- Project Abstract;
- Project Narrative;
- Budget Narrative;
- CDC Assurances and Certifications;
- Work Plan;
- Table of Contents for Entire Submission;
- Resumes/CVs;
- Letters of support;
- Organizational Charts;
- Non-profit organization IRS status forms, if applicable;
- Indirect cost rate , if applicable;
- Memorandum of Agreement (MOA), if applicable;
- Memorandum of Understanding (MOU), if applicable;
- Bona Fide Agent; and
- “Proof of reach and representation” required under Section C.

I. Glossary

Administrative and National Policy Requirements, Additional Requirements (ARs):

outline the administrative requirements found in 45 CFR Part 74 and Part 92 and other requirements as mandated by statute or CDC policy. CDC programs must indicate which ARs are relevant to the FOA. All ARs are listed in the template for CDC programs. Awardees must then comply with the ARs listed in the FOA. To view brief descriptions of relevant provisions visit the CDC website at:

http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm.

Authority:

Legal authorizations that outline the legal basis for the components of each individual FOA. An OGC representative may assist in choosing the authorities appropriate to any given program.

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 recipient.

Budget Period/Year:

The duration of each individual funding period within the project period. Traditionally, budget period length is 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 forward to another budget period to cover allowable costs of that budget period (whether as an offset or additional authorization). Obligated, but unliquidated, funds are not considered carryover.

Catalog of Federal Domestic Assistance (CFDA):

A catalog published twice a year which describes domestic assistance programs administered by the federal government. This government-wide compendium of Federal programs lists projects, services, and activities which provide assistance or benefits to the American public.

<https://www.cfda.gov/index?s=agency&mode=form&id=0bebbc3b3261e255dc82002b83094717&tab=programs&tabmode=list&subtab=list&subtabmode=list>

CDC Assurances and Certifications:

Standard government-wide grant application forms.

CFDA Number:

The CFDA number is a unique number assigned to each program/FOA throughout its lifecycle that enables data and funding tracking and transparency.

Competing Continuation Award:

An award of financial assistance which adds funds to a grant and extends one or more budget periods beyond the currently established project period.

Continuous Quality Improvement:

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

Contracts:

An award instrument establishing a binding legal procurement relationship between CDC and a recipient obligating the latter to furnish a product.

Cooperative Agreement:

An award of financial assistance that is used to enter into the same kind of relationship as a grant; and is distinguished from a grant in that it provides for substantial involvement between the Federal agency and the awardee in carrying out the activity contemplated by the award.

Cost Sharing or Matching:

Refers to program costs not borne by the Federal government but required of awardees. It may include the value of allowable third-party in-kind contributions, as well as expenditures by the awardee.

Direct Assistance:

Assistance given to an applicant such as federal personnel or supplies.

<http://intranet.cdc.gov/ostlts/directassistance.html>.

Federal Funding Accountability And Transparency Act Of 2006 (FFATA):

Requires information on Federal awards, including awards, contracts, loans, and other assistance and payments, be made available to the public on a single website.

www.USAspending.gov.

Fiscal Year:

The year that budget dollars are allocated to fund program activities. The fiscal year starts October 1st and goes through September 30th.

Grant:

A legal instrument used by the Federal government to enter into a relationship, the principal purpose of which is to transfer anything of value to a recipient to carry out a public purpose of support or stimulation authorized by statute. The financial assistance may be in the form of money, or property in lieu of money. The term 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 individuals. The main difference between a grant and a cooperative agreement is that there is no anticipated substantial programmatic involvement by the Federal Government under an award.

Grants.gov:

A "storefront" web portal for use in electronic collection of data (forms and reports) for Federal grant-making agencies through the www.grants.gov site, www.grants.gov.

Health Disparities:

Differences in health outcomes and their detriments between segments of the population, as defined by social demographic, environmental, and geographic attributes.

Healthy People 2020:

Provides national health objectives for improving the health of all Americans by encouraging collaborations across sectors, guiding individuals toward making informed health decisions, and measuring the impact of prevention activities.

Inclusion:

Inclusion refers to both the meaningful involvement of community members in all stages of the program process, and maximum involvement of the target population in the benefits of the intervention. An inclusive process assures that the views, perspectives, and needs of affected communities, care providers, and key partners are actively included.

Indirect Costs:

Those costs that are incurred for common or joint objectives and therefore cannot be identified readily and specifically with a particular sponsored project, program, or activity but are nevertheless necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries are generally treated as indirect costs.

Lobbying:

Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions or Executive Orders (“legislation or other orders”), or other similar deliberations at all levels of government through communications that directly express a view on proposed or pending legislation or other orders and which are directed to members of staff, or other employees of a legislative body or to government officials or employees who participate in the formulation of 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.

Maintenance of Effort:

A requirement contained in authorizing legislation, regulation stating that to receive Federal grant funds a recipient must agree to contribute and maintain a specified level of financial effort for the award from its own resources or other non-Federal sources. This requirement is typically given in terms of meeting a previous base-year dollar amount.

Memorandum of Understanding (MOU)/Memorandum of Agreement (MOA):

A document describing a bilateral or multilateral agreement between parties. It expresses a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where parties either do not imply a legal commitment or in situations where the parties cannot create a legally enforceable agreement.

New FOA:

Any FOA that is not a continuation or supplemental award.

Non-Governmental Organization:

A non-governmental organization (NGO) is any non-profit, voluntary citizens' group which is organized on a local, national or international level.

Notice of Award:

The only binding, authorizing document between the recipient and CDC confirming issue of award funding. The NoA will be signed by an authorized Grants Management Officer, and provided to the recipient fiscal officer identified in the application.

Performance Measures:

Performance measurement is the ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals. It is typically conducted by program or agency management. Performance measures 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 identifiable purpose or set of objectives.

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 individuals responsible for making award decisions.

OGC:

The Office of the General Counsel (OGC) is the legal team for the Department of Health and Human Services (HHS), providing representation and legal advice on a wide range of national issues. OGC supports the development and implementation of HHS's programs by providing legal services to the Secretary of HHS and the organization's various agencies and divisions.

Outcome:

The observable benefits or changes for populations and/or public health capabilities that will result from a particular program strategy.

Plain Writing Act of 2010:

The Plain Writing Act requires federal agencies to communicate with the public in plain language to make information and communication more accessible and understandable by intended users, especially people with limited health literacy skills or limited English proficiency. www.plainlanguage.gov

Program Strategies:

Public health interventions or public health capabilities.

Program Official:

The person responsible for developing the FOA – whether a project officer, program manager, branch chief, division leadership, policy official, or center leadership.

Project Period Outcome:

An outcome that will result by the end of the FOA period of funding.

Public Health Accreditation Board:

PHAB is the national accrediting organization for public health departments. A nonprofit organization, PHAB is dedicated to advancing the continuous quality improvement of Tribal, state, local, and territorial public health departments by advancing the quality and performance of all public health departments in the United States through national public health department accreditation.

SAM:

The System for Award Management (SAM) is the primary vendor database for the U.S. Federal Government. SAM validates applicant information and electronically shares and encrypts data with the Federal Agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify your identity and to pre-fill organizational information on grant applications.

Statute:

An act of a legislature that declares, proscribes, or commands something; a specific law, expressed in writing. A statute is a written law passed by a legislature on the state or federal level. Statutes set forth general propositions of law that courts apply to specific situations.

Statutory Authority:

A legal statute that provides the authority to establish a Federal financial assistance program or award.

Technical Assistance:

The providing of advice, assistance, and training pertaining to the development, implementation, maintenance, and/or evaluation of programs.