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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**National Programs to Build the Capacity of Societal  
Institutions That Influence Youth Behavior**

**Announcement Type:** New

**Funding Opportunity Number:** CDC-RFA-DP06-601

**Catalog of Federal Domestic Assistance Number:** 93.938

**Key Dates:**

**Letter of Intent Deadline:** December 9, 2005

**Application Deadline:** January 9, 2006

**Executive Summary:**

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2006 funds for cooperative agreements to establish a national program to prevent behaviors and unhealthy environments that place elementary school through college-aged young people at risk for a myriad of health problems. This announcement combines six previous program announcements for national Non-Governmental Organizations (NGOs) to reduce paperwork and launch a coordinated national program to improve the health, education, and well-being of youth.

Funds designated for the content areas of HIV prevention, asthma, tobacco use prevention, and eight-component coordinated school health programs -- which include physical education, nutrition services, and counseling and psychological services -- were consolidated into this program announcement to support ten separate funding categories. The broad national strategy will be accomplished through activities specified in the separate funding categories by grantees with appropriate experiences, talents, and constituents for each category.

CDC will award cooperative agreements to national Non-Government Organizations (NGOs) that will become an integral part of a broad national strategy to prevent and reduce health problems among youth. NGOs will provide capacity building assistance(CBA) to societal institutions (including faith-based institutions, youth service providers, and parent organizations) that promote the health of youth through development of relevant state and local policies; provide disease prevention and health promotion programs in schools, colleges, and community-based organizations; and provide guidance on policies and programs that reduce health disparities. Capacity building means the transmission of

knowledge, skills, expertise, and attitudes that will strengthen the core competencies essential for agencies and organizations to improve the delivery, effectiveness, and sustainability of disease prevention and health promotion programs for youth.

The goal of the national program is to improve the health and well-being of youth and prepare them to be healthy adults in stable families and safe communities.

#### **I. Funding Opportunity Description**

**Authority:** This program is authorized under 317(k)(2) of the PHS Act, 42 U.S.C. Section 247b(k)(2)

#### **Purpose:**

The purpose of the program announcement is to fund national Non-Governmental Organizations (NGOs) to provide Capacity Building Assistance (CBA) that supports a national program to prevent HIV infections, other STDs and unintended pregnancies; reduce tobacco use; reduce the burden of asthma; prevent chronic diseases; promote Coordinated School Health Programs (CSHP); and promote school mental health services. Grantees will provide CBA to one or more of the societal

institutions that influence youth behavior including, but not limited to, the following:

- State Education Agencies (SEAs) and Local Education Agencies (LEAs)
- State Health Agencies (SHAs) and Local Health Agencies (LHAs)
- Organizations that Serve Youth at High Risk for HIV Infection
- Institutions of Higher Education (IHEs)
- Organizations that serve youth and parents including faith-based institutions, youth service organizations, parent/teacher/student associations, abstinence education organizations, recreation agencies, and community service organizations
- Other NGO Partners Funded by the DASH

Through this capacity building assistance, funded NGOs will help to strengthen the disease prevention/health promotion programs and delivery provided by the various societal institutions listed above. This program announcement will provide funds to NGOs to build the capacity of societal institutions to promote the health of youth through development of relevant state and local policies; provision

of disease prevention and health promotion programs, and services in schools, colleges, and community-based organizations (e.g., faith-based institutions, youth service providers, and parent organizations); and provide guidance on policies and programs that reduce health disparities. Funds may not be used to support direct services to youth (see **IV.5. Funding Restrictions** {c} and {f}).

The term "Capacity Building Assistance" or **CBA** means the transmission of the knowledge, skills, expertise, and attitudes that will strengthen the core competencies essential for agencies and organizations to improve the delivery, effectiveness, and sustainability of disease prevention and health promotion programs for youth. Examples of core competencies include, but are not limited to:

- Assessing and analyzing the needs of constituents;
- Using existing evaluation and surveillance data to develop policies, programs, and services that effectively address those needs;
- Implementing, maintaining, and promoting effective, culturally appropriate policies, programs, and services;
- Participating in coalitions, collaborative agreements, and partnerships that increase the capacity of selected societal institutions -- such as state and local

agencies, schools, institutions of higher education, faith-based institutions, youth-serving organizations, and parent organizations -- to reach youth with effective policies, programs, and services;

- Measuring progress in meeting goals and objectives;
- Reaching and assisting parents, extended families, and other social networks to influence behavior of youth;
- Assisting parents to positively influence the behavior of youth through effective communication, consistent monitoring, expectation setting, and active support; and
- Communicating program successes.

Mechanisms for CBA may include but are not limited to the provision of information, professional development, and technical assistance.

Measurable outcomes of the program announcement will be in alignment with three of CDC's Government Performance and Reporting Act (GPRA) goals and one **Healthy People 2010 Focus Area Objective**.

**GPRA Goals:**

1. Reduce the percentage of HIV/AIDS-related risk behaviors among school-aged youth through dissemination of HIV prevention education programs.<sup>1</sup>
2. Reduce cigarette smoking among youth.
3. Decrease levels of obesity, or reduce the rate of growth of obesity, in communities through nutrition and physical activity programs.

**Healthy People 2010 Focus Area Objective:**

- 24-5. Reduce the number of school or work days missed by persons with asthma due to asthma.

The overall goal of the program announcement is to improve the health and well-being of youth and prepare them to be healthy adults in stable families and safe communities.

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<sup>1</sup> The principle purpose of education about AIDS is to prevent HIV infection. The content of HIV prevention education should be developed with the active involvement of parents and should address the broad range of behavior exhibited by young people. Educational programs should assure that young people acquire the knowledge and skills they will need to adopt and maintain behaviors that eliminate their risk of becoming infected. For young people who have not engaged in sexual intercourse, educational programs should emphasize continued abstinence. For young people who have engaged in sexual intercourse, educational programs should enable and encourage them to stop engaging in sexual intercourse. Despite all efforts, some young people may remain unwilling to adopt behavior that would eliminate their risk of becoming infected. For these young people, educational programs can address behaviors that reduce risk of acquiring HIV infection including avoiding sexual intercourse with anyone who is at risk of being infected and using a latex condom. Because young people are more likely to engage in sexual behaviors that can result in HIV, other STD, and pregnancy when they are using drugs or alcohol, HIV prevention education programs should also help students avoid alcohol and drug use.

This announcement also will allow CDC, as funds become available, to expand support for NGO programs to build the capacity of societal institutions to promote the health of youth through policies, programs, and services that address additional issues not currently addressed in this program announcement. These issues might include, for example: school environmental hazards, unintentional injuries and violence, diabetes, STD infection and unintended pregnancy, other infectious diseases, skin cancer, stigma and complications from epilepsy, oral health, childhood immunization, science education, and preparation for possible unintentional emergencies (e.g., fires, tornadoes, or chemical spills) and intentional emergencies (e.g., biological, chemical, or physical threats).

This announcement is only for non-research activities supported by CDC/ATSDR. If research is proposed, the application will not be reviewed. For the definition of research, please see the CDC web site at the following Internet address: <http://www.cdc.gov/od/ads/opspoll1.htm>

### **Funding Categories**

This announcement supports capacity building in 10 funding Categories. Applicants may only receive funding for a

maximum of 2 categories. For funding Categories with more than one funding priority, applicants may be funded for no more than one priority within the category. The maximum funding for any award will be in two categories, each of which may address one priority. This restriction will ensure a diversity of grantees. Funding Categories are the following:

**Category 1 - Preventing HIV Infections** by Providing CBA to State and Local Education Agencies

The purpose of this category is to build the capacity of the nation's education agencies by strengthening their core competencies to improve the delivery, effectiveness, and sustainability of programs and social development strategies to prevent, delay, and reduce sexual behaviors<sup>2</sup> that place youth at risk for HIV, other STDs, and pregnancy which also may result in educational and social consequences. Abstinence is the only 100 percent effective way to prevent HIV and other STD infections. Risk avoidance strategies, including delay of sexual intercourse, return to abstinence, and

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<sup>2</sup> The ways in which HIV can be transmitted have been clearly defined. The CDC has prepared the following fact sheet titled, HIV and Its Transmission, which provides more information on this topic at: <http://www.cdc.gov/hiv/pubs/facts/transmission.htm>. For additional information on STD transmission, refer to the following fact sheets listed on the CDC website at: [http://www.cdc.gov/std/HealthComm/fact\\_sheets.htm](http://www.cdc.gov/std/HealthComm/fact_sheets.htm).

avoiding injection drug use, eliminate risk for HIV and other STDs. Other strategies that help prevent exposure to HIV and other STD include the promotion of future mutual monogamy and avoidance of alcohol/drug use. Funding will be provided in two priority areas to prevent HIV infections: (1A) Strengthen Leadership and Governance for HIV Prevention and (1B) Support Social Development Strategies for Students in grades 7-12. Strategies and programs should additionally target youth who are at highest risk for HIV infection.

**Category 2 - Preventing HIV Infections** by Providing CBA to State and Local Health Agencies

The purpose of the category is to strengthen the core competencies of state public health agencies to help education agencies improve the delivery, effectiveness, and sustainability of programs to prevent, delay, and reduce sexual behaviors that place youth at risk for HIV, other STDs, and pregnancy which also may result in educational and social consequences. Abstinence is the only 100% effective way to prevent HIV and other STD infections. Risk avoidance strategies, including delay of sexual intercourse, return to abstinence, and avoiding injection drug use, eliminate risk for HIV and other STDs. Other strategies that help prevent

exposure to HIV and other STDs include the promotion of future mutual monogamy and avoidance of alcohol/drug use. Strategies and programs should include efforts to target adolescents who are at highest risk for HIV infection.

**Category 3 - Preventing HIV Infections** by Providing CBA to Organizations that Serve Youth at High Risk for HIV Infection

The purpose of this category is to build the capacity of organizations that serve youth (ages 18 and below) at high risk for HIV infection. Abstinence is the only 100% effective way to prevent HIV and other STD infections. Risk avoidance strategies, including delay of sexual intercourse, return to abstinence, and avoiding injection drug use, eliminate risk for HIV and other STDs. Other strategies that help prevent exposure to HIV and other STDs include the promotion of future mutual monogamy and avoidance of alcohol/drug use. Due to high prevalence of HIV among at risk populations (Young Men Who Have Sex with Men (YMSM), especially African American and Latino Males; and African American and Latina Females), the applicant organizations should serve at least one of four specific populations:

(3A) Young Men Who Have Sex with Men (YMSM), especially African American and Latino Males.

(3B) African American and Latina Females;

(3C) Youth in Juvenile Justice Facilities and/or Alternative Schools, or;

(3D) Runaway and Homeless Youth.

Each of these four specific populations (3A-3D) represents a separate funding priorities; therefore, interested applicants must submit a separate application for each priority that they intend to apply for.

#### **Category 4 - Improving Disease Prevention and Health**

##### **Promotion Programs to Prevent HIV Infections and/or Tobacco**

**Use** by Providing CBA to Institutions of Higher Education

(IHEs)

The purpose of this category is to build the capacity of policy makers and practitioners in IHEs to improve the delivery, effectiveness, and sustainability of disease prevention and health promotion programs and services for college students, with a specific focus on HIV/AIDS prevention and/or tobacco use prevention and health disparities among students. Abstinence is the only 100% effective way to prevent HIV and other STD infections. Risk avoidance strategies, including delay of sexual intercourse, return to abstinence, and avoiding injection drug use,

eliminate risk for HIV and other STDs. Other strategies that help prevent exposure to HIV and other STDs include the promotion of future mutual monogamy and avoidance of alcohol/drug use. Policy makers and practitioners include, but are not limited to faculty, campus wellness coordinators, and campus health care providers. Funding will be provided in two priority areas: (4A) Strengthen Disease Prevention and Health Promotion Programs in IHEs, and (4B) Strengthen HIV Prevention Programs in Historically Black Colleges and Universities (HBCUs).

**Category 5 - Promoting Sexual Abstinence** by Providing CBA to Organizations that Serve Youth and Parents

The purpose of this category is to build the capacity of organizations that serve youth, parents, and extended families by strengthening their core competencies to implement evidence-based strategies to help youth not engage in sexual intercourse. Abstinence is the only 100% effective way to prevent HIV and other STD infections. Risk avoidance strategies, including delay of sexual intercourse, return to abstinence, and avoiding injection drug use, eliminate risk for HIV and other STDs. Other strategies that help prevent exposure to HIV and other STDs include the promotion of

future mutual monogamy and avoidance of alcohol/drug use. Funding will be provided in three priority areas: (5A) Abstinence Education Program Planning, (5B) Parental Involvement in Abstinence Education, and (5C) Youth Development Strategies to Promote Abstinence. Each of the three targeted strategies represents a separate funding priority. A risk avoidance strategy, not a risk reduction strategy, is required.

**Category 6 - Reducing the Burden of Asthma** by Providing CBA to State and Local Education Agencies and State and Local Health Agencies

The purpose of this category is to build the capacity of the nation's education and health agencies by strengthening their core competencies to improve the delivery, effectiveness, and sustainability of programs that engage parents, schools, and communities to reduce the burden of asthma among youth.

**Category 7 - Preventing Chronic Diseases** by Providing CBA to State and Local Education Agencies

The purpose of this category is to build the capacity of the nation's education agencies by strengthening their core

competencies to improve the delivery, effectiveness, and sustainability of programs that engage parents, schools, and communities to prevent risk behaviors that contribute to chronic diseases. Funding will be provided in three priority areas: (7A) Increasing Physical Activity, (7B) Increasing Healthy Eating, and (7C) Preventing Initiation of and Reducing Tobacco Use.

**Category 8 - Promoting Coordinated School Health Programs (CSHP) by Providing CBA to State and Local Education Agencies**

The purpose of this category is to build the capacity of the nation's education agencies by strengthening their core competencies to improve the delivery, effectiveness, and sustainability of CSHP (health education, physical education, health services, counseling and psychological services, nutrition services, staff health promotion, parent and community involvement, healthy school environment).

Capacity building should focus on school administrators (superintendents, district administrators, and school site administrators) at the school district level. Funding will be provided in two priority areas: (8A) Promote CSHP and (8B) Support Leadership and Governance for CSHP.

**Category 9 --- Promoting School Mental Health Services** by  
Providing CBA to State and Local Education Agencies

The purpose of this category is to build the capacity of the nation's education agencies by strengthening their core competencies to improve the delivery, effectiveness, and sustainability of school mental health services within the context of a CSHP.

**Category 10 - Providing Professional Development for** Other  
DASH Funded NGO Partners funded under this program  
announcement.

The purpose of this category is to increase the capacity of DASH funded NGOs to maximize their effectiveness in working with societal institutions that influence youth behavior to reduce or prevent health problems and achieve positive outcomes among youth. This will be accomplished through providing professional development learning experiences (for example: conferences, workshops, web-based learning, coaching/mentoring) to NGOs that are funded under categories 1-9 of this program announcement. The Professional development process includes needs assessment, planning,

implementation, evaluation and follow up of learning experiences.

### **Activities**

The following activities (1-8), are required for all categories and priority areas. Additional activity requirements related to specific individual categories/priorities should also be addressed and are outlined under section: "B-Activities Required for Each Funding Category". Provide a separate application for each funding area.

#### **A. Activities Required of All Applicants**

Applicants must respond to the following required activities for all funding Categories. Provide a separate application for each funding area.

1. Identify existing staff or employ qualified person(s):

Establish and maintain appropriate and qualified staff positions to implement activities funded under this program announcement. Each funded cooperative agreement should have at least one full-time qualified staff position (one person devoting 100 percent of their time to the cooperative agreement work) within the organization with

the responsibility and authority to carry out the activities identified in the operational plan. This full-time person will serve as the project director and primary point of contact with CDC.

2. Provide a program plan with a logic model and objectives:

Provide a program plan that includes a logic model and specific, measurable, achievable, realistic, and time-phased (SMART) objectives. A logic model is a pictorial diagram that shows the relationship between your program components and activities and desired health outcomes. Guidance for preparation of logic models is available at [xxxxxxx](#). The overall logic model for this Program Announcement is available at [\(URL to be provided\)](#).

3. Strengthen core competencies of agencies and

organizations: Identify and address gaps in core competencies essential for agencies and organizations to improve the delivery, effectiveness, and sustainability of disease prevention and health promotion programs for youth.

4. Use proven principles of prevention: CBA should include

information dissemination, technical assistance, and professional development that:

- a. reflect sound theoretical approaches, are consistent with scientifically researched evidence of effectiveness, and are medically accurate;

- b. where relevant, use the CDC school health guidelines (e.g., guidelines, tools, and resources) that are available at [www.cdc.gov/healthyyouth](http://www.cdc.gov/healthyyouth).
- c. strengthen collaborations and partnerships;
- d. focus on promoting healthy behavior changes;
- e. support community values, interests, needs, and social networks, such as extended families and local youth and faith-based organizations;
- f. leverage resources and avoid duplication; and
- g. support a pro-social environment for youth.

5. Address health disparities: Address health disparities and incorporate cultural competency and linguistic appropriateness into all CBA activities.

6. Provide plans for evaluation: Use process evaluation activities to document progress in meeting objectives and conducting CBA activities during the budget period and to assess the quality and completeness of proposed CBA activities.

The operational plan should include the following evaluation components: (a) SMART objectives (specific, measurable, achievable, realistic, and time-phased); (b) measures of accomplishments (aligned with performance measures listed later in this section); (c) data sources to measure accomplishments; (d) a rationale for each SMART

objective (aligned with performance measures and the logic model), and; (e) provisions for participation in the evaluation by recipients of CBA. Additional evaluation activities may be included, especially when need for more information on which to base future program decisions or strengthen a program component is identified.

7. Coordinate work with other DASH-funded NGOs: Collaborate and coordinate with other DASH-funded NGOs to avoid duplication of efforts and coordinate CBA activities --- especially with grantees in the same funding category.
8. Participate in DASH-sponsored meetings: Participate in DASH-sponsored conferences and meetings of funded partners.

#### **B. Activities Required for Each Funding Category**

In addition to the above eight required activities (Section A. Activities Required of All Applicants), applicants must respond to the specific activity requirements outlined under each category/priority areas that the applicant is applying for. Provide a separate application for each funding area.

**Category 1 - Preventing HIV Infections** by Providing CBA to State and Local Education Agencies









2. Build the capacity of SHAs and LHAs to integrate state and local public health HIV prevention, sexually transmitted disease (STD) prevention, and pregnancy prevention programs for adolescents to complement and support school-based programs and policies and maximize efficiency and effectiveness of HIV prevention efforts for adolescents.
3. Provide information, professional development opportunities, and technical assistance for administrators and staff of SHAs and LHAs on state and local HIV prevention education policies, rules, regulations, curriculum standards, requirements for parental education and involvement to strengthen their understanding of school-based HIV prevention education programs and their ability to work more effectively with schools.
4. Build the capacity of SHAs and LHAs to help SEAs and LEAs participate with the HIV prevention Community Planning Groups (CPGs) in their jurisdiction to improve efforts to reach adolescents who are at highest risk for HIV infection.

**Category 3 – Preventing HIV Infections** by Providing CBA to Organizations that Serve Youth at High Risk for HIV Infection

This category will address four specific populations at high risk for HIV infection --- particularly in high HIV prevalence areas. Applicants are expected to focus on organizations that reach one of these four specific populations each of which represents a separate funding priority: **(3A) Young Men Who Have Sex With Men (YMSM), especially African American and Latino Males; (3B) African American and Latina Females; (3C) Youth in Juvenile Justice Facilities and/or Alternative Schools, and; (3D) Runaway and Homeless Youth.** Each funding priority requires a separate application.

**Required** category-specific activities:

Applicants for funding priorities 3A-3D must also address the following additional activities:

Provide information, professional development opportunities, and technical assistance to build the capacity of organizations that positively influence behavior of youth at high risk for HIV infection in developing the knowledge, skills, expertise, and attitudes to:

- a. Identify and disseminate programs, strategies, interventions, lessons learned, and best practices which have sound theoretical approaches, are

consistent with scientifically researched evidence of effectiveness, and are medically accurate for reaching the specific population.

- b. Work collaboratively with the CDC; other funded partners; and other relevant national, state, and local organizations, coalitions, and networks to implement existing national strategies and initiatives that address HIV prevention needs of the specific population.
- c. Collaborate, as needed and where appropriate, with SEAs and LEAs to reach the specific population. Collaboration might include providing information, professional development opportunities, and technical assistance to the education agencies and convening meetings to share programs, strategies, interventions, lessons learned, and best practices for reaching the specific population.
- d. Increase accessibility to youth-focused HIV and STD referral and screening services.
- e. Address the needs of HIV positive youth by identifying effective programs, strategies, interventions, lessons learned, and best practices to (1) ensure access to appropriate medical, psychological, and social services, and (2)

prevent, reduce or eliminate behaviors that could infect others with HIV.

- f. Provide training on STD prevention interventions shown to be effective among the specific population.
- g. Inform and be involved with the HIV prevention CPG in their jurisdiction to improve efforts to reach the specific population.
- h. Work collaboratively with parents, parent organizations, and faith-based institutions to address HIV prevention needs of the specific population.

**Category 4 - Improving Disease Prevention and Health**

**Promotion Programs to Prevent HIV Infections and/or Tobacco Use by Providing CBA to Institutions of Higher Education**

Each funding priority requires a separate application.

**4A. Strengthen Disease Prevention and Health Promotion Programs at Institutions of Higher Education**

Recipients of this priority will provide national leadership for campus-wide programs designed to prevent HIV infection, tobacco use, and other health risk behaviors among college

students.

Required Priority-specific activities:

1. Develop and disseminate national guidance and best practices to build the capacity of IHEs to increase the delivery, effectiveness, and sustainability of health promotion programs to prevent risk behaviors among students on campus. Guidance should reflect collaboration with IHEs, parents, college students, and national organizations and include recommendations for reducing health disparities among college students.
2. Provide professional development opportunities designed to:
  - a. Build the capacity of IHEs to form coalitions to develop and implement policies, programs, and services that support and strengthen disease prevention and health promotion programs on campus and assist coalitions to:
    - i. Develop focused goals and select feasible strategies to prevent HIV infection, tobacco use, and other serious health problems.
    - ii. Obtain and leverage critical resources.
    - iii. Implement effective and representative collaborations composed of administrators, faculty, students and parents.

iv. Evaluate program outcomes.

Stakeholders include, but are not limited to, governing boards; state and local health, education, and other government agencies; businesses; voluntary health organizations; faith-based organizations; social service organizations; and community-based organizations.

- b. Build the capacity of campus decision makers to implement HIV prevention and tobacco use prevention strategies and advocate adoption of effective, model prevention techniques into campus health services programs, the curriculum, non-credit courses, and other programs and services.
- c. Build the capacity of campus decision makers to adopt campus-wide policies to support prevention programs on HIV infection, tobacco use, and other serious health problems including programs to prevent use of alcohol and drugs to decrease HIV infections.
- d. Build the capacity of colleges and universities to target college students engaging in high-risk behaviors by developing, implementing, and evaluating effective disease prevention and health promotion programs including, but not limited to, the following strategies:

- i. Professional development programs and informational campaigns for faculty and other staff.
- ii. Health risk counseling and screening for college students at risk.
- iii. Peer health promotion and health education programs.
- iv. Dissemination of information and appropriate materials.
- v. Involvement of parents, families, and faith groups to support risk avoidance.

**4B. Strengthen HIV Prevention Programs at Historically Black Colleges and Universities**

Applicants under this priority will provide national leadership for campus-wide programs designed to prevent HIV infection and other health risk behaviors among students at Historically Black Colleges and Universities (HBCUs). The applicants under this category must be able to provide capacity building assistance to HBCUs.

Required priority-specific activities:

1. Assist HBCU to form state-wide or regional coalitions of

stakeholders to develop and implement policies, programs, and services related to disease prevention and health promotion programs emphasizing HIV prevention and assist coalitions to:

- a. Develop focused goals and select feasible strategies to prevent HIV infections.
- b. Obtain and leverage critical resources.
- c. Implement effective and representative collaborations composed of administrators, faculty, students and parents.
- d. Evaluate program outcomes.

Stakeholders include, but are not limited to, HBCU governing boards; state and local health, education, and other government agencies; businesses; voluntary health organizations; faith-based organizations; social service organizations; community clinics; and community-based organizations.

2. Build the capacity of campus decision makers to implement HIV prevention strategies throughout the campus and advocate adoption of effective, model prevention techniques into campus health services programs, the curriculum, non-credit courses, and other programs and services.
3. Build the capacity of HBCU decision makers to adopt

campus-wide policies to support prevention programs on HIV infection and other serious health problems.

Advocate language that supports a healthy campus in the institution's mission, vision, and/or values statement(s).

4. Build the capacity of HBCU to target college students engaging in high-risk behaviors by developing, implementing, and evaluating effective disease prevention and health promotion programs including, but not limited to, the following strategies:

- a. Professional development programs and informational campaigns for faculty and other staff.

- b. HIV counseling, screening, and referral to health services such as HIV prevention programs and primary care clinics for college students at risk.

- c. Peer health promotion and health education programs.

- d. Dissemination of information and appropriate materials.

- e. Recruitment and marketing activities that effectively target students at risk for HIV infection.

**Category 5 - Promoting Sexual Abstinence** by Providing CBA to Organizations that Serve Youth and Families

Each funding priority requires a separate application.

**5A. Abstinence Education Program Planning**

Required priority-specific activities:

Provide information, professional development opportunities, and technical assistance to enable organizations to conduct evidence-based abstinence education program planning through implementation of a state of the art program planning tool that can help guide efforts in each of the following four domains: program planning, monitoring, and evaluation; assessment of the community environment; assessment of the educational environment; and educational content. A risk avoidance strategy, not a risk reduction strategy, is required.

**5B. Parental Involvement in Abstinence Education**

Required priority-specific activities:

Provide information, professional development opportunities, and technical assistance to enable organizations to implement evidence-based parental involvement efforts to help youth not to engage in sexual intercourse. These efforts should emphasize youth connectedness to parents and families, increasing parental

supervision and monitoring, and developing parental efficacy in communicating family standards and expectations regarding sexuality and sexual and other risk behaviors. A risk avoidance strategy, not a risk reduction strategy, is required.

#### **5C. Youth Development Strategies to Promote Abstinence**

Required priority-specific activities:

Provide information, professional development opportunities, and technical assistance to enable organizations to implement youth development efforts to help young people not engage in sexual intercourse. These efforts should include developing individual youth assets and creating positive environments for youth. A risk avoidance strategy, not a risk reduction strategy, is required.

**Category 6 - Reducing the Burden of Asthma** by Providing CBA to State and Local Education Agencies and State and Local Health Agencies

Required category-specific activities:

Build the capacity of SEAs and LEAs to collaborate with national, state and local stakeholders including concerned

parents, coalitions, asthma care providers, and other DASH grantees to increase the percentage of schools that:

- a. Obtain and implement an Asthma Action Plan for students with asthma.
- b. Allow students to carry and self-administer their asthma inhalers.
- c. Educate school personnel about asthma basics and emergency response.
- d. Encourage full participation in physical education and physical activity when students with asthma are able.
- e. Have a full-time registered nurse onsite all day, everyday.
- f. Have a tobacco-free policy consistent with CDC guidelines.
- g. Increase the percentage of schools that communicate success stories to stakeholders and decision makers.
- h. Develop/Adopt and implement appropriate policies consistent with CDC guidelines.

Applicants must address these activities through one or more of the following strategies:

1. Use existing materials to provide professional development opportunities to SEAs and LEAs on issues including the value of engaging parents of students with asthma, preventing asthma episodes, following Asthma Action Plans, supporting student self-medication, and implementing asthma management and tobacco-free policies.
2. Identify and disseminate model asthma programs, model policies, and other resources, such as the asthma chapter in *Fit, Healthy, and Ready to Learn: A School Health Policy Guide*, to state and local health and education agencies. (see examples at <http://www.cdc.gov/HealthyYouth/asthma/pdf/pubs-links.pdf>).
3. Provide technical assistance to state and local health and education agencies --- particularly partners funded by DASH, the National Center for Environmental Health (NCEH), and Steps to a Healthier US --- to address asthma in schools using a coordinated school health approach (see <http://www.cdc.gov/HealthyYouth/asthma/strategies.htm> ).
4. Collaborate with federal, state, and local partners to review existing model policies, programs, and resources; determine what policies, programs, or resources are

needed and appropriate; make recommendations on how to modify the policies, programs, and/or resources as needed; and use or implement these resources, policies, and/or programs.

5. Provide technical assistance to SEAs and LEAs to craft and present success stories to stakeholders and decision makers.
6. Provide technical assistance to SEA and LEAs to develop or adapt, disseminate and implement appropriate policies consistent with CDC guidelines.

**Category 7 – Preventing Chronic Diseases** by Providing CBA to State and Local Education Agencies

Each funding priority requires a separate application.

**7A. Increasing Physical Activity**

Required priority-specific activities:

1. Provide information, professional development opportunities, and technical assistance to build the capacity of SEAs and LEAs to help school districts develop, implement, and evaluate quality physical education programs.

2. Build the capacity of SEAs and LEAs to collaborate with parents, community, and public health partners (e.g., school health councils, parent and student organizations, physical activity coalitions, and task forces) by providing guidance on how to improve school policies, programs, practices, and environmental strategies that increase the amount of time students engage in physical activity before, during, and after school hours.

#### **7B. Increasing Healthy Eating**

Required priority-specific activities:

1. Provide information, professional development opportunities, and technical assistance to build the capacity of SEAs and LEAs to help school districts establish, maintain, and evaluate healthy school nutrition environments, with an emphasis on food and beverage vending in schools.
2. Build the capacity of SEAs and LEAs to collaborate with parents, community, and public health partners (e.g., school health councils, parent and student organizations, nutrition coalitions, and task forces) by providing guidance on how to improve school policies, programs, practices, and environmental strategies that

lead to healthy food choices for students on school property and at all school events.

### **7C. Preventing Initiation and Reducing Tobacco Use**

Required priority-specific activities:

1. Provide information, professional development opportunities, and technical assistance to build the capacity of SEAs and LEAs to develop, adopt, implement, enforce and maintain strong school district tobacco-free policies that meet the CDC guidelines, with special emphasis on strategies that help expand enforcement of a tobacco-free environment to cover all students, staff, and visitors on all school property, at all school events (on or off campus), and in all school vehicles.
2. Build the capacity of SEAs and LEAs to collaborate with parents, community, and public health partners (e.g., school health councils, parent and student organizations, tobacco coalitions, and task forces) and parents by providing guidance on how to improve school policies, programs, practices, and environmental strategies that prevent initiation of tobacco use and reduce the number of school-age youth who use tobacco products.

**Category 8 - Promoting Coordinated School Health Programs**

(CSHP) by Providing CBA to State and Local Education Agencies

Each funding priority requires a separate application.

**8A- Promote Coordinated School Health Programs**

Required priority-specific activities:

1. Provide information, professional development opportunities, and technical assistance to build the capacity of SEAs and LEAs to improve the knowledge and skills of local school administrators (superintendents, district administrators, and school site administrators) to:
  - a. Provide administrative support for CSHP as a means to achieving positive education, health, and social outcomes for students.
  - b. Create district-level coordinating mechanisms critical to implementing quality school health programs including school health coordinators and school health councils at the district-level and health teams at the school-level.
  - c. Communicate the interrelationship of school health programs, student health, and academic achievement to other administrators, school staff, parents, and community partners.

- d. Incorporate health education and physical education standards and research-based instructional resources and practices into education reform efforts.
  - e. Integrate strategies to address the health of students and staff into the school improvement planning process and school improvement plans.
  - f. Obtain and efficiently use existing and new sources of funding for CSHP.
  - g. Cooperate with local public health agencies, health care providers, community-based organizations, and parent organizations to leverage support and resources for school health programs.
2. Establish a national cadre of administrators of LEAs and school sites to promote the value of CSHP at the national level.
  3. Establish state networks of administrators of LEAs and school sites that promote the value of CSHP within their state.
  4. Collaborate with national organizations for school administrators to promote the value of CSHP.

**8B. Support Leadership and Governance for Coordinated School Health Programs**

Required priority-specific activities:

1. Collaborate with SEAs and LEAs to develop and disseminate model guidance that provides a framework for effective and well-coordinated school health programs.
2. Provide information, professional development opportunities, and technical assistance to SEAs and LEAs to strengthen CSHP.
3. Provide capacity building assistance to adopt and support the implementation of effective CSHP.
4. Consult with SEAs and LEAs to develop and disseminate guidance on consolidation of existing health-related rules and regulations.

**Category 9 --- Promoting School Mental Health Services** by  
Providing CBA to State and Local Education Agencies

Required category-specific activities:

1. Collaborate with federal, state, and community partners --- including parent organizations and established school-based mental health centers --- to identify key components of successful school-based mental health programs and disseminate evidence-based model mental health policies, programs, and services to SEAs and LEAs

to improve access to high quality, school-based mental health services within the context of a CSHP.

2. Build the capacity of SEAs and LEAs to identify important priorities for addressing child and adolescent mental health in schools by improving the knowledge, skills, expertise, and attitudes of school district administrators and educators to identify and respond to students at risk for mental health problems.
3. Provide information, professional development opportunities, and technical assistance to SEAs and LEAs to assist school administrators and educators in implementing effective mental health service referrals, interventions, approaches, strategies, and self-management skills for students who have early behavioral and other mental health symptoms.

**Category 10 - Providing Professional Development** for other DASH Funded NGO Partners

Required category-specific activities:

1. Serve as a participating member of the CDC sponsored Professional Development Consortium (PDC) to assess professional development needs of DASH funded NGOs, identify professional development strategies, and coordinate professional development events.

2. Develop and implement a professional development plan that addresses the needs of DASH-funded partners.
3. Participate in DASH-sponsored PDC planning meetings and conference calls as requested by DASH or by the PDC.
4. In collaboration with the PDC, plan and implement at least three professional development opportunities within a 12-month period for other NGO partners funded by DASH.
5. Coordinate all logistical arrangements and disburse funds for significant costs associated with these professional development opportunities, including travel, hotel, and per diem expenses for participants and presenters.
6. In collaboration with the CDC, evaluate the professional development opportunities to inform future professional development efforts.

### **Performance Measures**

Performance in funding Categories 1-10 will be measured by the extent to which the applicant is able to:

1. Disseminate and promote use of existing, effective materials.
2. Develop needed, theoretically justified, or research-driven non-duplicative materials.

3. Provide professional development opportunities to societal institutions.
4. Provide individual and group technical assistance to societal institutions.
5. Increase capacity to use existing evaluation and surveillance data to assess the needs of societal institutions.
6. Increase capacity to communicate program successes.
7. Document increased capacity of societal institutions to use existing evaluation and surveillance data to determine the most appropriate policies, programs and services.
8. Document the increased capacity of societal institutions to develop, initiate and sustain collaborative agreements (memoranda of agreement or memoranda of understanding).
9. Document the increased capacity of societal institutions to coordinate activities, use of funds, and resources internally and with external partners.
10. Document the increased capacity of societal institutions to use existing evaluation and surveillance data.
11. Document the use of program evaluation results to improve program activities.

## **CDC Activities**

In a cooperative agreement, CDC staff is substantially involved in the development and review of planned activities, above and beyond routine monitoring.

CDC activities for this program announcement are as follows:

1. Provide and periodically update information related to the purposes or activities of this program announcement.
2. Coordinate with national, state, and local education, health, social service, and other relevant agencies and organizations to plan and implement strategies designed to prevent health risks among youth and promote positive health, social, and academic outcomes.
3. Provide assistance to grantees with program planning to:
  - (a) assure consistency of their operational plan with the intent of the program announcement, including refinement and use of logic models, SMART objectives, evaluation reports and other public tools and resources; and
  - (b) avoid duplication of activities by grantees funded within the same category.
4. Provide assistance with evaluation of program activities, including reviewing and providing feedback on operational plans and linking grantees to additional evaluation technical assistance.

5. Plan and implement funded partners meetings, conferences, professional development opportunities, and work group meetings to provide forums through which grantees can increase their knowledge and skills, learn from each other, share resources, and work collaboratively to address issues and program activities, related to improving the health, education, and well being of youth.
  
6. Assist in identifying and developing culturally relevant and linguistically appropriate educational materials for programs that reach the intended audience in each funded category.
  
7. Provide guidance in all phases of the materials and document development process including, but not limited to, planning, selection of expert reviewers, and dissemination of the finished product.

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be reviewed. For the definition of research, please see the CDC Web Site at the following Internet address:

<http://www.cdc.gov/od/ads/opspol11.htm>.

**II. Award Information**

**Type of Award:** Cooperative Agreement

CDC involvement in this program is listed in the **Activities** Section above.

**Award Mechanism:** U58

**Fiscal Year Funds:** 2006

**Approximate Total Project Period Funding:** \$ 8,000,000.00

The following table addresses the funding range, average award, and ceiling of individual award for each category under this program announcement. These amounts are for the first 12-month budget period, and include both direct and indirect costs.

Category	Funding Range Per year	Average Award	Ceiling of Individual Award	Floor of Individual Award	Number of Awards
1A, 1B	\$250, 000-\$350,000	\$300,000	\$350,000	\$250, 000	Four
2	\$250, 000-\$350,000	\$300,000	\$350,000	\$250, 000	Two
3A-3D	\$250, 000-\$350,000	\$300,000	\$350,000	\$250, 000	Eight
4A, 4B	\$250, 000-\$350,000	\$300,000	\$350,000	\$250, 000	Two
5A-5C	\$160, 000-\$225,000	\$200,000	\$225,000	\$160, 000	Three
6	\$200, 000-\$300,000	\$250,000	\$300,000	\$200, 000	Three
7A-7C	\$200, 000-\$300,000	\$250,000	\$300,000	\$200, 000	Three
8A, 8B	\$200,000-\$300,000	\$250,000	\$300,000	\$200, 000	Three
9	\$150,000-\$200,000	\$175,000	\$200,000	\$150, 000	One
10	\$200, 000-\$300,000	\$250,000	\$300,000	\$200, 000	One

**Approximate Number of Awards:** 31

**Anticipated Award Date:** May 15, 2006

**Budget Period Length:** 12 months

**Project Period Length:** Five years

Throughout the project period, CDC's commitment to continuation of awards will be conditioned on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the Federal Government.

### **III. Eligibility Information**

#### **III.1. Eligible applicants**

Eligible applicants under this program announcement are limited to public and private nonprofit, national organizations including faith-based organizations.

The scope of this program announcement is to implement a national effort, not a regional or local effort. In order to maximize the use of federal funds, capacity building assistance must reach the greatest possible number of selected organizations and agencies. The funded organizations must already have the systems in place to transmit the knowledge, skills, expertise, and attitudes on a national scope. They must have a constituency base that is

national in scope and that includes the various societal institutions targeted. Finally, they must have the experience, and the expertise in providing capacity building assistance on a national level to societal institutions that influence youth behavior. National Non-Governmental Organizations (NGOs) are the only entities with this capacity; therefore, eligibility is limited to national organizations that have experience and expertise providing capacity building assistance to societal institutions that influence youth behavior. Applicants must provide the following information:

1. Evidence that the organization has a three-year track record providing capacity building assistance in the funding category for which the applicant applies.

Documentation may include, but is not limited to, the following:

- a. Copy of a program evaluation or progress report describing previous work.
- b. Participant feedback on capacity building assistance services.
- c. Copy of relevant material produced.
- d. An excerpt from the organization's Annual Report.
- e. Copy of Memorandum of Understanding or partnership agreement.

f. Copy of a strategic plan implemented with a partner.

2. Documentation that the applicant's organization has the specific charge from its executive board or governing body to operate nationally within the United States and/or its Territories and have affiliate offices, chapters, or membership constituencies in a minimum of 25 states and territories. Documentation should include a copy of the section of the applicant organization's Articles of Incorporation, Bylaws, or Board Resolution.

### **III.2. Cost Sharing or Matching**

Matching funds are not required for this program.

### **III.3. Other**

If a funding amount greater than the ceiling of the award range is requested, the application will be considered non-responsive, and will not be entered into the review process. The applicant will be notified that your application did not meet submission requirements.

### **Special Requirements:**

If the application is incomplete or non-responsive to the special requirements listed in this section, it will not be

entered into the review process. The applicant will be notified that the application did not meet submission requirements.

- Late applications will be considered non-responsive. See section "IV.3. Submission Dates and Times" for more information on deadlines.
- Applications exceeding the stated ceiling funding amount (maximum funding amount available for each priority) will be considered non-responsive and will be withdrawn from the review process.
- Note: Title 2 of the United States Code Section 1611 states that an organization described in Section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant, or loan.

#### **IV. Application and Submission Information**

##### **IV.1 Address to Request Application Package**

To apply for this funding opportunity use application form PHS 5161-1.

Electronic Submission:

CDC strongly encourages the applicant to submit the application electronically by utilizing the forms and

instructions posted for this announcement on [www.Grants.gov](http://www.Grants.gov), the official Federal agency wide E-grant Web site. Only applicants who apply on-line are permitted to forego paper copy submission of all application forms.

Registering your organization through [www.Grants.gov](http://www.Grants.gov) is the first step in submitting applications online. Registration information is located in the "Get Started" screen of [www.Grants.gov](http://www.Grants.gov). While application submission through [www.Grants.gov](http://www.Grants.gov) is optional, we strongly encourage you to use this online tool.

Please visit [www.Grants.gov](http://www.Grants.gov) at least 30 days prior to filing your application to familiarize yourself with the registration and submission processes. Under "Get Started", the one-time registration process will take three to five days to complete. We suggest submitting electronic applications prior to the closing date so if difficulties are encountered, you can submit a hard copy of the application prior to the deadline.

Paper Submission:

Application forms and instructions are available on the CDC Web site, at the following Internet address:

[www.cdc.gov/od/pgo/forminfo.htm](http://www.cdc.gov/od/pgo/forminfo.htm)

If access to the Internet is not available, or if there is difficulty accessing the forms on-line, contact the CDC Procurement and Grants Office Technical Information Management Section (PGO-TIM) staff at 770-488-2700 and the application forms can be mailed.

#### **IV.2 Content and Form of Submission**

##### **Letter of Intent (LOI):**

CDC requests that an applicant submit an LOI if the applicant intends to submit a full application for this funding opportunity. Although the LOI is not required, not binding, and does not enter into the review of the subsequent application, it will be used to gauge the level of interest in this program, and to allow CDC to plan the application review process.

The LOI may be written in the following format:

- Maximum number of pages: 25 (excluding attachments)
- Font size: 12-point un-reduced
- Double-spaced
- Paper size: 8.5 x 11 inches
- Page margin size: One-inch
- Printed only on one side of page
- Written in plain language, avoid jargon

The LOI may contain the following information:

- Program announcement title and number
- Applicant's name and address
- Funding category and funding priority (if applicable)  
for which the applicant intends to apply.

Documentation of eligibility must be included in the LOI as follows:

Provide documentation that the applicant's organization has the specific charge from its executive board or governing body to operate nationally within the United States and/or its Territories and have affiliate offices, chapters, or membership constituencies in a minimum of 25 states and territories. Documentation should include a copy of the section of the applicant organization's Articles of Incorporation, Bylaws, or Board Resolution.

**Application:** A project narrative must be submitted with the application forms. The applicant must submit a signed original and two copies of the application forms with each separate application. The narrative must be submitted in the following format:

- Maximum number of pages: 50 pages (excluding appendices and attachments). If the narrative exceeds the page limit, only the first pages, which are within the page limit, will be reviewed.
- Font size: 12 point unreduced.
- All materials must be typewritten; double spaced.
- Paper size: 8.5 x 11 inches.
- Page margin size: One-inch.
- Printed only on one side of page.
- Program announcement title and number must appear on the application.
- Number all pages of the application sequentially from page one (application face page) to the end of the application, including charts, figures, tables, and appendices. Please begin each separate section of the application on a new page.
- Headers and footers printed on one side only.
- Held together only by rubber bands or metal clips; not bound in any other way.

Applicants must submit a separate and complete application for each funding priority. The narrative for each application should address activities to be conducted over

the entire project period, and must include the following items in the order listed:

**1. Logic Model (Page Limit: one page)**

Submit a logic model chart for the CBA application. The logic model should show the relationship between the program components and activities and desired health outcomes. Guidance for preparation of logic models is available at ([URL to be provided](#)). The overall logic model for this Program Announcement is at ([URL to be provided](#)).

**2. Need and Capacity (Page Limit: 15 pages)**

a. Need and Capacity

1. Describe the need for the proposed activities, including the specific societal institutions targeted and the need for the particular strategies and activities planned.
2. Submit an organizational chart and indicate where the proposed program will be located on the chart.
3. Describe the organization's fiscal management system and how it functions.
4. Describe the organization's human resource management system and how it functions.
5. Provide the number of and describe the expertise of full-time employees (FTEs).

6. Summarize how the systems and assets described above will be used to support and manage the proposed program.

b. Organizational Experience

1. Describe or include the applicant's specific charge from its executive board or governing body to operate nationally within the United States and/or its Territories and have affiliate offices, chapters, or membership constituencies in a minimum of 25 states and territories.
2. Describe the organization's program experience as it relates to the funding category for which the applicant applies including the number of years experience providing CBA.
3. Address the methods that the applicant used to provide capacity building assistance in the past and to whom.
4. Address the organization's program experience collaborating with other CBA providers.
5. Address the organization's program experience in providing CBA that responds effectively to the cultural, gender, environmental, social, and linguistic characteristics of the societal institutions targeted. In answering this question, describe the types of services provided and list any culturally-,

linguistically-, and developmentally appropriate curricula and materials that the organization has adapted, developed, or distributed.

### **3. Operational Plan Including Monitoring and Evaluation**

**(Page Limit: 21 pages)**

#### **a. Goals, Objectives, and Activities**

1. Goals: List goals that specifically relate to the purpose of the funding category and program requirements, and indicate what the program will have accomplished by the end of the five-year project period.
2. Objectives: List objectives that are Specific, Measurable, Achievable, Realistic, and Time-phased (SMART) during the first 12-month budget period. The objectives should relate directly to the project goals and recipient activities. A document describing SMART objectives is available at ([URL to be provided](#)).
3. Activities and Timeline: Identify and describe specific activities that will be accomplished to meet each objective. Indicate when each activity will occur, identify the person(s) responsible for each activity and provide a timetable for the first 12-month budget period.

#### **b. Monitoring and Evaluation**

Provide plans for evaluation (as part of the operational plan) to be used for program accountability and effectiveness in accomplishing objectives. Operational plans should describe process evaluation activities to document progress in meeting objectives and conducting CBA activities during the budget period and to assess the quality and effectiveness of proposed CBA activities (e.g., professional development, documents, and dissemination efforts). Include: (1) SMART objectives (specific, measurable, achievable, realistic, and time-phased); (2) measures of accomplishments (aligned with performance measures listed in section I); (3) data sources to measure accomplishments; and (4) a rationale for each SMART objective (aligned with performance measures and the logic model). Additional evaluation activities may be included, especially when need for more information on which to base future program decisions or strengthen a program component is identified.

**4. Management and Staffing Plan (Page Limit: five pages, excluding items in an appendix)**

a. Describe the proposed staffing for the project and provide job descriptions for existing and proposed positions, including the level of responsibility involved for each position. (Each funded cooperative agreement

should have at least one full-time staff position (one person devoting 100 percent of their time to the cooperative agreement work) within the organization with the responsibility and authority to carry out the activities identified in the operational plan. This full-time person will serve as the project director and primary contact person for the CDC.)

- b. Describe how proposed staffing will be integrated into the existing organization to ensure effective implementation of the operational plan.
- c. Submit curriculum vitae (limited to two pages per person) for each professional staff member named in the proposal. These may be placed in Appendix A labeled ***Curriculum Vitae***.
- d. If other organizations will participate in the proposed activities, provide the name(s) of the organization(s), and a letter from the organization(s) describing their role and the specific activities in the operational plan that they have agreed to implement and any resources they intend to provide.

**5. Budget and Accompanying Justification (Page Limit: eight pages)**

Provide a detailed budget and a detailed line-item justification for all operating expenses for the first

12-month budget period including a one-page budget summary. The budget should be consistent with the stated objectives and planned activities of the operational plan. Charts and tables may be placed in an Appendix B labeled **Budget and Accompanying Justification**.

Contracts and Consultants: Provide the following information for each contract and consultant: (a) name of contractor or consultant, (b) method of selection, (c) period of performance, (d) scope of work, (e) method of accountability, and (f) separate itemized budget with justification.

Travel Funds: Budget requests should include travel funds for staff members to participate in meetings in Atlanta, Georgia or elsewhere, including: DASH annual conference and/or funded partner meetings (two to three days, applicable to all funding Categories), the CDC-sponsored National HIV Prevention Conference (2-3 days, applicable to those funded under Categories 1-5) and/or the CDC sponsored National Conference on Chronic Disease Prevention and Control (2-3 days, applicable to those funded under Category 7).

The applicant must include a copy of the indirect cost rate agreement that is effective as of the start date of the

cooperative agreement, if indirect costs are requested. If the indirect cost rate is a provisional rate, the agreement must be less than 12 months of age.

Guidance for completing the budget can be found on the CDC web site, at the following Internet address:

<http://www.cdc.gov/od/pgo/funding/budgetguide.htm>

Additional information may be included in the application appendices. The appendices will not be counted toward the narrative page limit. This additional information includes Curricula Vitae, Resumes, Organizational Charts, proposed MOUs/MOAs, etc.

The agency or organization is required to have a Dun and Bradstreet Data Universal Numbering System (DUNS) number to apply for a grant or cooperative agreement from the Federal government. The DUNS number is a nine-digit identification number, which uniquely identifies business entities.

Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access [www.dunandbradstreet.com](http://www.dunandbradstreet.com) or call 1-866-705-5711.

For more information, see the CDC web site at:

<http://www.cdc.gov/od/pgo/funding/grantmain.htm>

If the application form does not have a DUNS number field, please write the DUNS number at the top of the first page of the application, and/or include the DUNS number in the application cover letter.

Additional requirements that may require submittal of additional documentation with the application are listed in section "VI.2. Administrative and National Policy Requirements."

#### **IV.3. Submission Dates and Times**

**LOI Deadline Date:** December 9, 2005

**Application Deadline Date:** January 9, 2006

**Explanation of Deadlines: Applications must be received in the CDC Procurement and Grants Office by 4:00 p.m. Eastern Time on the deadline date.**

Applications may be submitted electronically at [www.grants.gov](http://www.grants.gov). Applications completed on-line through Grants.gov are considered formally submitted when the applicant organization's Authorizing Official electronically submits the application to [www.grants.gov](http://www.grants.gov). Electronic applications will be considered as having met the deadline if the application has been submitted electronically by the

applicant organization's Authorizing Official to Grants.gov on or before the deadline date and time.

If submittal of the application is done electronically through Grants.gov (<http://www.grants.gov>), the application will be electronically time/date stamped, which will serve as receipt of submission. Applicants will receive an e-mail notice of receipt when CDC receives the application.

If submittal of the application is by the United States Postal Service or commercial delivery service, the applicant must ensure that the carrier will be able to guarantee delivery by the closing date and time. If CDC receives the submission after the closing date due to: (1) carrier error, when the carrier accepted the package with a guarantee for delivery by the closing date and time, or (2) significant weather delays or natural disasters, the applicant will be given the opportunity to submit documentation of the carrier's guarantee. If the documentation verifies a carrier problem, CDC will consider the submission as having been received by the deadline.

If a hard copy application is submitted, CDC will not notify the applicant upon receipt of the submission. If questions arise on the receipt of the application, the applicant should

first contact the carrier. If the applicant still has questions, contact the PGO-TIM staff at (770)488-2700. The applicant should wait two to three days after the submission deadline before calling. This will allow time for submissions to be processed and logged.

This announcement is the definitive guide on application content, submission address, and deadline. It supersedes information provided in the application instructions. If the submission does not meet the deadline above, it will not be eligible for review, and will be discarded. The applicant will be notified the application did not meet the submission requirements.

#### **IV.4. Intergovernmental Review of Applications**

Executive Order 12372 does not apply to this program.

#### **IV.5. Funding Restrictions:**

Restrictions, which must be taken into account while developing the budget, are as follows:

- a. Funds may not be used for research.
- b. These federal funds may not supplant or duplicate existing funding.

- c. These federal funds may not be used to purchase or disseminate condoms, provide direct services to youth, or provide patient care including HIV counseling, testing, and referral services, substance abuse treatment, medical treatment, or medications.
- d. These federal funds may not be used to support the cost of developing applications for other federal funds.
- e. All proposed documents or materials for public distribution must meet additional criteria set by the CDC that will be described in the Notice of Award (NOA) upon funding.
- f. These federal funds may not be used to support direct delivery of prevention programs, services, and interventions to youth.

If requesting indirect costs in the budget, a copy of the indirect cost rate agreement is required. If the indirect cost rate is a provisional rate, the agreement should be less than 12 months of age.

Guidance for completing budget can be found on the CDC web site, at the following Internet address:

<http://www.cdc.gov/od/pgo/funding/budgetguide.htm>

#### **IV.6. Other Submission Requirements**

**LOI Submission Address:** LOI may be submitted by express mail or delivery service to:

Nassi Irannejad- **CDC-RFA-DP06-601**

CDC, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)

2900 Woodcock Blvd-Columbia Building

Chamblee, GA 30341

LOIs may also be submitted electronically at this time to [nai2@cdc.gov](mailto:nai2@cdc.gov)

#### **Application Submission Address:**

Electronic Submission:

CDC strongly encourages applicants to submit applications electronically at [www.Grants.gov](http://www.Grants.gov). The application package can be downloaded from [www.Grants.gov](http://www.Grants.gov). Applicants are able to complete it off-line, and then upload and submit the application via the Grants.gov Web site. E-mail submissions will not be accepted. If the applicant has technical difficulties in Grants.gov, customer service can be reached by E-mail at <http://www.grants.gov/CustomerSupport> or by phone at 1-800-518-4726 (1-800-518-GRANTS). The Customer Support Center is open from 7:00a.m. to 9:00p.m. Eastern Time, Monday through Friday.

CDC recommends that submittal of the application to Grants.gov should be early to resolve any unanticipated difficulties prior to the deadline. Applicants may also submit a back-up paper submission of the application. Any such paper submission must be received in accordance with the requirements for timely submission detailed in Section IV.3. of the grant announcement. The paper submission must be clearly marked: "BACK-UP FOR ELECTRONIC SUBMISSION." The paper submission must conform to all requirements for non-electronic submissions. If both electronic and back-up paper submissions are received by the deadline, the electronic version will be considered the official submission.

It is strongly recommended that the applicant submit the grant application using Microsoft Office products (e.g., Microsoft Word, Microsoft Excel, etc.). If the applicant does not have access to Microsoft Office products, a PDF file may be submitted. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than Microsoft Office or PDF may result in the file being unreadable by staff.

OR

Paper Submission:

Applicants should submit the original and two hard copies of the application by mail or express delivery service to:

Technical Information Management-**CDC-RFA-DP06-601**

CDC Procurement and Grants Office

2920 Brandywine Road

Atlanta, GA 30341

## **V. Application Review Information**

### **V.1 Criteria**

Applicants are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the cooperative agreement. Measures of effectiveness must relate to the performance goals stated in the "Purpose" section of this announcement. Measures must be objective and quantitative, and must measure the intended outcome. These measures of effectiveness must be submitted with the application and will be an element of evaluation.

Review Criteria for Application

The applicants will be evaluated against the following criteria:

#### **1. Need and Capacity (40 points)**

- a. Need and Capacity

1. Does the applicant describe the need for the proposed activities, including the specific societal institutions targeted and the need for the particular strategies and planned activities?
2. Does the application include an organizational chart that indicates where the proposed program will be located on the chart?
3. Does the applicant describe the organization's fiscal management systems and how it functions?
4. Does the applicant describe the organization's human resource management system and how it functions?
5. Does the applicant provide the number of and describe the expertise of full-time employees (FTEs)?
6. Does the applicant summarize how the systems and assets described above will be used to support and manage the proposed program?

b. Organizational Experience

1. Does the applicant describe the organization's program experience as it relates to the funding category for which the applicant applies? Does the applicant specify the number of years providing CBA? Is the organization's program experience relevant to this program announcement?

2. Does the applicant address the methods used to provide CBA in the past and to whom? Are the CBA methods relevant to this program announcement?
3. Does the applicant address the organization's program experience collaborating with other CBA providers? Are the collaborations relevant to this program announcement?
4. Does the applicant address the organization's program experience in providing capacity building assistance that responds effectively to the cultural, gender, environmental, social, and linguistic characteristics of the societal institutions targeted? In answering this question, does the applicant describe the types of services provided and list any culturally, linguistically, and developmentally appropriate curricula and materials that the organization has adapted, developed or distributed?

**2. Operational Plan (40 points)**

a. Goals, Objectives and Activities

1. Goals: Does the applicant propose goals that are specific and feasible for the five-year project period and are consistent with the purpose of the funding category and requirements of the program announcement?

2. Objectives: Does the applicant propose objectives for the first 12-month budget period that are Specific, Measurable, Achievable, Realistic, and Time-phased (SMART) and directly related to the goals, purpose, and program requirements?

3. Activities: Does the applicant describe activities that are likely to achieve the objectives identified, provide a timetable, and identify the person(s) responsible for each activity?

4. Consistency: Is the operational plan aligned with the applicant's logic model and budget?

b. Monitoring and Evaluation

Does the applicant provide plans for evaluation (as part of the operational plan) to be used for program accountability and to inform decisions about program changes and improvement? Does the applicant provide:

1. SMART objectives (specific, measurable, achievable, realistic and time-phased).
2. Measures of accomplishment (aligned with performance measures).
3. Data sources to measure accomplishments.
4. A rationale for each SMART objective (aligned with performance measures and the logic model).
5. Any additional evaluation activities.

c. Coherence, Collaboration, and Focus

1. Does the overall operational plan reflect a coherent, effective strategy for achieving optimal impact and results within the funding category addressed?
2. Does the applicant demonstrate realistic evidence of current or proposed collaboration with federal agencies, other organizations, and state and local education and health agencies to achieve the purposes of the program announcement?
3. Does the overall operational plan include activities to reach youth at highest risk for health problems with particular attention to addressing health disparities among youth?
4. Is the operational plan based on needs, surveillance and evaluation data?

**3. Management and staffing (10 points)**

1. Does the applicant have at least one full-time staff position (one person devoting 100 percent of their time to the cooperative agreement work) within the organization with the responsibility and authority to carry out the activities identified in the operational plan?

2. Does the applicant identify other staff that has the authority, responsibility, qualifications, and experience to carry out the activities proposed, as evidenced by job descriptions, curriculum vitae, organizational charts, and letters documenting the role of collaborating organizations?

**4. Logic Model (10 points)**

Does the application include a logic model? Is the content of the logic model clear and aligned with the applicant's Operational Plan and the purposes of the program announcement?

**5. Budget and Accompanying Justification (Reviewed but not Scored)**

1. Does the applicant provide a detailed and clear budget and a detailed budget item justification consistent with the operational plan?

2. Does the proposed budget line items appear to sufficiently support the operational plan?

**V.2. Review and Selection Process**

Applications will be reviewed for completeness by the Procurement and Grants Office (PGO) staff, and for responsiveness by the National Center for Chronic Disease

Prevention and Health Promotion (NCCDPHP). Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance through the review process. Applicants will be notified the application did not meet submission requirements.

An objective review panel will evaluate eligible, complete and responsive applications according to the criteria listed in the "V.1. Criteria" section above.

In addition, the following factors may affect the funding decision:

1. Applications will be funded in order with scoring and ranking determined by the review panel for each funding priority. For example, applications for funding priority 1A will compete only with applications for funding priority 1A.
2. An applicant may apply for and be funded for a maximum of two (2) categories. For funding Categories with more than one funding priority, applicants may be funded for no more than one priority within the category.

CDC will provide justification for any decision to fund out of rank order.

### **V.3. Anticipated Announcement and Award Dates**

The anticipated announcement date is April 15, 2006.

## **VI. Award Administration Information**

### **VI.1. Award Notices**

Successful applicants will receive a Notice of Award (NoA) from the CDC Procurement and Grants Office. The NoA shall be the only binding, authorizing document between the recipient and CDC. The NoA will be signed by an authorized Grants Management Officer, and mailed to the recipient fiscal officer identified in the application.

Unsuccessful applicants will receive notification of the results of the application review by mail.

### **VI.2. Administrative and National Policy Requirements**

Successful applicants must comply with the administrative requirements outlined in 45 CFR Parts 74 and 92 as Appropriate.

The following additional requirements apply to this project:

- AR-5 HIV Program Review Panel Requirements
- AR-9 Paperwork Reduction Act Requirements
- AR-10 Smoke-Free Workplace Requirements
- AR-11 Healthy People 2010
- AR-12 Lobbying Restrictions

- AR-13 Prohibition on Use of CDC Funds for Certain Gun Control Activities
- AR-14 Accounting System Requirements
- AR-15 Proof of Non-Profit Status
- AR-20 Conference Support
- AR-23 States and Faith-Based Organizations

Additional information on the requirements can be found on the CDC Web site at the following Internet address:

<http://www.cdc.gov/od/pgo/funding/ARs.htm>.

For more information on the Code of Federal Regulations, see the National Archives and Records Administration at the following Internet address:

<http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>

An additional Certifications form from the PHS5161-1 application needs to be included in the Grants.gov electronic submission only. Applicants should refer to

<http://www.cdc.gov/od/pgo/funding/PHS5161-1-Certificates.pdf>.

Once the applicant has filled out the form, it should be attached to the Grants.gov submission as Other Attachments Form.

### **VI.3. Reporting Requirements**

The applicant must provide CDC with an original, plus two hard copies of the following reports:

1. Interim progress report, due no less than 90 days before the end of the budget period. The progress report will serve as your non-competing continuation application, and must contain the following elements:
  - a. Current Budget Period Activities Objectives.
  - b. Current Budget Period Financial Progress.
  - c. New Budget Period Program Proposed Activity Objectives.
  - d. Budget.
  - e. Measures of Effectiveness.
  - f. Additional Requested Information.
2. Annual progress report, due **90** days after the end of the budget period.
3. Financial status report and annual progress report, due no more than 90 days after the end of the budget period.
4. Final financial and performance report, due no more than 90 days after the end of the project period.

The reports must be mailed to the Grants Management Specialist listed in the "Agency Contacts" section of this announcement.

## **VII. Agency Contacts**

CDC encourages inquiries concerning this announcement.

For general questions, contact:

Technical Information Management Section

CDC Procurement and Grants Office

2920 Brandywine Road

Atlanta, GA 30341

Telephone: 770-488-2700

For program technical assistance, contact:

Nassi Irannejad, Team Leader

4770 Buford HWY, NE MS-K-31

Atlanta, GA 30341

Telephone: 770-488-6124

E-mail: [nai2@cdc.gov](mailto:nai2@cdc.gov)

For financial, grants management, or budget assistance,  
contact:

Barbara (Rene) Benyard, Grants Management Specialist

CDC Procurement and Grants Office

2920 Brandywine Road

Atlanta, GA 30341

Telephone: 770-488-2757

E-mail: [bnb8@cdc.gov](mailto:bnb8@cdc.gov)

**VIII. Other Information**

Other CDC funding opportunity announcements can be found on the CDC web site, Internet address: [http:// www.cdc.gov](http://www.cdc.gov).

Click on "Funding" then "Grants and Cooperative Agreements."

Dated:

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William P. Nichols, MPA

Director

Procurement and Grants Office

Centers for Disease Control and

Prevention