Centers for Disease Control and Prevention

National Center for Injury Prevention and Control

Preventing Adverse Childhood Experiences Data to Action
CDC-RFA-CE20-2006
Application Due Date: 07/13/2020

Preventing Adverse Childhood Experiences Data to Action
CDC-RFA-CE20-2006
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Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-CE20-2006. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

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

B. Notice of Funding Opportunity (NOFO) Title:

Preventing Adverse Childhood Experiences Data to Action

C. Announcement Type: New - Type 1

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

New - Type 1

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-CE20-2006

E. Assistance Listings (CFDA) Number:

93.136

F. Dates:

1. Due Date for Letter of Intent (LOI):	**05/22/2020**
2. Due Date for Applications:	**07/13/2020**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Date for Informational Conference Call:

This call will be for eligible applicants (see Eligibility Section) on **May 14, 2020, 1:30pm-3:00pm EST.**

To register and access the webinar, visit: **https://violenceprevention.adobeconnect.com/pacenofo/**

For audio, call this number and use the following conference ID: 1-855-348-8390; Conference ID: 13679017

If you are having trouble registering for or accessing the webinar, please contact the Agency Contact for this NOFO, Angela Guinn, lsj8@cdc.gov; 404-498-1508.

The purpose of this conference call/webinar is to help potential applicants understand the scope and intent of this Program Announcement: Preventing Adverse Childhood Experiences: Data to Action. Participation on the conference call is not mandatory. Potential applicants are requested to call using only one telephone line. A Frequently Asked Questions document will be made available following the call. Because this is a competitive process, applicants should follow the

requirements for this program as they are described in the funding announcement and any related amendments. Applicants who want to submit questions prior to the call, or should applicants find they have additional questions or need clarification after the call, please see the Agency Contact listed at the end of this Notice of Funding Opportunity (NOFO).

G. Executive Summary:

1. Summary Paragraph:

Centers for Disease Control and Prevention (CDC) announces a notice of funding opportunity (NOFO) for *Preventing Adverse Childhood Experiences: Data to Action (PACE:D2A)*, a cooperative agreement designed to address state-specific needs related to the prevention of adverse childhood experiences (ACEs). The two primary goals of this NOFO are 1) to build a state-level surveillance infrastructure that ensures the capacity to collect, analyze, and use ACE data to inform statewide ACE prevention activities; and 2) to support the implementation of data-driven, comprehensive, evidence-based ACE primary prevention strategies; and provide technical support to states in these efforts. This NOFO has three required foci to support these goals – 1) enhance or build the infrastructure for the state-level collection, analysis, and application of ACE-related surveillance data that can be used to inform and tailor ACE prevention activities, 2) implement strategies based on the best available evidence to prevent ACEs, and 3) conduct data to action activities to continue to assess state-wide surveillance and primary prevention needs and make needed modifications. The work of these foci, and the infrastructure and expertise exerted to accomplish that work, should be interdependent and should be planned and implemented as part of a comprehensive and coordinated ACE prevention dynamic system that reflects the 10 Essential Public Health Services promoted by CDC.

a. Eligible Applicants:	Open Competition
b. NOFO Type:	Cooperative Agreement
c. Approximate Number of Awards:	4
d. Total Period of Performance Funding:	$6,000,000
e. Average One Year Award Amount:	$500,000
f. Total Period of Performance Length:	3
g. Estimated Award Date:	08/01/2020
h. Cost Sharing and / or Matching Requirements:	N

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

Part II. Full Text

A. Funding Opportunity Description

Part II. Full Text

1. Background

a. Overview

Adverse Childhood Experiences (ACEs) are preventable, potentially traumatic events that occur in childhood (0-17 years). Events such as neglect, experiencing or witnessing violence and having a family member attempt or die by suicide are considered ACEs. ACEs may also include aspects of children's environments that can undermine their sense of safety, stability, and bonding such as growing up in a household with substance misuse, mental health problems, or instability due to parental separation or incarceration of a parent, sibling or other member of the household. The link between ACEs and poor adult health and social outcomes has been well documented (Merrick et. al, 2019). From a public health perspective, preventing ACEs before they occur promotes lifelong physical and mental health and well-being, increases productivity and educational and occupational attainment, and saves hundreds of billions of dollars each year (Metzler, et al., 2017; Peterson, Florence & Klevens, 2018). Therefore, preventing ACEs is critical to improve health and socioeconomic outcomes throughout the lifespan.

A critical first step in preventing ACEs is conducting surveillance, which allows us to understand the scope of the problem, where and when ACEs are most likely to occur, and who is at greatest risk for them and their related health and social impacts. To date, it has been difficult to assess the incidence and prevalence of ACEs experienced by youth and adolescents – i.e., those at immediate risk, as the best surveillance data currently available for ACEs are collected through the Behavioral Risk Factor Surveillance System (BRFSS), which assesses ACEs retrospectively among adults. Additionally, the occurrence of many ACEs often do not come to the attention of social services and public health systems, and are therefore not captured by publicly available administrative data. Consequently, little data on the frequency and intensity of ACEs are available. These challenges limit our ability to understand current prevalence, track changes in ACEs over time, focus prevention strategies, and ultimately measure the success of those prevention strategies. In addition, to date, efforts to implement data-driven, comprehensive, evidence-based ACE prevention strategies have been lacking in communities across the U.S. As a result, a comprehensive public health approach is needed to reduce risk for ACEs, prevent childhood adversity before it begins, and reduce future harms from ACEs.

Recipients will be expected to leverage multi-sector partnerships and resources to improve ACE surveillance infrastructures and the coordination and implementation of ACE prevention strategies across the state and communities within the state. As a result, there will be increased state capacity to develop and sustain a surveillance system that includes ACE-related data; and increased implementation and reach of ACE prevention strategies that help to promote safe, stable, nurturing relationships and environments where children live, learn and play.

b. Statutory Authorities

Section 393(a)(6) of the Public Health Service Act and Section 7131 of the SUPPORT Act.

c. Healthy People 2030

This NOFO addresses the proposed Healthy People 2030 focus areas of Injury and Violence Prevention. For more information visit https://www.healthypeople.gov/2020/About-Healthy-People/Development-Healthy-People-2030

d. Other National Public Health Priorities and Strategies

This NOFO supports the following national public health priorities and strategies: *National Action Plan for Child Injury Prevention* and *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. For more information, visit https://www.cdc.gov/publichealthgateway/strategy/index.html

e. Relevant Work

This NOFO builds upon the work of several CDC efforts (e.g., previous NOFOs) and their lessons learned:

- CDC-RFA-CE13-1303 Implementation of Essentials for Childhood: Safe, Stable, Nurturing Relationships and Environments
- CDC-RFA-CE18-1803 State Essentials for Childhood Initiative: Implementation of Strategies and Approaches to Child Abuse and Neglect Prevention
- CDC/Division of Violence Prevention's Preventing Child Abuse and Neglect: A Technical Package for Policy, Norm, and Programmatic Activities
- CDC/Division of Violence Prevention's Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence For more information, visit https://www.cdc.gov/violenceprevention/pdf/preventingACES.pdf

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-CE20-2006 PACE:D2A Logic Model

Strategies and Activities	**Short-Term Outcomes** (for recipient stakeholders)	**Intermediate Outcomes**	**Long-term Outcomes**
Focus 1: ACE Surveillance infrastructure building and data collection - Acquire staff and/or contracted support to develop or enhance ACE surveillance system - Develop/Leverage multi-sector partnerships and resources to build ACE surveillance - Gather and synthesize state and local-level ACE data	**1.1 Increased access to state and local data sources** **1.2 Increased availability of more timely data on ACEs** **1.3 Increased availability of ACE data for populations at highest risk** **1.4 Increased use of data**	**1.6 Increased state-level monitoring of trends in ACE indicators, and tracking of ACE data** **1.7 Increased state capacity to sustain a surveillance system that**	- Improved and sustainable systems for ACE prevention activities - Decreased ACEs, in particular among high burden

- Collect ACE data using timely and innovative surveillance approaches - Produce annual state data profiles - Develop a data dissemination plan and disseminate surveillance findings **Focus 2:** Implementation of ACEs Prevention Strategies - Enhance an existing state action plan to support implementation & sustainability of ACE prevention strategies - Implement complementary ACE prevention strategies - Leverage multi-sector partnerships and resources toward preventing ACEs **Focus 3:** Data to Action Foundational Activities - Conduct assessment of current state capacity to monitor ACE outcomes and indicators - Conduct assessment of current ACE prevention strategies implemented within the state - Develop recommendations to build or enhance a state surveillance system to monitor ACEs & to increase alignment of state prevention strategies with CDC's ACE Resource Document - Develop/ enhance and implement a process and outcome evaluation plan - Participate in CDC sponsored activities - Use surveillance and program evaluation findings to improve prevention strategy implementation	**to identify appropriate prevention strategies** **1.5 Increased number of state-level ACE indicators monitored** **2.1 Increased awareness of existing state prevention strategies that address ACEs** **2.2 Increased uptake of comprehensive ACE prevention strategies** **2.3 Increased coordination and collaboration between state health departments and other sectors** **3.1 Increased evaluation and use, access, and sharing of data related to ACE prevention** **3.2 Increased partner awareness of the disparate burden of ACEs** **3.3 Increase partner awareness of effective primary prevention strategies**	**includes ACEs** **2.4 Increased reach of ACE prevention strategies** **2.5 Increased number of ACE prevention strategies implemented in high risk populations** **2.6 Increased protective factors and decreased risk factors for ACEs** **3.4 Increased use of enhanced surveillance data to design, target, and monitor primary prevention strategies related to ACEs**	populations - Increased number of healthy and thriving children - Improved health and social outcomes that have been linked to ACEs

State Level Logic Model

Applicants shall submit a logic model with their application. The applicant's logic model should complement the logic model in this NOFO to the maximum extent possible but should not replicate it. The logic model shall describe the applicant's plans to use CDC funds to build its statewide surveillance infrastructure and implement a primary prevention approach for preventing ACEs, and it shall include strategies and activities (Foci 1-3) and associated short-, intermediate-, and long-term outcomes. Applicants must indicate the specific complementary ACE prevention strategies proposed (shown in the NOFO logic model under Strategies and Activities, Focus 2) and specific risk and protective factors (shown in the NOFO logic model under intermediate outcomes) that the applicant intends to address through its PACE:D2A program. Complementary strategies are those that can be implemented in combination to enhance the potential to reduce risk factors and promote protective factors associated with ACEs.

i. Purpose

This NOFO will support building a data to action surveillance infrastructure for the collection, analysis, and application of ACE data, so that states can monitor the prevalence of ACEs among youth and children within their states and then use those data to inform the implementation of prevention efforts at the state and community levels.

ii. Outcomes

Measurable outcomes are essential for determining the extent to which implemented strategies and activities achieve their objectives. With technical guidance and support from CDC, recipients will identify, measure, and monitor indicators aligned with the outcomes related to the strategies and activities specified in their logic model. For the purpose of this NOFO, indicators are defined as a measurable piece of information from a data source regarding some aspect of the prevention policy, program or practice being evaluated. Recipients will use indicators to evaluate implementation and outcomes in the logic model, and track progress toward reducing ACEs. Measures of risk and protective factors are important for community and societal level prevention strategies that may not show immediate impacts on ACE prevention outcomes. While recipients are only expected to achieve the short-term and intermediate outcomes during the PACE:D2A project period, CDC will work with recipients to identify and develop strategies for measuring outcomes that demonstrate long-term impact on ACEs. The Evaluation and Performance Measurement section further describes the methods for evaluation and performance monitoring of this NOFO and provides examples of indicators and related measures for these outcomes.

Recipients are expected to achieve the following short-term outcomes within the first two years of the project:

- 1.1 Increased access to state and local data sources that include ACE indicators, including social determinants of health (SDOH) data
- 1.2 Increased availability of more timely data on ACEs – i.e. proximal ACE data representative of adolescents at the state level
- 1.3 Increased availability and use of data for populations at highest risk for ACEs
- 1.4 Increased use of data to identify appropriate prevention strategies
- 1.5 Increased the number of state-level ACE indicators monitored (to assess the impact of ACE prevention efforts)

- 2.1 Increased awareness of existing state prevention strategies that address ACEs
- 2.2 Increased uptake of comprehensive ACE prevention strategies, drawn from the Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence resource tool
- 2.3 Increased coordination and collaboration between state health departments and other sectors such as the education system, community organizations, childcare and child welfare system
- 3.1 Increased evaluation and use, access, and sharing of data related to ACE prevention with multi-sector partners
- 3.2 Increased partner awareness of the disparate burden of ACEs among specific populations
- 3.3 Increased partner awareness of effective primary prevention strategies

Recipients are expected to achieve the following intermediate outcomes within the three years of the project:

- 1.6 Increased state-level monitoring of trends in ACE indicators, and tracking of ACE data, including SDOH data
- 1.7 Increased state capacity to sustain a surveillance system that includes ACE data on adolescents
- 2.4 Increased reach of ACE prevention strategies
- 2.5 Increased number of ACE prevention strategies that are implemented in high risk populations
- 2.6 Increased protective factors and decrease risk factors for ACEs
- 3.4 Increased use of enhanced surveillance data to design, target, and monitor primary prevention strategies related to ACEs

Recipients are not required to demonstrate progress on long-term outcomes during the funding period; however, CDC recommends that they use the funding period to identify potential data sources and mechanisms for measuring the following long-term outcomes:

- Improved and sustainable systems for ACE prevention activities
- Decreased ACEs, in particular among high burden populations
- Increased in the number of healthy and thriving children
- Improved health and social outcomes that have been linked to ACEs

iii. Strategies and Activities

The strategies and activities in this NOFO center around three foci: 1) building the infrastructure for the state-level collection, analysis, and application of ACE-related surveillance data that can be used to inform and tailor ACE prevention activities, 2) implementing strategies based on the best available evidence to prevent ACEs, and 3) conducting data to action activities. For the purpose of this NOFO, the data to action process is modified in that recipients will simultaneously build ACE surveillance activities and implement ACE primary prevention policies, programs and practices. Surveillance information garnered will be used throughout the period of performance to continuously assess needs and allow for adjustments to be made along

the way.

1. Build/Enhance an ACE surveillance infrastructure that will support access to and analysis of ACE surveillance and indicator data within the state in order to inform primary prevention activities/efforts and assess the impact of such activities/efforts. This goal will include the following required activities:

- Acquire staff and/or contracted support to develop or enhance ACE surveillance system
- Develop/Leverage multi-sector partnerships and resources to build ACE surveillance. Recipients will need to partner with the state entity who administers the Youth Risk Behavior Survey (YRBS) (or similar survey) to ensure the selection of ACE questions for the 2021 administration.
- Identify, gather, and synthesize relevant state- and local-level ACE data, including increased availability of data proximal to the transmission of ACEs (i.e. kids and adolescents). Potential sources of data include but are not limited to:
    - State-level YRBS data or equivalent state survey of adolescents (required as part of this funding initiative)
    - State-level BRFSS data (where available)
    - Administrative or other publicly available data
    - State- and/or local-level ACE indicators and related social determinants of health data.
- Conduct innovative surveillance approaches such as the following example approaches. Other innovative approaches will be subject to CDC review and approval.
    - For example - Collection of web panel data on ACEs among adolescents. Web panels may be most useful for surveying vulnerable or hard-to-reach populations (e.g., rural populations, ethnic and sexual minority youth, tribal youth, or youth not enrolled in schools).
    - Monitor incidents of severe child abuse and neglect-related emergency department visits using syndromic surveillance (including other types of violence, suicide, or substance use with associated risk or protective factors).
- Produce annual state data profiles that provide a description of available data sources, key variables contained within each data source, and data on ACEs and key ACE indicators to be tracked over time. State data profiles may also include national prevalence estimates, where available, to provide a point of comparison for how states measure against the rest of the country for specific outcomes of interest. Recipients may also consider including other information, such as percent of missing data and types of ACE data not available from existing data sources, as this information may be used to inform needs assessments.
- Develop a data dissemination plan for disseminating surveillance findings to key stakeholders and policy makers working to prevent and reduce ACEs, and to the public.

2. Implement ACE primary prevention strategies.

- Enhance an existing state action plan to support implementation and sustainability of ACE primary prevention strategies.
- Implement complementary ACE prevention strategies approaches. Recipients must select

strategies from CDC's The Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence resource tool (See table below). This tool outlines six strategies for preventing ACEs based on the best available evidence. The first five strategies focus on approaches that can accomplish the primary prevention of ACEs and span from those that target individuals, with potential for impact among those who participate in interventions, to strategies that target risk and protective factors at the community or societal level (i.e., policies that have the potential for broader impact among the population). Each strategy contains several approaches, or ways to advance the strategy, with examples of evidence-based programs, policies and practices provided for each approach. The sixth strategy focuses on the secondary prevention of ACEs. Recipients may not use funding under this NOFO to implement the sixth strategy.

  - Funded recipients are required to implement **at least two CORE prevention strategies** that have the potential to achieve population level impact as implemented. These core prevention strategies are Strengthen Economic Supports, Promote Social Norms Change, and Ensure a Strong Start for Children. Specific policies, programs and practices selected for implementation within each strategy will need to be evidence based. CDC will provide oversight and guidance to recipients regarding appropriateness of specific policies, programs and practices selected within each strategy.
  - Current Essentials for Childhood funding (CE18-1803) recipients must demonstrate that they are 1) implementing new strategies that are not currently being funded by CDC CE18-1803 funds; 2) implementing new policies, programs or practices under the strategies they are already implementing, or 3) substantially expanding a strategy already being implemented under current Essentials funding (e.g., expanding reach within the state and/or implementing in different locales).

- Leverage multi-sector partnerships and resources toward preventing ACEs. Recipients are expected to serve as a convener and coordinator of multi-sector partnerships focused on ACE prevention. This can be accomplished by partnering with other state-level stakeholders (e.g., data managers, education sector partners, tribal healthcare workers, non-governmental youth-serving and family-serving organizations, policymakers, healthcare providers, local health departments, statewide domestic violence coalitions) who already may be implementing or are poised to begin implementing these types of strategies.

ACE Prevention Strategies and Approaches	
Strategy	**Approach**
Strengthen economic supports to families	1. Strengthening household financial security 2. Family-friendly work policies

Promote social norms that protect against violence and adversity	1. Public education campaigns 2. Legislative approaches to reduce corporal punishment 3. Bystander approaches 4. Men and boys as allies in prevention
Ensure a strong start for children	1. Early childhood home visitation 2. High-quality childcare 3. Preschool enrichment with family engagement
Teach Skills	1. Social-emotional learning 2. Safe dating and healthy relationship skill programs 3. Parenting skills and family relationship approaches
Connect youth to caring adults and activities	1. Mentoring programs 2. After-school programs

3. Conduct Foundational Activities that Promote Data to Action. A goal of the NOFO is to build capacity to conduct data to action activities on an ongoing basis to inform statewide primary prevention needs. So as to not have to wait for data (Focus 1) in order to begin implementing strategies (Focus 2), these foundational activities serve as a continuous process to inform changes or adaptations to existing (already implemented strategies) or to inform selection and implementation of additional strategies throughout the period of performance. Data to action activities should focus on using data to identify populations with the highest need and drive the selection and implementation of prevention strategies. Information gained from building or enhancing a statewide surveillance infrastructure can be used to inform the work to be conducted under this activity.

Specifically, these activities must include the following:

- Assess current state capacity to monitor ACE outcomes and indicators and develop recommendations for improving capacity.
- Assess current ACE prevention strategies implemented within the state and identify gaps in meeting the needs of populations at high risk of experiencing ACEs.
- Based on the assessment, develop recommendations to build or enhance a state surveillance system to monitor ACEs and to increase alignment of state prevention strategies with strategies highlighted in CDCs Preventing Adverse Childhood Experiences

: Leveraging the Best Available Evidence Resource tool. Funded recipients will use this assessment to refine the implementation of their proposed selected prevention strategies. Other activities under this focus area may include, but are not limited to, the following:
    - Use annual state data profiles developed under the surveillance component to improve understanding of the scope and nature of the problem of ACEs at the state level and to drive the selection/adaptation of ACE prevention strategies moving forward.
    - Use findings from the state capacity and prevention strategies' assessment to develop recommendations for improvement, including closing gaps that have been identified.
    - Develop a feedback loop, complete with recommendations to enhance the statewide ACE surveillance system and to increase alignment of state prevention strategies with CDC's ACE prevention resource tool.
- Participate in CDC sponsored activities designed to improve the use of data to inform action.
- Use surveillance and program evaluation findings to improve prevention strategy implementation.

Within the first 45 days of the award date, recipients are expected to work with CDC to submit an implementation plan and finalize the logic model and proposed prevention strategies submitted at the time of application. CDC will provide additional guidance about the content and specific format of the implementation plan upon award.

1. Collaborations

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

Collaboration with other CDC-funded complementary programs; including but not limited to National Syndromic Surveillance Program: Enhancing Syndromic Surveillance Capacity and Practice (CDC-RFA-OE15-1502), State Essentials for Childhood Initiative: Implementation of Strategies and Approaches for Child Abuse and Neglect Prevention (CDC-RFA-CE18-1803), Rape Prevention and Education: Using the Best Available Evidence for Sexual Violence Prevention (CDC-RFA-CE19-1902), Domestic Violence Prevention Enhancements and Leadership Through Alliances Impact (CDC-RFA-CE18-1801), and Preventing Multiple Forms of Violence Involving Youth by Addressing Shared Risk and Protective Factors (CDC-RFA-CE16-1605), is optional. A list of CDC-funded violence programs is available at http://www.cdc.gov/violenceprevention/fundedprograms/index.html

b. With organizations not funded by CDC:

An essential part of implementing a comprehensive approach to preventing ACEs involves the funded entity serving as a convener and coordinator of multi-sector partnerships focused on ACE prevention. As such, recipients are expected to build partnerships with other relevant stakeholders within the state (e.g., data managers, education sector partners, tribal healthcare workers, non-governmental youth-serving and family-serving organizations, policymakers, healthcare providers, local health departments, statewide domestic violence coalitions) in order to successfully execute the requirements of this funding announcement. In addition, while funding under this NOFO may not be used to implement secondary prevention interventions contained in

the “Intervene to Lessen Harms” strategy of the CDC Preventing Adverse Childhood Experiences : Leveraging the Best Available Evidence resource tool, as part of the convener and coordinator role, funded entities are expected to engage and coordinate with public and private sector partners that are engaged in implementing these strategies within the state.

Cross/multi-sector partnerships and resources to support implementation and sustainability of comprehensive ACE prevention efforts are required. The multi-sector collaborative entity should seek to prevent ACEs and include representation from sectors that support work in the community including, but not limited to education and youth-serving agencies, family and social services, civic, public safety and juvenile justice, mental health, labor, faith-based, healthcare, government, media, and business organizations.

A Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA) with the entity within the applicant’s state that is responsible for administration of the Youth Risk Behavior Survey (YRBS) or similar survey with adolescents within the state is required at the time of the application. Additionally, MOUs, MOAs, and/or letters of support that indicate cross/multi-sector partnerships are also strongly encouraged at the time of the application. These documents should include a brief history of the partnership, its current membership and leadership, a list of current activities, and letters of support from organizational leadership indicating commitment to the planning, implementation, and evaluation process.

Recipients are required to foster and sustain a national-level dialogue and collaboration on primary prevention with non-CDC-funded state health departments (SHDs), national partners, and other stakeholders including but not limited to those in the business community, emergency management, hospitals, media, non-government organizations, nonprofit agencies, other federal, state, or local government agencies, the public health community and tribes or tribal organizations. Applicants must demonstrate how their organization has already established broad strategic, multi-sectoral partnerships at the state level with these stakeholders. Applicants must describe any key state-level partners who would likely participate in the state action plan update process or collaborate in any substantial way, including signed MOUs indicating the organization's commitment and willingness to participate. Applicants must submit the MOU, MOA and/or letters of support, as appropriate, name the file MOUs/MOAs/letters of support, and upload it as a PDF file at www.grants.gov.

Recipients are also required to participate in national opportunities for sharing information by compiling and disseminating evaluation results, including but not limited to lessons learned, successes, challenges, evaluation findings, and tools developed, via multiple mechanisms such as listservs, conference calls, recipient meetings, web conferences and regional and national conferences.

2. Target Populations

Children and families will benefit from statewide implementation of programs that support systems change, state-level program alignment efforts of resources and cross/multi-sector partnerships that support safe, stable, nurturing relationships and environments. In addition, multiple strategies provide benefits for states because they target changes in community environments, structures and processes that influence social determinants of health.

a. Health Disparities

Applicants are required to describe how their proposed programs efforts will address the social determinants of health (SDOH) at the community and societal levels of the social ecological model (SEM). Applicants are expected to describe how they will address health disparities in their State Action Plan. Health disparities may be based on race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant dimensions. Recipients must strive to make their programs accessible and available to participants regardless of age, race/ethnicity, sexual orientation, gender identity, socio-economic status, or disability.

iv. Funding Strategy

N/A

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

CDC's evaluation and performance measurement approach for this NOFO is to assess the process and outcomes of the PACE: D2A initiative through the recipient's evaluation and CDC's evaluation of the NOFO activities and the initiative.

Evaluation Plan

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan (Evaluation Plan), including a Data Management Plan, within the first 6 months of award, as described in the Reporting Section of this NOFO. The recipient's Evaluation Plan must describe how the recipient will fulfill the NOFO evaluation and performance measurement requirements described in this section (with guidance and technical assistance from CDC).

CDC expects recipients to identify, measure, track, and report on:

- Indicators and related measures on the impact of the NOFO activities on short-term and intermediate outcomes, including, but not limited to, targeted risk and protective factors.
- Outcomes related to the implementation of the enhanced state action plan, including resource realignment efforts, coordination and collaboration with other state partners.
- Indicators and related measures on the implementation of strategies (e.g., quality of implementation, reach/exposure to prevention strategies, adaptation, and implementation process).
- Changes in selected state and local level indicators related to ACEs

The evaluation plan must propose methods to answer the following evaluation questions (including, but not limited to):

Process Evaluation

- What has the recipient accomplished to achieve the overall goals and objectives of the NOFO?
- How has the recipient leveraged multi-sector partnerships and resources toward ACE prevention, including forming sustainable systems and partnerships, and realigning/focusing/mobilizing resources to prevent ACEs?

- In what ways has the recipient enhanced their statewide action plan to implement complementary ACE prevention strategies?
- In what ways has the recipient built or enhanced their state-level surveillance system to monitor ACE indicators?
- What factors are critical to implementing ACE prevention program strategies?

Outcome Evaluation

- To what extent has the recipient achieved the short-term and intermediate outcomes in their Logic Model?
- To what extent has the recipient seen a sustainable increase in capacity and activities related to monitoring and tracking of ACE indicators and data?
- What is the reach/exposure to the ACE prevention program efforts?
- Are ACE prevention strategies reaching populations at highest risk for ACEs?

Example Process Measures

Focus 1: ACE Surveillance Infrastructure Building and Data Collection
• *Process measure – number/type of multi-sector partnerships developed/leveraged to build ACE surveillance infrastructure*

Focus 2: Implementation of ACE Prevention Strategies
• *Process measure – number/type of complementary ACE prevention strategies implemented*

Focus 3: Data to Action Foundational Activities
• *Process measure – number/type of capacity assessments conducted*

Example Outcome Measures

Focus 1, Outcome 1.1: Increased access to state and local data sources
• *Outcome measure - number/type of new data sources that include ACE indicators OR number/type of stakeholders successfully accessing data with ACE indicators*

Focus 2, Outcome 2.4: Increased reach of ACE prevention strategies
• *Outcome measure – number/type of individuals and organizations reached by implementation of prevention strategies*

Focus 3, Outcome 3.1: Increased evaluation and use, access, and sharing of data related to ACE prevention
• *Outcome measure – number/type of evaluation activities OR number/type of data sources used to select populations and prevention strategies*

There is NO expectation that recipients must conduct statewide primary data collection for the purpose of the evaluation. However, recipients' evaluation activities may include collecting additional qualitative and quantitative data to measure program level efforts. CDC will expect recipients to use state and/or local level publicly available data (e.g., hospital/clinic data, school administrative, child welfare and data from other child-serving agencies, and state level data) and

available YRBS, BRFSS, and/or equivalent state-level survey data to track indicators related ACE outcomes. When possible, CDC expects recipients to track indicators across the state and program levels (e.g., health risk behavior, substance abuse, poverty, child welfare indicators), to address the evaluation questions. Further, states may consider collecting ACE-related data using innovative methodologies, such as through the use of web panels to target high-risk or hard-to-reach populations (e.g., youth not enrolled in schools), or through the use of syndromic surveillance to monitor child abuse and neglect emergency department visits. Upon award, CDC will work with recipients to identify indicators and potential data sources they can use to track key outcomes and will provide technical assistance to recipients to help them identify additional indicators and measures that support the evaluation of the specific NOFO activities. Recipients will be required to submit a draft of the evaluation plan within the first 45 days of award (including potential indicators) which should be finalized by six months post award, as described in the Reporting and CDC Evaluation and Performance Measurement Sections of the NOFO. Upon award, CDC will provide a recommended template, as well as detailed guidance and technical assistance, as recipients specify and operationalize indicators and related measures for the collective NOFO efforts. Recipients are required to include the following in the detailed evaluation plan:

- Designated evaluation lead and evaluation team, as well as appropriate staff to support building the surveillance infrastructure, such as an epidemiologist and data manager, who will all be engaged in the evaluation planning, implementation and reporting process.
- A full description of the problem, how it will be addressed, and the population(s) and communities of focus.
- Full list of evaluation questions to be addressed by the evaluation.
- A finalized logic model describing the selected strategies, illustrating the relationship between the activities and specific ACE outcomes, and aligning the overall NOFO objectives with strategies at the state and program levels.
- Types of evaluation to be conducted and measures to be collected to answer evaluation questions.
- How process and outcomes indicators will be collected and measured.
- Description of available data sources and data collection methods, including frequency with which performance measurement and evaluation data will be collected, tracked, reported, and used.
- How evaluation findings will be used for continuous program improvement and planning, and how the findings will be disseminated (i.e., dissemination channels and audiences) to share results on evaluation, including surveillance activities and lessons learned.
- How the evaluation and performance measurement data will demonstrate the value of the collective efforts for the NOFO within the state (e.g., statewide impact and effectiveness of population-based programs and strategies to prevent ACEs).

In developing the evaluation plan, applicants are encouraged to use the following evaluation resources:

- Introduction to Program Evaluation for Public Health Programs: a Self-Study Guide, www.cdc.gov/eval/guide/index.htm.
- CDC EvaluAction, http://vetoviolence.cdc.gov/apps/evaluaction

- CDC Framework for Program Evaluation in Public Health (Centers for Disease Control and Prevention. Framework for Program Evaluation in Public Health. MMWR 1999; 48, No. RR-11, www.cdc.gov/eval)
- CDC Adolescent and School Health Program Evaluation, http://www.cdc.gov/healthyyouth/evaluation/
- CDC Program Performance and Evaluation Office List of Program Evaluation Resources, http://www.cdc.gov/eval/resources/

Timeline for Implementation and Evaluation Deliverables

Recipients will be required to submit one implementation plan and one evaluation plan for the collective NOFO activities within 45 days from the start of the NOFO project period. These plans should be finalized by month six.

Recipients must submit:

- ONE implementation plan to describe how the complementary ACE prevention strategies will be implemented
- ONE Evaluation plan that captures efforts across all three focus areas

Recipients will be required to submit their updated implementation and evaluation plans annually. CDC will collect additional information about implementation and evaluation activities through the Annual Progress Report.

Components of the CDC Evaluation

CDC will aggregate data, performance indicators and related measures to inform the CDC evaluation of the PACE:D2A initiative. CDC will capture program achievements summarized, as well as performance monitoring and continuous program improvement via the DVP Partner's Portal. In addition, CDC's program evaluation activities may include the collection of additional quantitative and qualitative data. The CDC evaluation will inform the progress and achievements of recipients working to prevent ACEs.

CDC and recipients will collaborate to aggregate, synthesize, translate and disseminate findings about the impact of the NOFO and lessons learned from both CDC's and recipients' evaluations, and will share both scientific and practice-focused findings with key stakeholders and the larger audience. These efforts will help to advance best practices and the evidence base, and inform others working on similar efforts.

ii. Applicant Evaluation and Performance Measurement Plan

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

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.

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

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

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

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

c. Organizational Capacity of Recipients to Implement the Approach

Applicants must demonstrate that they have adequate and appropriate organizational infrastructure and capacity to support the requirements of this cooperative agreement including the proposed staffing plan to successfully enhance/build an ACEs surveillance infrastructure and implement the program activities and achieve project outcomes. Successful applicants will demonstrate that they have the capacity to initiate implementation of the two or more program strategies selected no later than one year from the time of award. Applicants shall also provide organizational chart, including notation of where this work will reside, resumes of key staff for this NOFO, and documentation of partners. Applicants of this NOFO must submit the existing statewide action plan to support implementation of strategies and activities, and agree to collaborate with the entities responsible for collecting YRBS data to ensure that ACE items will be added to the state YRBS. The statewide plan for addressing ACEs, MOUs/MOAs/letters of support, and resumes of key staff shall be submitted with application via www.grants.gov as PDF files with the name of the document in the title. In addition, applicants must demonstrate capacity in the following areas:

Use of Data: Applicants must demonstrate use of surveillance approaches and data (e.g., needs assessment, environmental scan, health disparity data, literature review, evaluation, or other reports), according to the public health approach, to inform the enhancement/development of their state action plan as well as the selection, planning, implementation, and evaluation of the

selected programs efforts. This includes capacity in the areas of understanding the value and utility of various data sources, conducting data analysis and interpretation of results, effective data dissemination, program planning, program evaluation, performance monitoring, budget management, financial reporting, and personnel management, and ability to develop, award and manage required procurement efforts.

Evaluation: Applicants must demonstrate that they have capacity to implement evaluations at both the program level and a system or state level. This includes access to data, as well as, staff/personnel or contractors that has/have experience in evaluation methodology. The applicant's staff experience must include measuring, tracking, and evaluating the implementation of specific efforts, implementation of activities related to the state plan, improvements in organizational and community capacity, and trends and rates related to ACEs and associated risk and protective factors (see Recommended Evaluation Capacity below for required skillset).

Recommended Program Evaluation Capacity: CDC recommends that the applicant’s organization be able to design and implement evaluations of the state and local program approaches they have selected as well as design and implement an evaluation of the collective NOFO activities within the state. Below are other overarching and specific recommendations:

- Experience with program evaluation and system or initiative evaluation
- Basic awareness of primary prevention and statewide initiatives
- Experience with the range of data collection strategies and evaluation designs
- Awareness of or familiarity with the CDC Framework for Evaluation
- Awareness of how program evaluation is different from research
- Ability to work effectively with personnel and stakeholders
- Ability to identify appropriate data collection strategies to support the evaluation questions and design
- Ability or experience in the development and use of logic models to describe complex programs
- Ability to work as part of an interdisciplinary team to plan and execute evaluations of prioritized aspects of the NOFO activities at a state level
- Ability to understand the context of a program and how it affects program planning, implementation, outcomes, and can influence evaluation
- Awareness of various evaluation designs (e.g., experimental, quasi-experimental, non-experimental)
- Experience with evaluations using mixed method approaches
- Awareness of methods for designing evaluations so as to increase the likelihood that the findings will be used by primary evaluation stakeholders
- Experience with designing and implementing both system level and program level evaluations
- Ability to identify and assess existing data sources for their potential use in the evaluation
- Ability to gather data using qualitative and quantitative approaches such as interviews, group processes, participant observation, surveys, electronic data files, or other methods
- Ability to integrate surveillance data with program evaluation data to identify populations at greatest risk and guide the selection of and prevention strategies
- Awareness of appropriate quantitative and qualitative data analysis methods

- Experience with synthesizing information generated through an evaluation to produce findings that are clearly linked to the data collected
- Ability to develop action plans and systems to facilitate and track implementation of evaluation findings and recommendations

Sustainability and Leverage: The applicant must have clear plans for leveraging funds and resources in order to sustain and expand ACE prevention work during the NOFO period of performance and beyond.

Recommended Surveillance Capacity: Applicants must demonstrate that they are already partnering with an entity in order to ensure inclusion of ACE questions on the state YRBS or similar survey. CDC recommends that the applicant's organization be able to identify relevant ACE data sources (e.g., YRBS, BRFSS, equivalent state-level data sources as appropriate, publicly available administrative data), articulate the unique contribution of various and distinct data sources in providing a dynamic understanding of the scope and nature of the problem of ACEs at the state level, access multiple data sources (including data on the social determinants of health) to describe the scope of ACEs in their state, analyze ACE data and interpret results, and disseminate results using an effective communications strategy. Below are other overarching and specific recommendations:

- Ability to use surveillance data to identify populations at highest risk of ACEs and to guide the selection of prevention strategies relevant to such populations
- Understanding of publicly available ACE-related data sources
- Ability to effectively partner with the entity (i.e., State Health Department or Education Department) responsible for conducting biennial YRBS or equivalent state-level surveillance
- Understanding of potential innovative data sources for collecting ACE-related data
- Ability to partner with entities responsible for (or subcontract out) the collection of ACE-related data using innovative methods
- Ability to communicate surveillance data clearly and effectively through multiple methods (e.g., fact sheets, presentations, web) to non-surveillance audiences and partners

d. Work Plan

Applicants must provide a detailed work plan for the first year of the project and a high-level work plan for the subsequent years. For the purposes of the work plan, the foci will be referred to as goals and the short term and intermediate outcomes as objectives. With each annual performance report and continuation application, recipients are to complete an annual work plan collecting information on their progress towards goals and objectives and information about their key milestones. The work plan allows the CDC's program to monitor recipient's overall activities and their achievement of the project goals, objectives, and activities for the NOFO. The submitted work plan must describe in detail ongoing activities for each of the three focus areas.

The following work plan format is offered as an example to show the essential elements that should be included in the work plan. Applicants may submit the work plan in a format that is most conducive for them; however, the essential elements must be included and it must be clear how the components in the work plan crosswalk to the strategies and activities, outcomes, and

evaluation and performance measures presented in the logic model of the NOFO. This format will be used for the annual performance report and continuation application, which recipients will be required to submit via DVP's Partner's Portal. In addition, the work plan provides details of all necessary activities that will be supported through the approved budget, on personnel and/or partners who will complete the activities, and on the timeline for completion. Post award, CDC will provide further details and standard tools or templates for a work plan to monitor recipient's activities as part of Evaluation and Performance Measurement.

Applicants must submit a work plan that covers the following required goals and objectives:

Required Goal 1. Enhance Surveillance Infrastructure for ACE Data Collection and Use

- Objective 1.1 Increase access to state and local data sources
- Objective 1.2 Increase availability of more timely data on ACEs
- Objective 1.3 Increase availability of ACE data for populations at highest risk
- Objective 1.4 Increase use of data to identify appropriate prevention strategies
- Objective 1.5 Increase number of state-level ACE indicators monitored
- Objective 1.6 Increase state-level monitoring of trends in ACE indicators, and tracking of ACE data
- Objective 1.7 Increase state capacity to sustain a surveillance system that includes ACEs

Required Goal 2. Increase Implementation of ACE Prevention Strategies

- Objective 2.1 Increase awareness of existing state prevention strategies that address ACEs
- Objective 2.2 Increase uptake of complementary ACE prevention strategies
- Objective 2.3 Increase coordination and collaboration between state health departments and other sectors
- Objective 2.4 Increase reach of ACE prevention strategies
- Objective 2.5 Increase number of ACE prevention strategies implemented in high risk populations
- Objective 2.6 Increase protective factors and decrease risk factors for ACEs

Required Goal 3. Increase Data to Action Activities related to ACEs

- Objective 3.1 Increase evaluation and use, access and sharing of data related to ACE prevention
- Objective 3.2 Increase partner awareness of the disparate burden of ACEs
- Objective 3.3 Increase partner awareness of effective primary prevention strategies
- Objective 3.4 Increase use of enhanced surveillance data to design, target, and monitor primary prevention strategies related to ACEs

The work plan should be submitted using the following template for each goal and objective, as well as key milestones to achieve each goal/objective.

Goal #:			
Objective #:		**Start Date**	**End Date**
		MM/DD/YYYY	MM/DD/YYYY
Key Milestones	**List key activities to complete this milestone**	**Start Date**	**End Date**
		MM/DD/YYYY	MM/DD/YYYY
		MM/DD/YYYY	MM/DD/YYYY
		MM/DD/YYYY	MM/DD/YYYY

Additional Application Required Documents

For the application, in addition to the project narrative including the work plan, applicants must also provide the following documentation. Within the first six months from the start of the NOFO project period, recipients may work with CDC to enhance and finalize these items:

State Level Logic Model to show alignment among three foci, activities, and outcomes of the collective efforts and approach of the recipient. The applicant's logic model should complement the logic model in this NOFO to the maximum extent possible but should not replicate it. It should be specific to show alignment of activities and outcomes within the applicant's statewide context.

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

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

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

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.

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

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

CDC and the recipient will work closely to assess milestones and performance measures aligned with selected program approaches. Monitoring milestones and performance measures ensures the mutual success of CDC and the recipients in achieving the NOFO outcomes.

Post-award cooperative agreement monitoring will include, but is not limited to:

- Communicating as needed, or at minimum monthly;
- Participating in webinars and mandatory annual recipient meetings;
- Establishing a process for monitoring continuous program improvement over time;
- Ensuring that recipients are conducting activities outlined in the NOFO on a routine basis (e.g., data collection and analysis, partnership engagement, strategic communication, etc.);
- Ensuring that recipient's data collection methods will be able to generate and submit desired performance measure or data reports;
- Reviewing APR including documentation of successes, challenges, and lessons learned as prescribed by CDC and provide feedback to the recipient;
- Providing recipients with rapid feedback based on monitoring, performance, and evaluation data; and
- Participating in relevant meetings, committees, conference calls, and working groups related to the cooperative agreement requirements to achieve outcomes.

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

CDC will use monitoring and performance measure data to provide feedback to recipients, and to tailor technical assistance as needed. This may include direct technical assistance, rapid feedback, tools and resources, consultation on all aspects of recipient activities, and to facilitate information sharing among recipients. CDC will provide technical assistance and feedback in the following ways:

- Providing guidance on the advantages and disadvantages of various data sources for monitoring ACE-related outcomes
- Identifying relevant outcomes and indicators of interest that align with logic model goals, objectives and activities
- Providing data to action support by assisting with the interpretation of results from data analyses

- Providing feedback on the process for enhancing or developing a state action plan
- Facilitating access and connection to SMEs on enhancing and managing existing multi-sector committees or a community advisory board, as well as leading/facilitating planning and implementation processes that involve multiple sectors
- Identifying areas of organizational and geographic jurisdictions to assess; developing appropriate assessment and measurement tools; and utilizing data to inform capacity improvement activities
- Developing the work plan, implementation plans, capacity building, and sustainability planning to sustain implementation and expansion of prevention efforts
- Providing guidance to recipients on ways to enhance successful implementation of the program efforts as described in the NOFO
- Facilitating successful evaluation of the outcomes and implementation of the collective activities in the state as described in the NOFO

B. Award Information

1. Funding Instrument Type:	Cooperative Agreement CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.
2. Award Mechanism:	U17
3. Fiscal Year:	2020
4. Approximate Total Fiscal Year Funding:	$2,000,000
5. Approximate Period of Performance Funding:	$6,000,000

This amount is subject to the availability of funds.

Estimated Total Funding:	$6,000,000
6. Approximate Period of Performance Length:	3 year(s)
7. Expected Number of Awards:	4
8. Approximate Average Award:	$500,000 Per Budget Period
9. Award Ceiling:	$500,000 Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor:	$400,000 Per Budget Period
11. Estimated Award Date:	08/01/2020
12. Budget Period Length:	12 month(s)

Throughout the project period, CDC will continue the award based on the availability of funds,

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

13. Direct Assistance

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:	State governments County governments City or township governments Public and State controlled institutions of higher education Native American tribal governments (Federally recognized) Public housing authorities/Indian housing authorities Native American tribal organizations (other than Federally recognized tribal governments) Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education Private institutions of higher education Small businesses Unrestricted (i.e., open to any type of entity above), subject to any clarification in text field entitled "Additional Information on Eligibility"
Additional Eligibility Category:	
Government Organizations:	
	State governments or their bona fide

agents (includes the District of Columbia)
Local governments or their bona fide agents
Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.
State controlled institutions of higher education
American Indian or Alaska Native tribal governments (federally recognized or state-recognized)

Non-government Organizations:

American Indian or Alaska native tribally designated organizations

2. Additional Information on Eligibility

N/A

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

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

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

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

a. Data Universal Numbering System:
All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements.
The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at http:// fedgov.dnb. com/ webform/ displayHomePage.do. The DUNS number will be provided at no charge.
If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must provide their DUNS numbers before accepting any funds.

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

c. Grants.gov:
The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Applicant Registration" option at www.grants.gov.
All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants should start the registration process as early as possible.

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	1. Click on http:// fedgov.dnb.com/ webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/ webform) or call 1-866-705-5711
2	System for	1. Retrieve organizations	3-5	For SAM

	Award Management (SAM) formerly Central Contractor Registration (CCR)	DUNS number 2. Go to https://www.sam.gov/SAM/ and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	Business Days but up to 2 weeks and must be renewed once a year	Customer Service Contact https://fsd.gov/fsd-gov/home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

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

3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this notice of funding opportunity at www.grants.gov.

4. Submission Dates and Times

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

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

Due Date for Letter of Intent: **05/22/2020**

b. Application Deadline

Due Date for Applications: **07/13/2020** , 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Date for Information Conference Call

This call will be for eligible applicants (see Eligibility Section) on **May 14, 2020, 1:30pm-3:00pm EST.**

To register and access the webinar, visit: **https://violenceprevention.adobeconnect.com/pacenofo/**

For audio, call this number and use the following conference ID: 1-855-348-8390; Conference ID: 13679017

If you are having trouble registering for or accessing the webinar, please contact the Agency Contact for this NOFO, Angela Guinn, lsj8@cdc.gov; 404-498-1508.

The purpose of this conference call/webinar is to help potential applicants understand the scope and intent of this Program Announcement: Preventing Adverse Childhood Experiences: Data to Action. Participation on the conference call is not mandatory. Potential applicants are requested to call using only one telephone line. A Frequently Asked Questions document will be made available following the call. Because this is a competitive process, applicants should follow the requirements for this program as they are described in the funding announcement and any related amendments. Applicants who want to submit questions prior to the call, or should applicants find they have additional questions or need clarification after the call, please see the Agency Contact listed at the end of this Notice of Funding Opportunity (NOFO).

5. CDC Assurances and Certifications

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

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

Assurances and certifications submitted directly to CDC will be kept on file for one year and

will apply to all applications submitted to CDC by the applicant within one year of the submission date.

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

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

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

Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

6. Content and Form of Application Submission

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

7. Letter of Intent

The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications.

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

Derrick Gervin, Ph.D.
CDC, NCIPC/Division of Violence Prevention
Address: 4770 Buford Highway, NE (F-64)
Atlanta, Georgia 30341-3717
Telephone number: 770-488-5004
Atlanta, Georgia Fax: 404-368-1517
Email address: vjk8@cdc.gov

8. Table of Contents

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

9. Project Abstract Summary

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

10. Project Narrative

(Unless specified in the "H. Other Information" section, maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. This includes the work plan. Content beyond the specified page number will not be reviewed.)
Applicants must submit a Project Narrative with the application forms. Applicants must name

this file "Project Narrative" and upload it at www.grants.gov. The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire period of performance as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

2. Target Populations and Health Disparities

Applicants must describe the specific target population(s) in their jurisdiction and explain how such a target will achieve the goals of the award and/or alleviate health disparities. The applicants must also address how they will include specific populations that can benefit from

the program that is described in the Approach section. Applicants must address the Target Populations and Health Disparities requirements as described in the CDC Project Description.

c. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

Applicants must address the organizational capacity requirements as described in the CDC Project Description.

11. Work Plan

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

12. Budget Narrative

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

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

Indirect costs could include the cost of collecting, managing, sharing and preserving data. Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.
If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the

intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.
Vital records data, including births and deaths, are used to inform public health program and policy decisions. If applicable and consistent with the cited statutory authority for this NOFO, applicant entities are encouraged to collaborate with and support their jurisdiction's vital records office (VRO) to improve vital records data timeliness, quality and access, and to advance public health goals. Recipients may, for example, use funds to support efforts to build VRO capacity through partnerships; provide technical and/or financial assistance to improve vital records timeliness, quality or access; or support vital records improvement efforts, as approved by CDC.
Applicants must name this file "Budget Narrative" and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Recipients under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

13. Funds Tracking

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

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

14. Intergovernmental Review

The application is subject to Intergovernmental Review of Federal Programs, as governed by Executive Order 12372, which established a system for state and local intergovernmental

review of proposed federal assistance applications. Applicants should inform their state single point of contact (SPOC) as early as possible that they are applying prospectively for federal assistance and request instructions on the state's process. The current SPOC list is available at: https://www.whitehouse.gov/wp-content/uploads/2020/01/spoc_1_16_2020.pdf.

15. Pilot Program for Enhancement of Employee Whistleblower Protections

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

16. Copyright Interests Provisions

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

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

17. Funding Restrictions

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

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.

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

Recipients may not use funds to implement secondary prevention activities.

18. Data Management Plan

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

19. Other Submission Requirements

a. Electronic Submission:

Applications must be submitted electronically by using the forms and instructions posted for

this notice of funding opportunity at www.grants.gov. Applicants can complete the application package using Workspace, which allows forms to be filled out online or offline. All application attachments must be submitted using a PDF file format. Instructions and training for using Workspace can be found at www.grants.gov under the "Workspace Overview" option.

b. Tracking Number: Applications submitted through www.grants.gov are time/date stamped electronically and assigned a tracking number. The applicant's Authorized Organization Representative (AOR) will be sent an e-mail notice of receipt when www.grants.gov receives the application. The tracking number documents that the application has been submitted and initiates the required electronic validation process before the application is made available to CDC.

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

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

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

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

1. Include the www.grants.gov case number assigned to the inquiry

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

   If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

E. Review and Selection Process

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

a. Phase 1 Review

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

b. Phase II Review

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

i. Approach Maximum Points:25

Purpose (2)

- Applicant describes specifically how their application will address the public health problem as described in the CDC background section.

Outcomes (3)

- To what extent does the applicant propose short and intermediate outcomes that are consistent with the period of performance?
- To what extent has the applicant provided a clear state level NOFO logic model that outlines appropriate outcomes at the local and state levels?

Strategies and Activities (5)

- To what extent did the applicant correctly use the NOFO criteria when proposing surveillance and primary prevention strategies?
- How well did the applicant described/demonstrate how they have implemented community/societal-level strategies for primary prevention of ACEs?
- To what extent did the applicant proposed at least two CORE prevention strategies that have the potential to achieve population level impact as implemented?
- To what extent did the applicant demonstrate knowledge of and use of ACE data and best available evidence ACE prevention programs?
- Did the applicant adequately describe plans for enhancing an existing state action plan that incorporates prevention of ACEs?

Target Population and Disparities (5)

- How well did the applicant describe how their proposed program efforts will address the social determinants of health at the community and societal levels of the social ecological model?
- How well did the applicant describe how they will address health disparities in their State Action Plan?

Work Plan (5)

- To what extent does the applicant provide a detailed work plan for the first year of the project and a high-level work plan for the subsequent years?
- How well does the applicant's work plan describe the goals (foci) and objectives (short and, intermediate outcomes)?
- To what extent does the applicant describe activities to increase partner awareness of the disparate burden of ACEs?

Applicant Logic Model (5)

- Does this logic model specify how the local level efforts contribute the state level NOFO goals and outcomes?
- How well does this logic model reflect the three required foci to 1) enhance or build the infrastructure, 2) implement strategies based on the best available evidence to prevent ACEs, and 3) conduct foundational activities to promote data to action all as part of a comprehensive and coordinated ACEs prevention approach?

ii. Evaluation and Performance Measurement Maximum Points:25

State and Program Level Evaluation (10)

- To what extent does the applicant demonstrate understanding and capacity to plan and implement both program level evaluations and a state level evaluation?
- To what extent does the applicant adequately describe outcomes, performance measures, and/or indicators?
- To what extent does the applicant propose innovative approaches to evaluation?

Monitoring and Evaluation (15)

- To what extent does the applicant describe clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities?
- To what extent are evaluation methods proposed to answer evaluation questions?
- To what extent does the applicant propose innovative approaches to monitoring?

iii. Applicant's Organizational Capacity to Implement the Approach — Maximum Points:50

Collaborations and Commitment to Partnerships (20)

- To what extent does the applicant demonstrate an understanding of and capacity to work with partners to implement public health primary prevention approaches to ACEs?
- Does the applicant provide a State Action Plan for the primary prevention of ACEs? (10 pts.)
    - The statewide plan for addressing ACEs shall be submitted with application via www.grants.gov as a PDF file named "State Action Plan."
- To what extent does the applicant describe collaborations with ACE prevention organizations across the state?
- Does the applicant provide a MOU or MOA with the entity within the applicant's state that is responsible for administration of the YRBS or similar survey with adolescents within the state? (5 pts.) MOUs/MOAs/Letters of Support should be submitted with application via www.grants.gov as a PDF file named "MOUs/MOSs/Letters of Support."
- To what extent do the required documents (e.g., MOU, MOA, and State Action Plan) include a brief history of the partnership, its current membership and leadership, a list of current activities, and letters of support from organizational leadership indicating commitment to the planning, implementation, and evaluation process?
- Does the applicant describe an ability to collaborate with CDC or other federal programs?

Access to Data (10)

- To what extent does the applicant demonstrate use of information and data (e.g., needs assessment, environmental scan, health disparity data, literature review, evaluation, or other reports), according to the public health approach, to inform the enhancement/development of their state action plan, as well as the selection, planning and implementation of the selected programs efforts?
- Does the applicant have the ability to track state-level ACE indicators over time?
- Does the applicant demonstrate a clear understanding of various data sources, including innovative data sources, that can be used to track state-level ACE indicators?
- To what extent does the applicant identify the YRBS or similar survey with adolescents as a data source for measuring decreases in ACEs among high burden populations?

Surveillance, Prevention and Evaluation Capacity (10)

- To what extent does the applicant demonstrate a minimum level of staffing to adequately support program evaluation and monitoring?
    - Does the applicant propose a plan for ensuring an adequate level of staffing, within the first 3 months of funding, to support the required activities?
    - To what extent does the applicant have adequate staff with the appropriate expertise, experience, and capacity to implement primary ACE prevention at a state and local level as demonstrated through previous experience and/or descriptions of capacity? Staffing support should include, but is not limited to, the following functions: surveillance, epidemiology, monitoring & evaluation, statistics and quality improvement, and data dissemination.
- To what extent does the applicant have adequate and appropriate organizational infrastructure and capacity to carry out the administrative/financial activities required for this cooperative agreement?
- To what extent does the applicant demonstrate the capacity to implement evaluations at both the program level and a system or state level?

Sustainability and Leverage (10)

- To what extent has the applicant described clear plans for leveraging funds and resources in order to sustain and expand ACE primary prevention work during the NOFO period of performance and beyond?
- To what extent has the applicant described strategies with the potential for sustainability beyond the period of performance?
- To what extent does the applicant describe an ability to leverage resources from other CDC or federal programs?

Budget

The budget will be reviewed but not scored.

- Did the applicant provide a detailed budget and narrative justification consistent with stated objectives and planned activities?
- Did the applicant include funding for at least one person to attend one meeting annually with CDC?

c. Phase III Review

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

Review of risk posed by applicants.

Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide

eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.
In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Recipient Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.
CDC's framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this Notice of Funding Opportunity.
In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:
(1) Financial stability;
(2) Quality of management systems and ability to meet the management standards prescribed in this part;
(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and
(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.
CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

Applicants can anticipate notice of funding by **August 1, 2020.**

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

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

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

3. Reporting

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

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

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

Report	***When?***	***Required?***
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	*6 months into award*	*Yes*
Annual Performance Report (APR)	*No later than 120 days before end of budget period. Serves as yearly continuation application.*	*Yes*
Federal Financial Reporting Forms	*90 days after the end of the budget period.*	*Yes*
Final Performance and Financial Report	*90 days after end of project period.*	*Yes*
Payment Management System (PMS) Reporting	*Quarterly reports due January 30; April 30; July 30; and October 30.*	*Yes*

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

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

Performance Measurement

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

Evaluation

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

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

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

b. Annual Performance Report (APR) (required)

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

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

- Indirect Cost Rate Agreement.

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

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

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

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

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

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

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

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

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

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

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

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

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

3) Terms: For purposes of this clause:
"Commodity" means any material, article, supplies, goods, or equipment;

"Foreign government" includes any foreign government entity;
"Foreign taxes" means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

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

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

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

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

Angela Guinn, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
4770 Buford Highway NE
MS F-64
Atlanta, GA 30341-3717

Telephone: (404) 498-1508
Email: lsj8@cdc.gov

Grants Staff Contact

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

Ayanna Williams, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
2920 Brandywine Road

Atlanta, GA 30341

Telephone: (404) 498-5095
Email: omg5@cdc.gov

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

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

H. Other Information

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

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Required Attachments:

- An existing statewide action plan/State Action Plan. The statewide plan for addressing ACEs shall be submitted with application via www.grants.gov. The PDF file should be named "State Action Plan."
- MOU/MOA with YRBS or similar statewide entity submitted with application via www.grants.gov as a PDF file named "MOUs_MOAs."
- State level logic model - submitted with application via www.grants.gov as a PDF file named "State Logic Model."
- Resumes/CVs - submitted with application via www.grants.gov as a PDF file named "Resumes."
- Position descriptions - submitted with application via www.grants.gov as a PDF file named "Position Descriptions."
- Letters of support - submitted with application via www.grants.gov as a PDF file named

"Letters of Support."

I. Glossary

Activities: The actual events or actions that take place as a part of the program.
Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see http:// www.cdc.gov/ grants/ additional requirements/ index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).
Approved but Unfunded: Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.
Assistance Listings (CFDA): A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.
Assistance Listings (CFDA) Number: A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency
Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.
Budget Period or Budget Year: The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.
Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.
CDC Assurances and Certifications: Standard government-wide grant application forms.
Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established period of performance (i.e., extends the “life” of the award).
Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.
Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.
Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.
Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but

by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.

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

DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at http://fedgov.dnb.com/ webform/displayHomePage.do.

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

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

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

Fiscal Year: The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.

Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

Grants.gov: A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.

Grants Management Officer (GMO): The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient

organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.

Grants Management Specialist (GMS): A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.

Health Disparities: Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.

Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.

Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.

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

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

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

Intergovernmental Review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list: https://www.whitehouse.gov/wp-content/uploads/2017/11/Intergovernmental_-Review-_SPOC_01_2018_OFFM.pdf.

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

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

representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

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

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

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

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

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

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

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

Performance Measurement: The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A "program" may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.

Period of performance –formerly known as the project period - : The time during which the recipient may incur obligations to carry out the work authorized under the Federal award. The start and end dates of the period of performance must be included in the Federal award.

Period of Performance Outcome: An outcome that will occur by the end of the NOFO's funding period

Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of

the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs.
Program Strategies: Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).
Program Official: Person responsible for developing the NOFO; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.
Public Health Accreditation Board (PHAB): A nonprofit organization that works to promote and protect the health of the public by advancing the quality and performance of public health departments in the U.S. through national public health department accreditation http://www.phaboard.org.
Social Determinants of Health: Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
Statute: An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.
Statutory Authority: Authority provided by legal statute that establishes a federal financial assistance program or award.
System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.
Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.
Work Plan: The summary of period of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

NOFO-specific Glossary and Acronyms

References

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Metzler, M., Merrick, M. T., Klevens, J., Ports, K. A., & Ford, D. C. (2017). Adverse childhood experiences and life opportunities: shifting the narrative. Children and Youth Services Review, 72, 141-149.

Peterson, C., Florence, C., & Klevens, J. (2018). The economic burden of child maltreatment in the United States, 2015. Child Abuse and Neglect, 86, 178-183.