

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention (CDC)

**American Recovery and Reinvestment Act (ARRA) of 2009**

**Supplemental Funding to Support Enhanced Evaluation within ARRA Funded**

**Obesity Communities**

**Among Cooperative Agreement Recipients of RFA-DP09-91201SUPP10**

Announcement Type: Revision – Type 3 (Competing Supplement)

Funding Opportunity Number: RFA- DP09-91201SUPP10

Catalog of Federal Domestic Assistance Number: 93.724-ARRA

Key Dates: **Application Submission Deadline Date: August 20, 2010** after publication on grants.gov, **11:59 p.m. Eastern Daylight Time**

**Authority:** This program is authorized under section 311 and 317(k)(2) of the Public Health Service Act, 42 U.S. Code 243 and 247b(k)2.

#### I. Funding Opportunity Description

**Authority:** This program is authorized under section 311 and 317(k)(2) of the Public Health Service Act, 42 U.S. Code 243 and 247b(k)2.

**Background:** The American Recovery and Reinvestment Act of 2009 (ARRA) was signed into law February 17, 2009. ARRA is designed to stimulate economic recovery in various ways, including strengthening the Nation’s healthcare infrastructure and reducing healthcare costs through prevention activities. **Communities Putting Prevention to Work**

(CPPW) Initiative will change systems, policies and environments that will promote the health of populations through proven preventive strategies. Forty-four awards have been made to communities through the original funding announcement, American Recovery and Reinvestment Act of 2009: Communities Putting Prevention to Work (Funding Opportunity Number: RFA-DP09-912ARRA09). This is a supplemental funding opportunity intended to support the work of those previously awarded grantee communities.

The key to the success of this initiative, *Communities Putting Prevention to Work*, will be to implement community-wide policies, systems, and environmental changes that reach across all levels of the socio-ecological model (policy/societal, community, organizational, interpersonal, and individual) and include the full engagement of the leadership in city government, boards of health, schools, businesses, community and faith-based organizations, community developers, transportation and land use planners, parks and recreation officials, health care purchasers, health plans, health care providers, academic institutions, foundations, other Recovery Act-funded community activities, and many other community sectors working together to promote health and prevent chronic diseases. Funded recipients were to choose from a collection of evidence-based strategies related to nutrition, physical activity, and tobacco use. These strategies were organized in five categories: **Media**, **Access**, **Point of decision information**, **Price** and, **Social support services (MAPPS)**.

Detailed monitoring and evaluation guidelines for CPPW-funded recipient efforts were included in the initial FOA (RFA-DP09-912ARRA09). The monitoring and evaluation plan included for all communities: assessment of progress on implementation of the recipient's MAPPS strategies and status of the intended policy, systems, and environmental change strategies to be driven by these strategies; collection of implementation cost information for each MAPPS strategy; measurement of risk behavior change through collection of BRFSS and YRBS data; and system dynamic modeling of forecasted risk behavior and health outcomes. In addition, selected communities will participate in detailed implementation of case studies. Recipients also provided site-specific evaluation plans including process measures of their activities and outcome measures for the risk behaviors they intended to impact. This supplemental funding opportunity augments and extends evaluation efforts of the grantee communities. The CPPW initiative that focuses on obesity, physical activity, and nutrition anticipates long term goals for adults and youth as outlined below:

**Adults**

- Stabilize or begin to decrease (up to 2%) adult overweight/obesity prevalence, thus reversing long term trends.
- 20% increase in the percentage of adults getting adequate physical activity, meaning 20% more adults meeting Physical Activity Guidelines.
- 5% decrease in consumption of sugar-sweetened beverages, for adults, a decrease of about 5 gallons per person per year.
- A 20% increase in average daily fruit and vegetable consumption, an increase of approximately 1 serving.

- 15% increase in the percentage of adults with a heart-healthy diet based USDA's Healthy Eating Index (HEI), meaning 15% more adults with diet including adequate fruits and vegetables and reduced intake of fats
- 6% decrease in the percentage of adults getting excess calories based on USDA's Healthy Eating Index (HEI).

### Youth

- Stabilize or begin to decrease (up to 2%) youth overweight/obesity prevalence (up to age 2- 18), thus reversing long term trends.
- 35% increase in the percentage of high school students getting adequate physical activity (duration, frequency, intensity) meaning 35% more high school students meeting Physical Activity Guidelines.
- 5% decrease in consumption of sugar-sweetened beverages in high school students, a decrease of approximately 4 gallons per person per year.
- A 30% increase in average daily fruit and vegetable consumption among high school students, an increase of approximately 1 serving.
- 15% increase in the percentage of youth (ages 2-18) with a heart-healthy diet based on the USDA's Healthy Eating Index (HEI), meaning 15% more youth with diets including adequate fruits and vegetables and reduced intake of fats.
- 6% decrease in the percentage of youth (ages 2-18) getting excess calories based on USDA's Healthy Eating Index (HEI).

**Purpose:** The purpose of this supplemental funding opportunity is to expand existing collection and evaluation of individual-level data on height and, weight (used to create BMI) and, where applicable, other biometric and related measurements, in selected communities funded for obesity prevention. In addition, awardees should add or expand the use of supplementary observational measures of policy/environmental changes to augment individual-level measurements.

Awardees should strive to include objective evaluation measurements within each level of the community's socio-ecological model: policy/societal, community, organizational, interpersonal, and individual. Awardees must develop logic models to demonstrate predictive chain of events, and identify which variables were pre-assigned as potential mediators or moderators to the outcome of interest. These models should link back to the proposed objectives and appropriate MAPPS strategies. Awardees will be communities who have included in their CPPW implementation plan at least one MAPPS strategy that would be expected to drive changes in weight (and reflected in BMI) and, where applicable, other biometric and related measures, as detected in changes from baseline to follow-up data collection. As capacity may vary among awardees, communities will have access to and, if needed, are encouraged to use consultative support to be provided by CDC or through CDC-supported contractors. Contractor technical assistance could support advanced planning for sampling; developing data collection methodology, procedures, and documentation; training community staff on data collection methods and reporting; and monitoring data collection practices over the funded period. Community-

specific and collaborative support will be available through as-needed site visits and awardees' meetings specifically for recipients under this announcement.

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/science/regs/hrpp/researchDefinition.htm>

**Recipient Activities:**

1. Develop and report to the CDC a detailed sampling plan, data collection methodology, and quality assurance procedures for individual-level data on height, weight, calculation of body mass index (BMI) and, where applicable, other biometric and supplementary observational measures of policy/environmental changes to be analyzed for changes from baseline to follow-up data collection. Each proposed evaluation measure should be linked to the specific MAPPS intervention being implemented by the community. To the degree practicable, awardees are encouraged to include biometric measurements of individuals at high risk for obesity and those currently classified as obese; including samples of adequate size to detect changes from baseline to follow-up data collection in selected sex, age, racial, ethnic, or socioeconomic subpopulations. Representativeness of target populations in the community is strongly encouraged when extending existing data collection (i.e., all schools within a county, all childcare centers within a district, all parks in a county, etc.). Target populations should be well defined and should include populations with

disproportionate chronic disease burdens and among those reached by the MAPPS intervention strategies being implemented by the community. The sampling plan should include methods for collecting baseline data and, at minimum, one subsequent time interval for height, weight, and supplemental biometric and observational measures. The applicant should consider the potential for seasonal confounds when creating their data collection plan. Baseline data should be collected by 120 days post the supplement award and follow-up data should be collected no later than the end of the project period.

*Performance Measures:*

- Evidence of current ability to, or improvement plan for ensuring sample sizes sufficient to detect change in key outcome measures during the funded period, including the ability to examine some changes in selected subpopulations.
  - Evidence that the baseline data collection occurred within 120-days post the supplement award and follow-up data collection will be collected no later than the end of the project period.
2. Augment collection of height, weight (to calculate BMI) and, where applicable, other biometric measurements already underway in the community. Awardees should have an existing system in place for measuring height and weight which this supplemental funding will augment. Augmenting measurements may include extending existing measurements to more participants, and/or augmenting existing measures with additional related measures and augmenting or adding observational measures related to physical activity and/or nutrition/dietary intake. At a minimum, awardees should collect standardized height and weight measures for purposes of calculating BMI.

Additional individual-level measures which may show a more rapid health status change are also encouraged. These may include other anthropometric measurements (e.g. waist circumference, etc.) or specific measures of physical activity (e.g., pedometer, accelerometer, etc.) or nutrition/dietary intake (e.g., 24 hour dietary recall, food sales, etc.).

*Performance Measures:*

- Evidence of existing monitoring system that collects height and weight to calculate BMI and where applicable other biometric measures and has the capacity to extend current measurements and/or augment current measures with related measures and observational measures such as data on physical activity and/or nutrition/dietary intake.
- Evidence of the collection of standardized height and weight among a predetermined sample at least twice during the funding period. If available, additional data collection points are encouraged.
- Evidence of collection, where applicable, of additional biometric or related measures, when available, among a predetermined sample at least twice during the funding period. Baseline data should be collected by 120 days post supplement award and follow-up data should be collected no later than end of project period. If possible, additional data collection points are encouraged.
- 90 days post-award, evidence of implementation of standardized methods and protocols to assure data are collected with validated and calibrated equipment and with appropriately trained personnel.

- Evidence of the capacity to de-identify, aggregate, analyze, and disseminate height and weight (to calculate BMI) and, where applicable, other biometric and related measurements and observational measures such as data on physical activity and/or nutrition/dietary intake
3. Augment height, weight, BMI and, where applicable, other biometric and related measurements with observational measures of policy/environmental changes aligned with at least one MAPPS strategy in the community's CPPW implementation plan (Community Action Plan or CAP). These measures should assess the policy/environmental changes in the environments where the individual-level assessments are being conducted. Awardees should conduct their first on-site training of field staff to conduct observational measurements of policy/environmental changes within 90-days post award. Subsequent training should be scheduled to assure data were collected with rigor.

Some examples of observational measures of relevant environmental change include, but are not limited to:

- If the community's MAPPS strategy is a policy supporting safe, attractive places for activity: A built environment audit, such as the Irvine-Minnesota Instrument, to assess the built environment as it relates to physical activity and active living might be conducted. Example link to individual level: Assessment conducted in a community where pedometer measurement is being examined in a cohort affected by the intervention.
- If the community's MAPPS strategy is to support community access to healthy food and drinks: A community food audit, such as the Nutrition Environment

Measures Survey (NEMS), to measure availability, cost, and quality of healthy food and beverage choices in grocery stores, convenience stores, or restaurants might be conducted. Example link to individual level: Conducted in parts of the community where investigators are performing dietary screening.

- If the community's MAPPS strategy is to implement an advertising campaign for healthy food choices in schools: A vending machine audit, such as the Nutrition Environment Measures Survey – Vending (NEMS-V), within a school district in a funded community to identify and highlight the healthiest food and beverage choices (those that provide a serving of fruit, vegetable, low-fat dairy or whole grain consistent with the Dietary Guidelines for Americans) might be conducted to see if the advertising campaign has influenced healthier vending machine choices in school settings.. Example link to individual level: Audit conducted in a school district where interviewers are conducting retrospective 24-hour dietary recalls.

There are numerous observational measures of policy/environmental changes that are available to awardees, each with varying degrees of complexity and resource requirements. Awardees should select those most relevant to their MAPPS strategies and capacity to conduct the assessment at least twice during the funding period.

Examples include, but are not limited to:

- Nutrition Environment Measures Survey – Stores (NEMS-S)
- Nutrition Environment Measures Survey – Vending (NEMS-V)
- Environmental Assessment of Public Recreation Spaces (EAPRS)
- Physical Activity Resource Assessment (PARA) Instrument

- Environmental Supports for Physical Activity Questionnaire
- Irvine-Minnesota Instrument
- Brownson Community Audit

*Performance Measures:*

- Evidence of ability of the selected observational measures of policy/environmental changes to augment height and weight (to calculate BMI) and, where applicable, other biometric and related measurements and/or observational measures such as data on physical activity and/or nutrition/dietary intake.
  - Evidence of within 90 days post-award, the first on-site training of field staff to conduct observational measurements of policy/environmental changes has occurred. Evidence of subsequent training sessions are scheduled to assure data were collected with rigor if needed.
  - As community interventions vary, definitive time points for baseline data may also vary. If possible, baseline data should be collected prior to implementation of policy and/or environmental change, but must be collected within 120 days of supplement award. Follow-up data should be collected no later than the end of the project period. If available, additional data collection points are encouraged.
  - Evidence of the ability to aggregate, analyze and disseminate observational measures of policy/environmental changes.
4. Awardees will attend a planning meeting organized by the CPPW evaluation TA contractor to increase synergy of measurement plans across communities within 45-days post-award. Awardees will also attend a meeting organized by the CPPW

evaluation TA contractor to discuss and document lessons learned from this additional height, weight, BMI and other biometric measurement activity before the end of the CPPW project period. Awardees will participate in the development of a plan to increase synergy of measurement across communities and participate in regular conference calls organized by the CPPW evaluation TA contractor to discuss progress made.

*Performance Measures:*

- 45 days post-award, provide evidence that awardees attended a planning meeting organized by the CPPW evaluation TA contractor to increase synergy of measurement plans across communities.
  - Before the end of the funding cycle, provide evidence that awardees attended a meeting organized by the CPPW evaluation TA contractor to discuss and document lessons learned. Dissemination plans will also be discussed.
  - Evidence that the awardee participated in the development of a plan to increase synergy of measurements across communities.
  - Evidence that the awardee participated in regular conference calls organized by the CPPW evaluation TA contractor to discuss progress.
5. Analyze and disseminate the evaluation findings from work conducted under this supplement, including reports, presentations and manuscripts for publication in peer-reviewed scientific journals.

*Performance Measures:*

- 120 days post-award, awardees will submit an evaluation data analysis plan to their CPPW project officer; this plan will be shared with peer grantees.
- Evidence of participation in peer sharing forums for dissemination, including data analysis and writing workshops as well as grantee calls.
- Evidence of completed dissemination materials, including an evaluation report, power point presentation and a draft manuscript.

**CDC Activities:**

The following activities are taken from RFA DP09-912ARRA09 FOA. Those that apply specifically to this supplemental announcement include:

- Provide ongoing community programmatic support to ensure success for Recovery Act-funded communities in the following areas:
  1. Evaluation of policy, system, and environmental level change,
  2. Monitoring of risk behavior change and longer-term health outcomes,
- Foster the transfer of successful evidence and practice-based interventions, program models and other forms of community programmatic support by convening meetings, workshops, web forums, conferences, and conference calls with awardees.
- Plan, implement, and organize Recovery Act meetings and Peer-to-Peer meetings for awardees and teams. This will include the formation of a workgroup of measurement and evaluation staff for height, weight and other biometric and observational measures such as data on physical activity and/or nutrition/dietary intake across CPPW supplemental funded communities. The purpose of the

workgroup is to increase the synergy of measurement plans and implementation across these supplemental funded communities.

- CDC will facilitate peer-to-peer sharing and exchange among grantees through creation of a supplement workgroup and will organize conference calls and meetings for workgroup members.
- Maintain an electronic community health web portal and other mechanisms for information sharing among awardees that includes a web-site and web-board.
- Record best practices and community experiences for dissemination to existing awardees and other communities for replication of successful interventions.
- Provide technical assistance including writing and analysis workshops, for grantees who are writing manuscripts for scientific publications.
- Provide project monitoring that includes the analysis of performance measures and the consistency of measurement and comparability of Recovery Act reporting measures.
- Coordinate with other Federal agencies and existing place-based revitalization and reform projects funded by the US Government, including community development and livability efforts and activities funded by the Recovery Act.

## **II. Award Information**

Type of Award: Cooperative Agreement - CDC substantial involvement in this program appears in the Activities Section above.

Award Mechanism: U58

Fiscal Year Funds: 2009-2010 Recovery Act

Approximate Total Project Period Funding: \$10 million (This amount is an estimate, and is subject to availability of funds. This includes direct and indirect costs.)

Approximate Number of Awards: 4-6

Approximate Average Award: \$1-2 million

Floor of Individual Award Range: \$50,000

Ceiling of Individual Award Range: \$2 million

Anticipated Award Date: September 16, 2010

Budget Period Length: 18 months (September 16, 2010 through March 15, 2012)

Project Period Length: 18 months (September 16, 2010 through March 15, 2012)

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**

Eligibility is limited to current CPPW grantees who are implementing the nutritional and physical activity MAPPS strategies that are expected to drive changes in height and weight (to calculate BMI) and, where applicable, other biometric and related measurements and observational measures such as data on physical activity and/or nutrition/dietary intake under DP09-912 ARRA09 and that have the necessary infrastructure in place and experience to perform the measurement activities required, and

have some degree of height and weight and, where applicable, other biometric or related measurement activities currently ongoing in their community..

Competition is limited to the 25 CPPW grantee communities funded through cooperative agreement: **DP09-912ARRA09** for obesity prevention as follows:

- *Boston Public Health Commission, Massachusetts*
- *Cherokee Nation Health Service Group, Oklahoma*
- *Cook County (Cook County Department of Public Health/Public Health*
- *County of Los Angeles Department of Public Health, California*
- *County of San Diego Health & Human Services Agency, California*
- *Douglas County Health Department, Nebraska*
- *Hamilton County General Health District, Ohio*
- *Hawaii - State of Hawaii Department of Health (Kauai and Maui)*
- *Indiana - Indiana State Department of Health (Bartholomew County and Vanderburgh County)*
- *Jefferson County Department of Health, Alabama*
- *Louisville/Jefferson County Metro Government, Kentucky*
- *Maine Department of Health and Human Services, Maine (Healthy Lakes and Portland)*
- *Miami-Dade County Health Department, Florida*
- *Minnesota – Minnesota Department of Health (Olmstead County and Minneapolis)*
- *Multnomah County Health Department, Oregon*
- *Nashville/Davidson County Metro Public Health Department, Tennessee*

- *New York City (Fund for Public Health in New York, Inc.), New York*
- *Philadelphia Department of Public Health, Pennsylvania*
- *Pima County, Arizona*
- *Pueblo of Jemez, New Mexico*
- *San Antonio Metropolitan Health District, Texas*
- *Seattle-King County Department of Public Health, Washington*
- *Tri-County Health Department, Colorado*
- *West Virginia - West Virginia Department of Health and Human Resources (Mid-Ohio Valley)*
- *Wisconsin - Wisconsin Department of Health Services (LaCrosse County and Wood County)*

### III. 2. Cost Sharing or Matching

Cost sharing or matching funds are not required for this program.

### III. 3. Other

#### 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 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.

- 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 a grant, loan, or an award.

#### IV. Application and Submission Information

##### Special Guidance for Technical Assistance:

Technical assistance will be available to potential applicants via a one-hour conference call. This conference call will help potential applicants understand a) the scope and intent of this supplement and the ARRA funding and b) the Public Health Service policies and procedures for application, review, and funding under this supplement.

A call will be conducted to accommodate varying schedules and time zones. This call will be conducted soon after this supplemental announcement is published. Specific dates, times, and call-in instructions will be sent to all eligible applicants in a separate communication from CDC.

Participation in this conference call is not required for funding consideration.

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

To apply for this funding opportunity use the application forms package posted in Grants.gov.

#### Electronic Submission:

The applicant must 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.

Registering your organization through [www.Grants.gov](http://www.Grants.gov) is the first step in submitting applications on-line. Registration information is located in the “Get Registered” screen of [www.Grants.gov](http://www.Grants.gov).

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 Registered,” the one-time registration process will take three to five days to complete; however, as part of the Grants.gov registration process, registering your organization with the Central Contractor Registry (CCR) annually, could take an additional one to two days to complete.

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

A letter of intent is not applicable to this funding opportunity announcement.

Application:

A Project Abstract must be submitted with the application forms. All electronic project abstracts must be uploaded in a PDF file format when submitting via Grants.gov. The abstract must be submitted in the following format:

- Maximum of one page.
- Font size: 12 point unreduced, Times New Roman
- Single spaced
- Paper size: 8.5 by 11 inches
- Page margin size: One inch

The Project Abstract must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader. This Abstract must not include any proprietary/confidential information.

A project narrative must be submitted with the application forms. All electronic narratives must be uploaded in a PDF file format when submitting via Grants.gov. The narrative must be submitted in the following format:

- Maximum number of pages: no more than **20** pages. If your narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed.
- Font size: 12 point unreduced, Times New Roman

- Double spaced
- Paper size: 8.5 by 11 inches
- Page margin size: One inch
- Printed only on one side of page.
- Number all narrative pages: not to exceed the maximum number of pages.

The narrative should describe activities to be conducted over the entire project period and must include the following items in the order listed.

1. Description of the community's current height and weight (to calculate BMI) and, where applicable, other biometric and related measurements and observational measures such as data on physical activity and/or nutrition/dietary intake, including the measures currently collected, the population(s) on whom these are collected, the method, procedures, and frequency of data collection, the types of analyses done—including any subpopulation analyses, and the types of and audiences for the reports.
  - a. Where the community is employing a sample, information on how the current sample is drawn, the representativeness of the sample, and the precision of estimates based on the sample.
2. Outline of the plan for augmenting/extending the current biometric measurement activities, including:
  - a. Biometric measures, if any, to be added
  - b. Other biometric and related measurements and observational measures

- c. Any plans for increasing or improving sample size or selection, including the precision of the improved sample and the ability to detect differences in subpopulations.
  - d. Plans for methods, processes, and frequency of data collection, including plans and timeline for rapidly extending data collection to any new locations or participants, any needs for additional measurement equipment. Plan should include method for collecting initial baseline data and time intervals for collecting follow-up data thereafter.
  - e. Plans and timeline for training data collection staff and ensuring quality and reliability/validity of data collection
3. Outline of the plan for augmenting height, weight, BMI and, where applicable, other biometric and related measures with observational measures of policy and environmental changes in the relevant environments, including:
- a. The community's relevant MAPPS strategy(ies), whose implementation will be measured
  - b. Instrumentation or other methods for assessing policy or environmental change in the community
  - c. General information on methods, processes, and frequency of data collection on these measures.
4. Workplan
- a. One or more objectives that address the required activity such as expansion of biometric data collection, improvement of samples, addition of related measures, training activities required to bring community field

staff up-to-date on proper biometric measuring procedures, and addition of observational measures. Objectives should also address data management, analysis and dissemination. Each stated objective must be specific, measurable, achievable, and realistic and one that can be achieved in the funding period. For each objective, provide:

- i. The activities to be undertaken to accomplish each objective
  - ii. The timeline for reaching each objective and the approximate timeline for the component activities
  - iii. The measure of accomplishment of each objective. (See Appendix 1)
  - iv. A staffing plan that demonstrates an understanding of the staffing resources needed to accomplish each activity. Identify staff members by name and title, if utilizing existing staff.
5. Budget justification (not counted in the 20 page limit); see section IV.5 of this Announcement. Application should include a detailed line item budget and justification for how biometric measurement will be conducted in the selected community.

Additional information may be included in the application appendices. The appendices will not be counted toward the narrative page limit.

- Additional information submitted via Grants.gov should be uploaded in a PDF file format and should be labeled clearly with the name of the document or a clear descriptive title when uploaded into Grants.gov.
- No more than 5 electronic attachments should be uploaded per application.

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 the [Dun and Bradstreet website](#) or call 1-866-705-5711.

Additional requirements that may request submission of additional documentation with the application are listed in section “VI.2. Administrative and National Policy Requirements.”

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

This announcement is the definitive guide on application content, submission, and deadline. It supersedes information provided in the application instructions. If the application submission does not meet the deadline published herein, it will not be eligible for review.

**Application Submission Deadline Date:** August 20, 2010 on grants.gov 11:59 p.m.  
Eastern Daylight Time

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

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

The application is subject to Intergovernmental Review of Federal Programs, as governed by Executive Order (EO) 12372. 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) as early as possible 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:

<http://www.whitehouse.gov/omb/grants/spoc.html>

#### IV.5. Funding Restrictions

Awardees may use funds to improve their data collection equipment capabilities or to secure additional biometric equipment to allow for data collection from a higher number of participants. Biometric purchasing of additional equipment, supplies, etc., must be reasonable and justified in the budget request.

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

- Recipients may not use funds for research.

- Recipients may not use funds for clinical care, but can include funds for clinical services where appropriate.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- Recipients may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. However, if equipment purchase is integral to a selected MAPPS strategy, it will be considered. Any such proposed spending must be identified in the budget.
- Recipients may not use funding for construction.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Reimbursement of pre-award costs is not allowed.

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. The indirect cost rate agreement should be uploaded as a PDF file with “Other Attachment Forms” when submitting via Grants.gov.

The recommended guidance for completing a detailed justified 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

A letter of intent is not applicable to this supplemental funding announcement.

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 [support@grants.gov](mailto:support@grants.gov) or by phone at 1-800-518-4726 (1-800-518-GRANTS). The Customer Support Center is open from 7:00 a.m. to 9:00 p.m. Eastern Time, Monday through Friday.

HHS/CDC recommends that submittal of the application to Grants.gov should be prior to the closing date to resolve any unanticipated difficulties prior to the deadline.

The applicant must submit all application attachments using a PDF file format when submitting via Grants.gov. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than PDF may result in the file being unreadable by staff.

## 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 **RFA-DP09-91201ARRA09 Supplement**. Measures of effectiveness must relate to the performance goals stated in

this announcement. Measures must be objective and quantitative and must measure the intended outcome. The measures of effectiveness must be submitted with the application and will be an element of evaluation.

The application will be evaluated against the following criteria:

1. Capacity [40 points]: The extent to which the applicant describes existing height and weight (to calculate BMI) and, where applicable, other biometric and related measurements and observational data collection activities. Does current project lend itself to rapid extension and augmentation? Does the applicant sufficiently describe how the current sample is sufficiently sized or able to be rapidly increased in size to support more precise estimates and analysis of sub-populations? Does the current method of data collection appear to ensure quality and accuracy of data collection? Does the community currently collect related measures and/or measures of policy and environmental change in the relevant environments where individual assessments will take place? If not, does the current system lend itself to rapid extension or augmentation to include these additional measures if proposed?
2. Plan description (40 points) Does the work plan provide sufficient detail on: biometric measures to be collected and added; related measures to be collected/added; observational measures to be collected/added. Does the plan make clear the sample, how it will be selected, how large the sample will be, and the precision of resulting estimates? Does the sampling plan consider diversity in geography and target population to the degree practical? Does the plan accurately

reflect the logic model and aspects of the community action plan related to obesity to the degree practical? Does the plan provide detail on how measures will be collected and who will collect them, and a plan for ensuring quality and accuracy? Does the plan include specific training activities to be conducted to bring field staff up-to-date on biometric measuring procedures? Does the plan include procedures and methods for disseminating lessons learned and scientific findings from biometric measurements? Does the plan include specific objectives, activities for each objective, and a timeline for accomplishing the objectives, and timelines/milestones for the key activities comprising each objective? Does the plan include a measure of accomplishment of each objective? Priority will be given to communities with action plans that show strong potential for creating policies, systems or environmental change that will extend beyond the original CPPW 24-month funding period.

3. Staffing (20 points). Is the staffing plan adequate and does it demonstrate an understanding of the staffing needed to accomplish the stated objectives and related activities? Do staff members have appropriate experience? Are the staff roles clearly defined? As described, will staff be sufficient to accomplish the identified program goals? Are the names and titles of proposed staff to conduct activities related to biometric measurement included?
4. Budget and Justification (Reviewed, but not scored). Applicants may include in the application budget staffing and positions to support the increased reporting requirements outlined in Section 1512 of the American Recovery and Reinvestment Act (ARRA) of 2009 (Public Law 111-5).

## V.2. Review and Selection Process

Applications will be reviewed for responsiveness by the Procurement and Grants Office (PGO) and the National Center for Chronic Disease Prevention and Health Promotion.

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 complete applications according to the criteria listed in the “V.1. Criteria” section above. The objective review process will follow the policy requirements as stated in the GPD 2.04 at <http://198.102.218.46/doc/gpd204.doc>.

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

In addition, funding decisions may be made to ensure:

- Representation of varied types of interventions and evidence-based strategies.
- Geographic distribution and inclusion of varying types of communities
- Inclusion of populations disproportionately affected by chronic disease and associated risk factors.
- Inclusion of plans to evaluate sustainable and impactful policy and environmental change strategies

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

### V.3. Anticipated Award Dates

**Anticipated Award: September 16, 2010**

### VI. Award Administration Information

#### VI.1. Award Notices

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

Unsuccessful applicants, included those who are approved but unfunded, will receive notification of the results of the application review by e-mail.

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

Successful applicants must comply with the administrative requirements outlined in 45 CFR Part 74 and Part 92, as appropriate. The following additional requirements apply to this project:

- AR-7            Executive Order 12372
- AR-8            Public Health System Reporting Requirements
- AR-10          Smoke-Free Workplace Requirements
- AR-11          Healthy People 2010
- AR-12          Lobbying Restrictions
- AR-14          Accounting System Requirements

- AR-29 Compliance with E) 13513 “Federal Leadership on Reducing Text Messaging while Driving,” October 01, 2009

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/Addtl\\_Reqmnts.htm](http://www.cdc.gov/od/pgo/funding/Addtl_Reqmnts.htm).

CDC Assurances and Certifications can be found on the CDC Web site at the following Internet address: <http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>

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>

### VI.3. Reporting Requirements

1) Final narrative report of performance in achieving recipient activities of this supplemental announcement with a final Financial Status Report will be submitted no later than 90 days after the supplemental activities’ project period/end completion date. This report must be submitted to the attention of the Grants Management Specialist listed in the “VII. Agency Contacts” Section of this announcement.

### **Terms and Conditions (OMB)**

#### 1. Other Standard Terms and Conditions

All other grant policy terms and conditions contained in applicable Department of Health and Human Services (HHS) Grant Policy Statements apply unless they conflict or are superseded by the following terms and conditions implementing the American Recovery and Reinvestment Act of 2009 (ARRA) requirements below. Recipients are responsible for contacting their HHS grant/program managers for any needed clarifications.

## 2. ARRA-Specific Reporting Requirements

Recipients of Federal awards from funds authorized under Division A of the ARRA must comply with all requirements specified in Division A of the ARRA (Public Law 111-5), including reporting requirements outlined in Section 1512 of the Act. For purposes of reporting, ARRA recipients must report on ARRA sub-recipient (sub-grantee and sub-contractor) activities as specified below.

Not later than 10 days after the end of each calendar quarter, starting with the quarter ending September 30, 2010 and reporting by October 10, 2010, the recipient must submit quarterly reports to HHS that will be posted to Recovery.gov, containing the following information:

- a. The total amount of ARRA funds under this award;
- b. The amount of ARRA funds received under this award that were obligated and expended to projects or activities;
- c. The amount of unobligated award balances;

- d. A detailed list of all projects or activities for which ARRA funds under this award were obligated and expended, including
- The name of the project or activity;
  - A description of the project or activity;
  - An evaluation of the completion status of the project or activity;
  - An estimate of the number of jobs created and the number of jobs retained by the project or activity; *[additional guidance below on how to measure jobs created and retained forthcoming from OMB]*
- and
- For infrastructure investments made by State and local governments, the purpose, total cost, and rationale of the agency for funding the infrastructure investment with funds made available under this Act, and the name of the person to contact at the agency if there are concerns with the infrastructure investment.
- e. Detailed information on any sub-awards (sub-contracts or sub-grants) made by the grant recipient to include the data elements required to comply with the Federal Funding Accountability and Transparency Act of 2006 (Public Law 109-282).

For any sub-award equal to or larger than \$25,000, the following information:

- The name of the entity receiving the sub-award;
- The amount of the sub-award;

- The transaction type;
  - The North American Industry Classification System code or Catalog of Federal Domestic Assistance (CFDA) number;
  - Program source;
  - An award title descriptive of the purpose of each funding action;
  - The location of the entity receiving the award;
  - The primary location of performance under the award, including the city, State, congressional district, and county;
  - A unique identifier of the entity receiving the award and of the parent entity of the recipient, should the entity be owned by another entity;
  - The date the sub-award was issued;
  - The term of the sub-award (start/end dates);
  - The scope/activities of the sub-award;
  - The amount of the total sub-award that has been obligated or disbursed by the sub-recipient; and
  - The amount of the total sub-award that remains unobligated by the sub-recipient.
- f. All sub-awards less than \$25,000 or to individuals may be reported in the aggregate, as prescribed by HHS.
- g. Recipients must account for each ARRA award and sub-award (sub-grant and sub-contract) separately. Recipients will draw down ARRA funds on an award-specific basis. Pooling of ARRA award funds with other funds for drawdown or other purposes is not permitted.

- h. Recipients must account for each ARRA award separately by referencing the assigned CFDA number for each award.

The definition of terms and data elements, as well as any specific instructions for reporting, including required formats, will be provided in subsequent guidance issued by HHS.

### 3. Buy American - Use of American Iron, Steel, and Manufactured Goods

Recipients may not use any funds obligated under this award for the construction, alteration, maintenance, or repair of a public building or public work unless all of the iron, steel, and manufactured goods used in the project are produced in the United States unless HHS waives the application of this provision. (ARRA Sec. 1605)

### 4. Wage Rate Requirements

*[This term and condition shall not apply to tribal contracts entered into by the Indian Health Service funded with this appropriation. (ARRA Title VII—Interior, Environment, and Related Agencies, Department of Health and Human Services, Indian Health Facilities)]*

Subject to further clarification issued by the Office of Management and Budget, and notwithstanding any other provision of law and in a manner consistent with other provisions of ARRA, all laborers and mechanics employed by contractors and subcontractors on projects funded directly by or assisted in whole or in part by and through the Federal Government pursuant to this award shall be paid wages at rates

not less than those prevailing on projects of a character similar in the locality as determined by the Secretary of Labor in accordance with subchapter IV of chapter 31 of title 40, United States Code. With respect to the labor standards specified in this section, the Secretary of Labor shall have the authority and functions set forth in Reorganization Plan Numbered 14 of 1950 (64 Stat. 1267; 5 U.S.C. App.) and section 3145 of title 40, United States Code. (ARRA Sec. 1606)

5. Preference for Quick Start Activities (ARRA)

In using funds for this award for infrastructure investment, recipients shall give preference to activities that can be started and completed expeditiously, including a goal of using at least 50 percent of the funds for activities that can be initiated not later than 120 days after the date of the enactment of ARRA. Recipients shall also use grant funds in a manner that maximizes job creation and economic benefit. (ARRA Sec. 1602)

6. Limit on Funds (ARRA)

None of the funds appropriated or otherwise made available in ARRA may be used by any State or local government, or any private entity, for any casino or other gambling establishment, aquarium, zoo, golf course, or swimming pool. (ARRA Sec. 1604)

## 7. Disclosure of Fraud or Misconduct

Each recipient or sub-recipient awarded funds made available under the ARRA shall promptly refer to the HHS Office of Inspector General any credible evidence that a principal, employee, agent, contractor, sub-recipient, subcontractor, or other person has submitted a false claim under the False Claims Act or has committed a criminal or civil violation of laws pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct involving those funds. The HHS Office of Inspector General can be reached at <http://www.oig.hhs.gov/fraud/hotline/>

## 8. ARRA: One-Time Funding

Unless otherwise specified, ARRA funding to existent or new awardees should be considered one-time funding.

## 9. Schedule of Expenditures of Federal Awards

Recipients agree to separately identify the expenditures for each grant award funded under ARRA on the Schedule of Expenditures of Federal Awards (SEFA) and the Data Collection Form (SF-SAC) required by Office of Management and Budget Circular A-133, “Audits of States, Local Governments, and Non-Profit Organizations.” This identification on the SEFA and SF-SAC shall include the Federal award number, the Catalog of Federal Domestic Assistance (CFDA) number, and amount such that separate accountability and disclosure is provided for ARRA funds by Federal award number consistent with the recipient reports required by ARRA Section 1512(c). (2 CFR 215.26, 45 CFR 74.26, and 45 CFR 92.26)

## 10. Responsibilities for Informing Sub-recipients

Recipients agree to separately identify to each sub-recipient, and document at the time of sub-award and at the time of disbursement of funds, the Federal award number, any special CFDA number assigned for ARRA purposes, and amount of ARRA funds. (2 CFR 215.26, 45 CFR 74.26, and 45 CFR 92.26)

## 11. Reporting Jobs Creation

HHS' recipients of Recovery Act funding who are subject to Section 1512 reporting should report job-created data as prescribed in Section 5 of the Office of Management and Budget (OMB) guidance M-10-08. All recipients must report a direct and comprehensive count of jobs, as specified by OMB guidance M-10-08. See Section 5.2 of the OMB guidance for more information on calculating jobs, including job estimation examples. For full OMB guidance, please visit: [http://www.whitehouse.gov/omb/assets/memoranda\\_2010/m10-08.pdf](http://www.whitehouse.gov/omb/assets/memoranda_2010/m10-08.pdf).

To fulfill Paperwork Reduction Act requirements, CDC will utilize a modified version of Form OMB 0970-0334 – Performance Progress Report (SF-PPR) as a standard quarterly reporting format to facilitate uniform collection of performance measures as set forth in the Recovery Program Plan, Funding Opportunity Announcement (FOA), and Notice of Grant Award Standard Terms and Conditions (as appropriate) for all CDC recovery Act funded financial assistance award

recipients. This requirement is in addition to the financial reporting requirements outlined in Section 1512 of the recovery Act.

**Additional Reporting Requirements:**

- In addition, recipients shall participate in monthly conference calls with their Project Officers to provide updates on the following progress measures.
  - Measure: % of recipients who are on track with meeting their project-specific milestones
  - Reporting: Recipient will develop milestones and checklist based on their proposed project. Recipient will report progress to Project Officer on monthly calls. PO will review, collate and calculate measure.
  - Frequency: Compiled monthly, but reported up quarterly.

VII. Agency Contacts

CDC encourages inquiries concerning this announcement.

For program technical assistance, contact:

Robin Soler, Ph.D., Team Lead, CPPW Evaluation Team

Division of Adult and Community Health

Centers for Disease Control and Prevention

1600 Clifton Road NE, MS E-45

Atlanta, GA 30333

Telephone: 770-488-5269

E-mail: [dqx4@cdc.gov](mailto:dqx4@cdc.gov)

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

Donald Sharman

Procurement and Grants Office

Centers for Disease Control and Prevention

2920 Brandywine Road, MS E-09

Atlanta, GA 30341

Phone Number: 770-488-2739

Fax Number: 770-488-2463

E- mail: [ipx9@cdc.gov](mailto:ipx9@cdc.gov)

For general questions, contact:

Technical Information Management Section

Department of Health and Human Services

CDC Procurement and Grants Office

2920 Brandywine Road, MS E-14

Atlanta, GA 30341

Telephone: 770-488-2700

CDC Telecommunications for the hearing impaired or disabled is available at: TTY 770-488-2783.

## **Recovery Act Lobbying Restrictions**

This funding announcement is subject to restrictions on oral conversations during the period of time commencing with the submission of a formal application<sup>1</sup> by an individual or entity and ending with the award of the competitive funds. Federal officials may not participate in oral communications initiated by any person or entity concerning a pending application for a Recovery Act competitive grant or other competitive form of Federal financial assistance, whether or not the initiating party is a federally registered lobbyist.

This restriction applies unless:

- (i) the communication is purely logistical;
- (ii) the communication is made at a widely attended gathering;
- (iii) the communication is to or from a Federal agency official and another Federal Government employee;
- (iv) the communication is to or from a Federal agency official and an elected chief executive of a state, local or tribal government, or to or from a Federal agency official and the Presiding Officer or Majority Leader in each chamber of a state legislature; or
- (v) the communication is initiated by the Federal agency official.

For additional information see

[http://www.whitehouse.gov/omb/assets/memoranda\\_fy2009/m09-24.pdf](http://www.whitehouse.gov/omb/assets/memoranda_fy2009/m09-24.pdf)

## **VIII. Other Information**

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<sup>1</sup> Formal Application includes the preliminary application and letter of intent phases of the program.

Other CDC funding opportunity announcements can be found on the CDC Web site,  
Internet address: <http://www.cdc.gov/od/pgo/funding/FOAs.htm>.

Applicants may access the application process and other awarding documents using the Electronic Research Administration System (eRA Commons). A one-time registration is required for interested institutions/organizations at <http://era.nih.gov/ElectronicReceipt/preparing.htm>

Program Directors/Principal Investigators (PD/PIs) should work with their institutions/organizations to make sure they are registered in the eRA Commons.

1. Organizational/Institutional Registration in the eRA Commons

- To find out if an organization is already eRA Commons-registered, see the "List of Grantee Organizations Registered in eRA Commons."
- Direct questions regarding the eRA Commons registration to:

eRA Commons Help Desk

Phone: 301-402-7469 or 866-504-9552 (Toll Free)

TTY: 301-451-5939

Business hours M-F 7:00 a.m. – 8:00 p.m. Eastern Time

Email [commons@od.nih.gov](mailto:commons@od.nih.gov)

2. Project Director/Principal Investigator (PD/PI) Registration in the eRA Commons:

Refer to the [NIH eRA Commons System \(COM\) Users Guide](#).

- The individual designated as the PD/PI on the application must also be registered in the eRA Commons. It is not necessary for PDs/PIs to register with Grants.gov.

- The PD/PI must hold a PD/PI account in the eRA Commons and must be affiliated with the applicant organization. This account cannot have any other role attached to it other than the PD/PI.
- This registration/affiliation must be done by the Authorized Organization Representative/Signing Official (AOR/SO) or their designee who is already registered in the eRA Commons.
- Both the PD/PI and AOR/SO need separate accounts in the eRA Commons since both hold different roles for authorization and to view the application process.

Note that if a PD/PI is also an HHS peer-reviewer with an Individual DUNS and CCR registration, that particular DUNS number and CCR registration are for the individual reviewer only. These are different than any DUNS number and CCR registration used by an applicant organization. Individual DUNS and CCR registration should be used only for the purposes of personal reimbursement and should not be used on any grant applications submitted to the Federal Government.

Several of the steps of the registration process could take four weeks or more. Therefore, applicants should check with their business official to determine whether their organization/institution is already registered in the eRA Commons. HHS/CDC strongly encourages applicants to register to utilize these helpful on-line tools when applying for funding opportunities.