

NATIONAL DIABETES PREVENTION PROGRAM

**PPHF 2012 - National Diabetes Prevention Program:
Preventing Type 2 Diabetes Among People at High Risk
Financed Solely by 2012 Prevention and Public Health Funds.**

Funding Opportunity Announcement

Centers for Disease Control and Prevention

6/22/2012

Grants awarded for this funding opportunity announcement will help establish a structured, evidence-based lifestyle change program designed to prevent type 2 diabetes among people at high risk.

AMENDMENT I made 7/16/12:

Page 1: **Alert notification: THIS IS A REQUIRED REGISTRATION**

SAM – System of Award Management - is going live on July 30, 2012. The following systems will be unavailable for updating beginning **July 24, 2012 through July 30, 2012:**

- CCR- Central Contractor Registration/FedReg

Please note: This will affect applicants' ability to create, or update any of their CCR records. This is a requirement to submit your application via Grants.gov. Therefore, if you are planning on submitting an application in response to this FOA (add FOA number and title), Please register or update registration in the CCR before July 24, 2012. Failure to register prior to July 24th may result in your application not being accepted in Grant.gov.

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PART 1. OVERVIEW INFORMATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Federal Agency Name: Federal Centers for Disease Control and Prevention (CDC)

Funding Opportunity Title: PPHF 2012: National Diabetes Prevention Program:
Preventing Type 2 Diabetes Among People at High Risk financed solely by 2012
Prevention and Public Health Funds

Announcement Type: New – Type 1

Funding Opportunity Number: DP12-1212PPHF12

Catalog of Federal Domestic Assistance Number: 93.739

Key Dates:

Letter of Intent Deadline Date: July 6, 2012, 5:00 PM U.S. Eastern Daylight Savings Time

Application Deadline Date: July 31, 2012, 11:59 PM U.S. Eastern Daylight Savings Time

Technical Assistance Opportunities for Potential Applicants:

Potential applicants may participate in pre-application conference calls for information on this Funding Opportunity announcement (FOA). The conference calls will be conducted by the National Center for Chronic Disease Prevention and Health Promotion. The calls will be held:

Pre-application Support Conference Calls (Two repeated 90-minute conference calls):

- **June 28, 2012 10:00 – 11:30 AM Eastern Daylight Savings Time** - Interested applicants in the Atlantic, Eastern, and Central time zones. This conference call can be accessed by calling 1-888-593-8437, passcode: 9755259.
- **July 2, 2012 5:00 – 6:30 PM Eastern Daylight Savings Time** - Interested applicants in the Central, Pacific, and Alaska, time zones. This conference call can be accessed by calling 1-888-593-8437, passcode 9755259.

Frequently asked application questions can be accessed at:

<http://www.cdc.gov/diabetes/prevention/resources.htm#award>

Additional inquiries can also be submitted through:

<http://www.cdc.gov/diabetes/prevention/foa/submitquestions/index.htm>

Executive Summary

In the United States, 25.8 million adults have diabetes and, if current trends continue, as many as 1 in 3 Americans born today will develop diabetes in their lifetime. However, the majority of new cases of type 2 diabetes in the U.S. today can be delayed or prevented.

Research has demonstrated that a structured lifestyle change program, that results in modest weight loss of 5-7%, healthy eating, and at least 150 minutes of physical activity each week can reduce risk for type 2 diabetes by approximately 60% in people with prediabetes. Approximately 79 million Americans have prediabetes. Prediabetes means blood glucose levels are higher than normal, but not high enough to be diabetes. People with prediabetes have an increased risk of developing type 2 diabetes, heart disease, and stroke.

The National Diabetes Prevention Program (National DPP) is a public-private partnership of community organizations, private insurers, employers, health care organizations, and government agencies working together to implement the National DPP to delay and/or prevent type 2 diabetes. The National Diabetes Prevention Program consists of the following four components.

National Diabetes Prevention Program

COMPONENTS



Training (Increase Workforce): Establish a trained workforce to deliver the evidence-based lifestyle change program for people at high risk for developing type 2 diabetes. The lifestyle change program curriculum is based on the Diabetes Prevention Program research study led by the National Institutes of Health and supported by the Centers for Disease Control and Prevention¹.

Diabetes Prevention Recognition Program: Assures organizations are delivering an evidence-based lifestyle change program that meets the standardized reporting data requirements as outlined in the *CDC Diabetes Prevention Recognition Program Standards and Operating Procedures (DPRP Standards)* available at

www.cdc.gov/diabetes/prevention/recognition.

¹ The National Diabetes Prevention Program Lifestyle Intervention curriculum is based on the curriculum from the Diabetes Prevention Program (DPP) research study supported by the National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Disease, Cooperative Agreement U01DK48489¹. The DPP lifestyle intervention has been further adapted by: **Plan Forward (University of Indiana)** and **Group Life Balance (University of Pittsburgh)**. Certain concepts in the National Diabetes Prevention Program Lifestyle Intervention curriculum are adapted from these sources. Both adaptations are derived from the DPP research trial supported by the Department of Health and Human Services which has certain rights in the materials.

Intervention sites: Locations where participants in the evidence-based lifestyle change program meet with a trained lifestyle coach, in a group setting, to participate in 16 core sessions (usually 1 per week) and 6 post–core sessions (1 per month) over the course of a year.

Health Marketing - Activities designed to: 1) increase the number of evidence-based lifestyle change program intervention sites across the country; 2) encourage health care providers to refer persons at high risk for type 2 diabetes to an evidence-based lifestyle change program; and 3) raise awareness among persons a high risk for type 2 diabetes to encourage them enroll in an evidence-based lifestyle change program.

Economic studies indicate that an evidence-based lifestyle change program is more cost effective and even cost saving than treating people with type 2 diabetes and its complications. Applicants funded under this funding opportunity announcement will implement activities under each component of the National Diabetes Prevention Program. Proposals should reflect a strong ability to reach a significant proportion of persons at high-risk for type 2 diabetes in multiple states.

Measurable outcomes of the program will be in alignment with one (or more) of the following performance goal(s) for the Centers for Disease Control and Prevention.

Government Performance and Results Act (GPRA) goals(s):

- 4.5.2b.i Increase the proportion of persons at high risk for diabetes with prediabetes who report increasing their levels of physical activity
- 4.5.2b.ii Increase the proportion of persons at high risk for diabetes with prediabetes who report trying to lose weight

- 4.5.2b.iii Increase the proportion of persons at high risk for diabetes with prediabetes who report reducing the amount of fat or calories in their diet

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/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf>.

PART 2. FULL TEXT

I. FUNDING OPPORTUNITY DESCRIPTION

Statutory Authority

This announcement is authorized under Section 399V-3 of the Public Health Service Act (as amended), 42 U.S.C. 280g-14, and Section 4002 of the Patient Protection and Affordable Care Act, Public Law 111-148.

Purpose

The purpose of this funding announcement is to scale (expand) and sustain the National Diabetes Prevention Program (National DPP). Scaling and sustaining the National DPP includes:

- Establish an evidence-based lifestyle change program in multiple states for populations at high risk for type 2 diabetes that meet the standards outlined in the *CDC Diabetes Prevention Recognition Program Standards and Operating Procedures (DPRP Standards)* available at www.cdc.gov/diabetes/prevention/recognition;

- Recruit and facilitate training of lifestyle coaches to deliver the evidence-based lifestyle change program;
- Educate employers in multiple states about the benefits and cost-savings of offering the evidence-based lifestyle change program as a covered health benefit for employees;
- Educate public and private health insurance companies about the benefits and cost-savings of reimbursing organizations delivering the evidence-based lifestyle change program using a pay-for-performance model;
- Develop and implement strategic marketing and promotional activities to increase awareness and referrals to the evidence-based lifestyle change program;
- Sustain the evidence-based lifestyle change program without government grant funds when this cooperative agreement ends, through securing voluntary reimbursement from public and private health insurance companies for organizations delivering the evidence-based lifestyle change program using a pay-for-performance model;
- Ensure that each intervention site offering the evidence-based lifestyle change program under this FOA will obtain recognition from the CDC DPRP. *CDC Diabetes Prevention Recognition Program Standards and Operating Procedures (DPRP Standards)* available at www.cdc.gov/diabetes/prevention/recognition;
- Ensure that each intervention site offering the evidence-based lifestyle change program has the capacity to collect participant information and maintain a data collection system as outlined in the *CDC Diabetes Prevention Recognition*

Program Standards and Operating Procedures (DPRP Standards) available at www.cdc.gov/diabetes/prevention/recognition.

This program addresses the “*Healthy People 2020*” focus area(s) for persons at high risk for type 2 diabetes:

- D 16.1 Increase the proportion of persons at high risk for diabetes with prediabetes who report increasing their levels of physical activity.
- D 16.2 Increase the proportion of persons at high risk for diabetes with prediabetes who report trying to lose weight.
- D 16.3 Increase the proportion of persons at high risk for diabetes with prediabetes who report reducing the amount of fat or calories in their diet.

Program Implementation

Recipient Activities:

A. Scale the National DPP

- Develop a comprehensive plan for scaling the National DPP in multiple states that includes, but is not limited to:
 - Strategies for engaging applicant organizations’ existing networks and/or affiliates, that have the capacity to deliver an evidence-based lifestyle change program in multiple states;

- Strategies for recruiting and facilitating training of lifestyle coaches to deliver an evidence-based lifestyle change program;
- Strategies for recruiting and facilitating training of Master trainers to train lifestyle coaches to deliver lifestyle change program;
- Strategies for identifying and educating employers about the benefits and cost-savings of offering an evidence-based lifestyle change program as a covered health benefit;
- Strategies for working with third party payers, including public and private health insurance companies, to voluntarily reimburse organizations that are delivering an evidence-based lifestyle change program using a pay-for-performance model;
- Marketing and communication strategies to increase awareness of and referrals to the evidence-based lifestyle change program;
- Strategies for ensuring that network and/or affiliate organizations delivering the evidence-based lifestyle change program apply for CDC DPRP recognition and have the capacity to collect participant information and maintain a data collection system, prior to delivering the evidence-based lifestyle change program, as outlined in the *CDC Diabetes Prevention Recognition Program Standards and Operating Procedures (DPRP Standards)* available at www.cdc.gov/diabetes/prevention/recognition;
- Strategies for sustaining each evidence-based lifestyle change program site (without government grant funds) through securing voluntary reimbursement

from third party payers of public and private health insurance using a pay-for-performance model.

- Develop and implement a plan for evaluating recipient activities outlined in this funding opportunity announcement in collaboration with CDC.
- Recruit a significant proportion of persons at high risk for type 2 diabetes to participate in the evidence-based lifestyle change program who meet the eligibility criteria outlined in the *CDC Diabetes Prevention Recognition Program Standards and Operating Procedures (DPRP Standards)* available at www.cdc.gov/diabetes/prevention/recognition.
- Recruit and facilitate training of lifestyle coaches. Lifestyle coaches may assume responsibility for implementing the evidence-based lifestyle change program at multiple network and/or affiliate organization locations.
- Provide support (technical and fiscal) to network and/or affiliate organizations delivering the evidence-based lifestyle change program on the following topics, but not limited to:
 - applying for recognition from the CDC DPRP;
 - providing training on HIPAA Regulations;
 - developing a plan for recruiting and training lifestyle coaches;
 - developing a plan for recruiting and enrolling eligible participants in the evidence-based lifestyle change program;
 - implementing the evidence-based lifestyle change program; and

- collecting participant information and reporting data on the lifestyle change program as outlined in the *CDC DPRP Standards and Operating Procedures* available at: www.cdc.gov/diabetes/prevention/recognition.
- Ensure long-term sustainability through voluntary third party public and private health insurance reimbursement for organizations delivering the evidence-based lifestyle change program using a pay-for-performance model.
- Participate in CDC sponsored technical assistance opportunities (i.e. webinars, trainings etc.) related to program scaling and sustainability.
- Participate in monthly technical assistance conference calls.

Performance will be measured by:

- 90 days post-award, submit a draft comprehensive plan for scaling the National DPP.
- 5 months post-award, submit the final comprehensive plan based on feedback from CDC.
- 6 months post-award, begin training of lifestyle coaches.
- 8 months post-award, begin implementation of the evidence-based lifestyle change program.
- 10 months post-award, submit a draft sustainability plan for long-term delivery of the evidence-based lifestyle change program.
- One year post-award, submit a final sustainability plan based on feedback from CDC staff.
- Number of the evidence-based lifestyle change program classes established and number of participants enrolled.

B. Educate employers about the benefits and cost-savings of offering the evidence-based lifestyle change program as a covered health benefit for employees.

- Educate and inform in order to achieve the evidence-based lifestyle change program as a covered health benefit for a minimum of 500,000 employees by the end of this cooperative agreement.
- Participate in employer councils events as an invited guest to educate the employer councils about the benefits and cost-savings of offering the evidence-based lifestyle change program as a covered health benefit for employees.
- Collaboration with state Diabetes Prevention and Control Programs (DPCPs) and local health departments is recommended, if the applicant chooses to obtain the evidence-based lifestyle change program as a covered health benefit for state and/or local government employees.

Performance will be measured by:

- Number of employers educated about the benefits and cost-savings of the evidence-based lifestyle change program as a covered health benefit.
- Number of employer council events attended to educate participants about the benefits and cost-savings of the evidence-based lifestyle change program.

C. Educate insurers about the benefits and cost-savings of the evidence-based lifestyle change program.

- Educate and inform, in order to achieve third party public and private health insurance reimbursement for organizations delivering an evidence-based lifestyle change program using a pay-for-performance model. Strategies may include but are not limited to:

- Educating group health care purchasing coalitions about the evidence-based lifestyle change program as a covered health benefit to employers that are members of the group health care purchasing coalition;
- Attending insurance broker events to educate participants about the benefits of offering the evidence-based lifestyle change program as a covered health benefit for employees.

Performance will be measured by:

- Number and types of third party public and private health insurance reimbursement secured.
- Number of health care purchasing coalitions educated about the benefits and cost-savings of the evidence-based lifestyle change program.
- Number of insurance broker events attended to educate participants about the benefits and cost-savings of the evidence-based lifestyle change program.

D. Marketing and Communications

- Develop a marketing and communication plan to increase awareness, referrals, enrollment, and participation in the evidence-based lifestyle change program, in collaboration with CDC.
- Evaluate communication strategies, messages, and materials in collaboration with CDC.
- Participate in CDC sponsored technical assistance opportunities (i.e. webinars, trainings, etc.).
- Participate in CDC sponsored monthly technical assistance conference calls.

Performance will be measured by:

- 120 days post-award, submit a draft marketing and communications plan.
- 5 months post-award, submit the final marketing and communications plan based on feedback from the CDC staff and others as appropriate.
- 6 months post-award begin implementation of marketing and communication plan activities.
- Evidence that appropriate staff participate in the technical assistance opportunities sponsored by CDC.

E. DPRP

- Ensure each lifestyle change program intervention site meets the requirements outlined in the *CDC Diabetes Prevention Recognition Program Standards and Operating Procedures* (DPRP Standards) available at www.cdc.gov/diabetes/prevention/recognition.
- Work collaboratively with CDC to develop and implement a data collection system for network and/or affiliate sites to collect and submit participant information for the evidence-based lifestyle change program as outlined in the *CDC Diabetes Prevention Recognition Program Standards and Operating Procedures* (DPRP Standards), available at www.cdc.gov/diabetes/prevention/recognition.
- Ensure network and/or affiliate sites collect and report data to CDC as outlined in the *CDC Diabetes Prevention Recognition Program Standards and Operating Procedures* (DPRP Standards) that are available at www.cdc.gov/diabetes/prevention/recognition.

- Ensure all network and/or affiliate sites delivering the evidence-based lifestyle change program obtain full recognition within two years, as outlined in the *CDC Diabetes Prevention Recognition Program Standards and Operating Procedures* (DPRP Standards) that are available at www.cdc.gov/diabetes/prevention/recognition.

Performance will be measured by:

- Number of network and/or affiliate sites that apply for CDC DPRP-recognition.
- Number of network and/or affiliate sites that achieve recognition as outlined in the *CDC Diabetes Prevention Recognition Program Standards and Operating Procedures* (DPRP Standards) available at www.cdc.gov/diabetes/prevention/recognition.
- Submission of participant data to the CDC DPRP as outlined in the *CDC Diabetes Prevention Recognition Program Standards and Operating Procedures* (DPRP Standards) available at www.cdc.gov/diabetes/prevention/recognition.

F. Monitoring and Evaluation

- Work with CDC staff and others as appropriate to develop and implement an evaluation plan to measure the impact of the Recipient Activities outlined in this funding opportunity announcement (evaluation framework, evaluation design, indicators, process and outcome evaluation, and information/data collection plan).
- Participate in CDC sponsored technical assistance opportunities (i.e. webinars, trainings, site visits, and conference calls, etc.).
- Participate in CDC sponsored monthly technical assistance conference calls.

Performance will be measured by:

- Participation in all activities of the evidence-based lifestyle change program evaluation, including planning, data collection plan, and others as appropriate.
- Evidence that the staff participate in technical assistance opportunities sponsored by CDC.

G. Program Capacity

- Establish or retain a full-time staff person with management experience, responsible for managing the planning, implementation, and evaluation of the program and serve as the CDC point of contact.
- Establish or retain additional staff with demonstrated knowledge, skills, and expertise in administrative and fiscal management to meet the needs of the program; developing and tailoring marketing materials and communication strategies and use of proven innovative strategies to reach these audiences; knowledge of public and private health insurance (including group health coalitions, health purchasing cooperatives, health insurance brokers) and communication skills necessary to meet with and Chief Financial Officers, Human Resource Officers and Medical Directors of insurance companies.
- Over the course of the project period establish and retain other staff, contractors, and consultants sufficient in number and expertise to ensure project success.

Performance will be measured by:

- 90 days post-award, evidence that a sufficient number of staff with appropriate knowledge, skills, and expertise, and with sufficient time dedicated to the

program, are hired to effectively manage, administer, implement, and evaluate the program.

H. Fiscal management

- Programs must use funding to support programs in alignment with requirements of this FOA.
- Programs must develop and maintain systems for sound fiscal management, including: monitoring the cooperative agreement award and program contracts and grants, ensuring the funds are expended in support of approved activities; tracking expenditures in a timely manner; and preventing excessive unobligated balances.

Performance will be measured by:

- Evidence of timely submission of Financial Status reports; alignment of budget with program work plan; timely requests for prior approval items; timely redirection of program funds to avoid unobligated balances; minimal percentage of budget that is unobligated at the end of the fiscal year.
- Evidence of use of sound fiscal management procedures to track and monitor expenditures.
- Evidence of implementation of reporting systems to meet the “Reporting Requirements” section of this FOA.

In a cooperative agreement, CDC staff is substantially involved in the program activities, beyond routine grant monitoring.

CDC Activities

The CDC will provide guidance and technical assistance, which may include but not be limited to the following topics and activities:

- Strategies for scaling the National DPP;
- Sponsoring Web forums, conferences, and conference calls;
- Program planning, implementation and evaluation;
- Guidance on the *CDC Diabetes Prevention Recognition Program Standards and Operating Procedures*;
- Facilitate training of lifestyle coaches and Master trainers for organizations that do not have an internal mechanism for training lifestyle coaches and Master trainers, and that choose to use the CDC National Diabetes Prevention Program lifestyle change curriculum, which is available at www.cdc.gov/diabetes/prevention;
- Engage external experts, such as national business coalitions, to discuss strategies for identifying and educating employers about the benefits and cost-savings of offering the evidence-based lifestyle change program as a covered health benefit for employees;
- Engage external resources, such as public and private health insurance experts, to discuss strategies for working with third party payers to voluntarily reimburse organizations delivering the evidence-based lifestyle change program using a pay-for-performance model;
- Collaborate with state departments of health DPCPs, for grantees interested in working to obtain the evidence-based lifestyle change program as a covered health benefit for state and/or local government employees;

- Develop and implement a marketing and communication plan and strategies to promote the evidence-based lifestyle change program;
- Generate strategies for sustaining the evidence-based lifestyle change program;
- Develop, implement, and monitor an evaluation plan.

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: FY 12 Prevention and Public Health Funds (PPHF)

Approximate Current Fiscal Year Funding: \$6,000,000

Approximate Number of Awards: Up to 8

Floor of Individual Award Range: \$750,000

Ceiling of Individual Award Range: \$2,000,000 (This ceiling is for the 12-month budget period). This is for total cost (direct and indirect).

Anticipated Award Date: September 30, 2012

Budget Period Length: 12 months

Project Period Length: Up to 4 years

The specific amount of funding per award will be determined by proposed activities, reach, burden of disease, quality of application, and likelihood of success.

Successful applicants serving populations within the same geographic area may be expected to communicate with other successful applicants, to prevent duplication of effort. 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

Eligible applicants that can apply for this funding opportunity are listed below.

- Nonprofit Organizations
- For-Profit Organizations
- Indian/Native American Tribal Governments
- Faith-based Organizations

Justification for limiting eligibility

Eligible organizations are uniquely qualified and positioned to scale (expand) the National DPP due to their independent structure and ability to implement innovative strategies to scale and sustain the National DPP in multiple states. These organizations have an existing infrastructure and capacity to achieve considerable expansion of the National DPP across multiple states due in part, to their existing network and/or affiliate organizations. Through their existing multiple networks and/or affiliates, these organizations are strategically positioned to simultaneously reach large numbers of people at high-risk for type 2 diabetes in multiple states. They also have the ability to work in partnership with employers and insurers to offer the evidenced-based lifestyle change program as a covered health benefit for employees and reimbursement for organizations delivering the lifestyle change program in order to achieve the demonstrated benefits and cost-savings and long-term sustainability.

This FOA will build on the previous Pioneering Healthier Communities FOA, which included the National DPP, a successful public-private partnership consisting of community organizations, private insurers, employers, health care organizations, and government agencies working together to scale and sustain the National DPP. The result will be the establishment of a sustainable network of organizations delivering the evidence-based lifestyle change program that has proven to prevent and/or delay the onset of type 2 diabetes by almost 60 percent.

Required Registrations

Registering your organization through www.Grants.gov, the official agency-wide E-grant website, is the first step in submitting an application online. Registration information is located on the “Get Registered” screen of www.Grants.gov. Please visit www.Grants.gov at least 30 days prior to submitting your application to familiarize yourself with the registration and submission processes. The “one-time” registration process will take three to five days to complete. However, the Grants.gov registration process also requires that you register your organization with the Central Contractor Registry (CCR) and DUN and Bradstreet (D&B) Data Universal Numbering System (DUNS), which will require up to at least 4 weeks completing registration in its entirety. The CCR registration can require an additional two weeks to complete. You are required to maintain a current registration in CCR. CCR registration must be renewed annually.

Central Contractor Registration and Universal Identifier Requirements

All applicant organizations **must obtain** a DUN and Bradstreet (D&B) Data Universal Numbering System (DUNS) number as the Universal Identifier when applying for

Federal grants or cooperative agreements. The DUNS number is a nine-digit number assigned by Dun and Bradstreet Information Services. An Authorized Organization Representative (AOR) should be consulted to determine the appropriate number. If the organization does not have a DUNS number, an AOR should complete the **US D&B D-U-N-S Number Request Form** or contact Dun and Bradstreet by telephone directly at 1-866-705-5711 (toll-free) to obtain one. A DUNS number will be provided immediately by telephone at no charge. Individual Program Directors/Principal Investigators do not need to register for a DUNS number.

Additionally, all applicant organizations must register in the Central Contractor Registry (CCR) and maintain the registration with current information at all times during which it has an application under consideration for funding by CDC and, if an award is made, until a final financial report is submitted or the final payment is received, whichever is later. CCR is the primary registrant database for the Federal government and is the repository into which an entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at the CCR internet site at www.ccr.gov.

If an award is granted, the grantee organization must notify potential sub-recipients that no organization may receive a sub-award under the grant unless the organization has provided its DUNS number to the grantee organization.

Cost Sharing or Matching

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

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 the application did not meet the eligibility requirements.

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.

Maintenance of Effort

Maintenance of Effort is not required for this program.

IV. APPLICATION AND SUBMISSION INFORMATION

Submission Dates and Times

This announcement is the definitive guide on LOI and 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 and the applicant will be notified the application did not meet the submission requirements.

Letter of Intent (LOI) Deadline Date: July 6, 2012, 5:00 PM, U.S. Eastern Daylight Savings Time.

Application Deadline Date: July 31, 2012, 11:59 PM U.S. Eastern Daylight Savings Time.

Applicants must download the SF424 application package associated with this funding opportunity from Grants.gov. If access to the Internet is not available or if the applicant encounters difficulty in accessing the forms on-line, contact the HHS/CDC Procurement and Grant Office Technical Information Management Section (PGO TIMS) staff at (770) 488-2700 email: pgotim@cdc.gov Monday-Friday 7:00am – 4:30pm U.S. Eastern Standard Time for further instruction. CDC Telecommunications for the hearing impaired or disabled is available at TTY 1-888-232-6348.

If the applicant encounters technical difficulties with Grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week, with the exception of all Federal Holidays. The Contact Center provides customer service to the applicant community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it is needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by e-mail, fax, CDs, or thumb drives of applications will not be accepted.

Content and Form of Application Submission

Unless specifically indicated, this announcement requires submission of the following information:

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

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

Print, scan, and upload as an additional attachment into the application package.

Letter of Intent (LOI)

Prospective applicants may submit a letter of intent that includes the following information:

- Funding Opportunity announcement title and number;
- The name of the applicant agency or organization;
- Name of the official contact person and that person's telephone number, fax number, mailing, and email addresses;

Format

The LOI should be no more than two pages (8.5 x 11), double-spaced, printed on one side, with one-inch margins, written in English, and unreduced 12-point Times New Roman font.

If an LOI is submitted it must be received not later July 6, 2012, 5:00 PM U.S. Eastern Daylight Savings Time. Submit the LOI by express mail or delivery service to:

Sue Shaw, MPH, CHES
Program Consultant, Diabetes Prevention
Centers for Disease Control and Prevention
Department of Health and Human Services
4770 Buford Highway NE, MS-K10

Atlanta, GA 30341

Although a letter of intent is not required, is not binding, and does not enter into the review of a subsequent application, the information that it contains allows CDC Program staff to estimate and plan the review of submitted applications. LOIs should be provided not later than July 6, 2012, 5:00 PM U.S. Eastern Daylight Savings Time.

A Project Abstract must be completed in the Grants.gov application forms. The Project Abstract must contain a summary of the proposed project 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. The project narrative 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: 40. 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
- Number all narrative pages not to exceed the maximum number of pages.

The narrative should address activities to be conducted over the entire four-year project period and must include the following items in the order listed:

1. Background and Need

- A. The applicant should provide data on the burden of diabetes in their networks' and/or affiliates' geographical area and describe the demographic and geographic boundaries, target populations (including estimated size of the population), and justification of these areas for scaling the National DPP.

2. Experience and Proven Capacity

- A. The applicant should describe current or past experience engaging network and/or affiliate organizations to plan, implement, and sustain programs and their capacity to engage in the level of effort for this program in multiple states over the 4-year project period.
- B. The applicant should describe experience developing and implementing targeted communication activities.
- C. The applicant should describe past or current experience working with employers on worksite wellness programs.
- D. The applicant should describe past or current experience working with public and/or private health insurance companies around health care benefits.

3. Project Work Plan

- A. The applicant should identify the states and cities of the network and/or affiliate organizations where the applicant proposes to scale the National DPP and establish the evidence-based lifestyle change program over the four-year project period.

- B. The applicant should describe their ability to reach a significant proportion of persons across multiple states at high risk for type 2 diabetes to participate in the evidence-based lifestyle change program, that meet the eligibility criteria outlined in the *CDC Diabetes Prevention Recognition Program Standards and Operating Procedures (DPRP Standards)* available at www.cdc.gov/diabetes/prevention/recognition. Although all states and cities must be identified in the application, actual work in these specified locations may be phased in over the four-year project period.
- C. The applicant should provide the number of persons at high-risk for type 2 diabetes projected to be recruited and enrolled in the evidence-based lifestyle change program each annual budget year and the number of evidence-based lifestyle change program intervention sites projected to be established each budget year in specified locations.
- D. The applicant should provide a list of existing network and/or affiliate organizations in the appendix (name, address, city, zip code).
- E. The applicant should provide letters of support that describe the type and extent of commitment to work with the applicant to scale the National DPP.
- F. The applicant should include an a description of proposed strategies for each of the following:
- a. Scaling an evidence-based lifestyle change program with existing network and/or affiliate organizations;
 - b. Recruiting and enrolling participates into the evidence-based lifestyle change program;

- c. Recruiting and training lifestyle coaches to deliver the evidence-based lifestyle change program;
 - d. Recruiting and training Master trainers to train lifestyle coaches to deliver the evidence-based lifestyle change program;
 - e. Educating employers about the benefits and costs savings of offering the evidence-based lifestyle change program as a covered health benefit to employees;
 - f. Educating insurers to reimburse organizations that are delivering the evidence-based lifestyle change program based on a pay-for-performance model;
 - g. Increasing awareness and promoting referrals to the evidence-based lifestyle change program;
 - h. Ensuring that network and/or affiliate sites that are delivering the evidence-based lifestyle change program apply for CDC DPRP recognition;
 - i. Collecting and submitting participant data to CDC DPRP;
 - j. Sustaining the evidence-based lifestyle change program, independent of government grant funds, when this cooperative agreement ends.
- G. The applicant should include a timeline for submission of draft and final plans for each of the following:
- A. Scaling (expanding) the National DPP;
 - B. Marketing and communications plan; and
 - C. Sustainability plan.

4. Monitoring and Evaluation

- A. The applicant should describe their plans for evaluating recipient activities as outlined in the FOA and participating in project-wide evaluation effort.
- B. The applicant should describe any previous experience with evaluation.
- C. The applicant should include a description of their plans for ensuring that staff have the appropriate knowledge and skills for program monitoring and evaluation.

5. Program Capacity

Staffing

- A. The applicant must describe program staff to be hired or dedicated to the project, in sufficient number, that will be qualified to carry out the required recipient activities, including a description of project tasks and responsibilities, required experience, and percentage of effort dedicated to the program.
- B. The applicant must indicate whether positions are shared with other programs and provide the percentage of effort dedicated to each program.
- C. The applicant must include resumes and job descriptions of proposed staff, and job descriptions for positions in the Appendices. (Filename: *Resumes/Job Descriptions NAME OF ORGANIZATION*).
- D. The applicant must describe plans to establish and retain other staff, contractors, and consultants sufficient in number and expertise to ensure project success over the course of the project period.

Fiscal management

The applicant must describe plans for developing and maintaining systems for sound fiscal management including monitoring the cooperative agreement award and program contracts and grants, ensuring the funds are expended in support of approved activities, tracking expenditures in a timely manner and preventing excessive unobligated balances.

6. Appendices

Additional information must be included in the application appendices. The appendices will not be counted toward the narrative page limit. This additional information must include:

- Evidence-based lifestyle change program curriculum (unless the applicant is using the National Diabetes Prevention Program curriculum posted on the CDC website at <http://www.cdc.gov/diabetes/prevention/recognition/curriculum.htm>) that meets the *Diabetes Prevention Recognition Program Standards and Operating Procedures* (DPRP Standards) available at www.cdc.gov/diabetes/prevention/recognition
- Organizational Chart
- List of existing network and/or affiliate organizations (name, street address, city, state, zip code) that have the capacity to implement the evidence-based lifestyle change program
- Timeline for program implementation
- Curriculum Vitae or resumes for key staff

- Letters of Support and Commitment (include level and types of commitment)
Applicants applying to serve a tribal area or tribal population must include a letter of support from Tribal organizations, which include Intertribal Councils and American Indian Health Boards which meet the definition set forth in 25 U.S.C. Section 1603(e) and are under a resolution that such organizations, councils, and boards represent the underlying tribes.

Funding Restrictions

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

- Sec. 503(a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation of the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.
(b) No part of any appropriate contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient , or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations,

regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislative body, other than normal and recognized executive-legislative relationships or participation by an agency or officer of an State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

(c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending, or future Federal, State, or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

- Sec. 218. None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.
- Sec 253. Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.
- Sec 738. None of the funds made available by this Act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to any corporation that was convicted (or had an officer or agent of such corporation acting on behalf of the corporation convicted) of a felony criminal violation under any Federal or State law within the preceding 24 months, where the awarding agency is aware of the conviction, unless the agency has considered suspension or debarment of the

corporation, or such officer or agent, and made a determination that this further action is not necessary to protect the interests of the Government.

- Sec 739. None of the funds made available by this act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to, any corporation that any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability, where the awarding agency is aware of the unpaid tax liability, unless the agency has considered suspension or debarment of the corporation and made a determination that this further action is not necessary to protect the interests of the Government.
- Sec 433. None of the funds made available by this Act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, made a grant to, or provide a loan or loan guarantee to, any corporation that was convicted (or had an officer or agent of such corporation acting on behalf of the corporation convicted) of a felony criminal violation under any Federal law within the preceding 24 months, where the awarding agency is aware of the conviction, unless the agency has considered suspension or debarment of the corporation, or such officer or agent and made a determination that this further action is not necessary to protect the interests of the Government.
- Sec 434. None of the funds made available by this act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a

grant to, or provide a loan or loan guarantee to, any corporation with respect to which any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsibly for collecting the tax liability, unless the agency has considered suspension or debarment of the corporation and made a determination that this further action is not necessary to protect the interests of the Government.

- FY 2012 Appropriations Provision: HHS recipients must comply with all terms and conditions outlined in their grant award, including grant policy terms and conditions contained in applicable Department of Health and Human Services (HHS) Grant Policy Statements, and requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable, as well as any requirements or limitations in any applicable appropriations acts.
- Recipients may not use funds for research.
- Recipients may not use funds for clinical care.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- Awardees may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.
- 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.

Additional Submission Requirements

Electronic Submission

Submit the application electronically by using the forms and instructions posted for this funding opportunity on www.Grants.gov. If access to the Internet is not available or if the applicant encounters difficulty in accessing the forms on-line, contact the HHS/CDC, Procurement and Grant Office, Technical Information Management Section (PGO TIMS) staff at (770) 488-2700 Email: pgotim@cdc.gov Monday-Friday 7:30am - 4:30pm for further instruction.

Note: Application submission is not concluded until successful completion of the validation process. After submission of your application package, applicants will receive a “submission receipt” email generated by Grants.gov. Grants.gov will then generate a second e-mail message to applicants which will either validate or reject their submitted application package. This validation process may take as long as two (2) business days. Applicants are strongly encouraged to check the status of their application to ensure submission of their application package is complete and no submission errors exists. To guarantee that you comply with the application deadline published in the Funding Opportunity Announcement, applicants are also strongly encouraged to allocate additional days prior to the published deadline to file their application. Non-validated applications will not be accepted after the published application deadline date.

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

Applications must be submitted electronically at www.Grants.gov. Electronic applications will be considered as having met the deadline if the application has been successfully made available to CDC for processing from Grants.gov on the deadline date. The application package can be downloaded from www.Grants.gov. Applicants can complete the application package off-line, and then upload and submit the application via the Grants.gov Web site. 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.

Applications submitted through Grants.gov (<http://www.grants.gov>), are electronically time/date stamped and assigned a tracking number. The AOR will receive an e-mail notice of receipt when Grants.gov receives the application. The tracking number serves to document submission and initiate the electronic validation process before the application is made available to CDC for processing.

If the applicant encounters technical difficulties with Grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week, with the exception of all Federal Holidays. The Contact

Center provides customer service to the applicant community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it is needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by e-mail, fax, CDs, or thumb drives of applications will not be accepted.

Organizations that encounter technical difficulties in using www.Grants.gov to submit their application must attempt to overcome those difficulties by contacting the Grants.gov Support Center (1-800-518-4726, support@grants.gov). After consulting with the Grants.gov Support Center, if the technical difficulties remain unresolved and electronic submission is not possible to meet the established deadline, organizations may submit a request prior to the application deadline by email to the GMO/GMS [See Section VII “Agency Contacts”], for permission to submit a paper application. An organization's request for permission must: (a) include the Grants.gov case number assigned to the inquiry, (b) describe the difficulties that prevented electronic submission and the efforts taken with the Grants.gov Support Center (c) be submitted to the GMO/GMS at least 3 calendar days prior to the application deadline. Paper applications submitted without prior approval will not be considered.

If a paper application is authorized, the applicant will receive instructions from PGO TIMS to submit the original and two hard copies of the application by mail or express delivery service.

Intergovernmental Review

Executive Order 12372 does not apply to this program.

V. **APPLICATION REVIEW INFORMATION**

Eligible applicants are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the Funding Opportunity Announcement Number DP12-1212PPHF12. Measures of effectiveness must relate to the performance goals stated in the “Purpose” section of this announcement. Measures of effectiveness must be objective, quantitative and measure the intended outcome of the proposed program. The measures of effectiveness must be included in the application and will be an element of the evaluation of the submitted application.

Criteria

Eligible applications will be evaluated against the following criteria:

The narrative should address activities to be conducted over the entire four-year project period and must include the following items in the order listed:

1. Background and Need (5 points)

- Extent that the applicant provides the following data and justification:
 - Burden of diabetes in their networks’ and/or affiliates’ geographical area
 - Identify the geographical area of the networks and/or affiliates
 - Identify the intended target audiences
 - Justify the need for the evidence-based lifestyle change program in the identified network and/or affiliate areas.

2. Experience and Proven Capacity (20 points)

- Extent that the applicant describes current or past experience engaging network and or affiliate organizations to plan, implement, evaluate, and sustain programs.
- Extent that the applicant describes their capacity to engage in the level of effort required for this program, in multiple states over the 4-year project period.
- Extent that the applicant describes experience developing and implementing targeted communication activities.
- Extent that the applicant describes past or current experience working with employers on worksite wellness programs.
- Extent that the applicant describes past or current experience working with public and/or private health insurance companies around health care benefits.

3. Project Work Plan (40 points)

- Extent that the applicant describes the locations (states and cities) the applicant proposes to scale the National DPP.
- Extent that the applicant demonstrates a strong ability to reach a significant proportion of persons, across multiple states, at high risk for type 2 diabetes, to participate in the evidence-based lifestyle change program.
- Extent that the applicant provides annual estimates of the number of persons at high-risk for type 2 diabetes, projected to be recruited and enrolled in the evidence-based lifestyle change program, in identified states and cities where the applicant proposes to scale the National DPP.

- Extent that the applicant provides a complete list of existing network and/or affiliate organizations in the appendix (name, address, city, zip code), consistent with the Project Work Plan.
- Extent that the applicant provides letters of support that describe the type and degree of commitment that will be dedicated to working with the applicant to scale the National DPP.
- Extent that the applicant describes proposed strategies for addressing the following:
 - Scaling of the National DPP;
 - Recruiting and training lifestyle coaches to deliver the evidence-based lifestyle change program;
 - Recruiting and training Master trainers to train lifestyle coaches to deliver the evidence-based lifestyle change program;
 - Educating employers to offer the evidence-based lifestyle change program as a covered health benefit for employees;
 - Educating insurers to reimburse organizations that are delivering the evidence-based lifestyle change program based on a pay-for-performance model;
 - Increasing awareness and promoting referrals to the evidence-based lifestyle change program;
 - Ensuring network and/or affiliate sites, that are delivering the evidence-based lifestyle change program, apply for CDC DPRP-recognition;
 - Collecting and submitting participant data to CDC DPRP;

- Sustaining the evidence-based lifestyle change programs established through this cooperative agreement, independent of government grant funds when this cooperative agreement ends.
- Extent that the applicant includes a timeline for submission of draft and final plans for each of the following:
 - Scaling the National DPP;
 - Marketing and communications plan;
 - Sustainability plan.

4. Monitoring and Evaluation (5 points)

- Extent that the applicant describes their plans for evaluating recipient activities as outlined in the FOA and participating in project-wide evaluation effort.
- Extent that the applicant describes previous experience with program evaluation.
- Extent that the applicant describes their plans for ensuring that staff have the appropriate knowledge and skills for program monitoring and evaluation.

5. Program Capacity (25 points)

- Extent that the applicant describes program staff to be hired or dedicated, in sufficient number, who will be qualified to carry out the required recipient activities, including a description of their roles and responsibilities and percentage of effort each staff person will dedicate to the program.
- Extent that the applicant describes existing or proposed staff with demonstrated knowledge, skills, and expertise in program management, fiscal

management, marketing and communications, social marketing, to carry out the required recipient activities and to meet the performance measures.

- Extent that the applicant describes whether positions are shared with other programs within the organization and the percentage of time positions are dedicated to each program.
- Extent that the applicant includes the following, in the appendix.
 - Resumes of all existing staff with demonstrated experience necessary to implement the recipient activities;
 - Job descriptions for all staff positions that demonstrate support of the recipient activities.
- Extent that the applicant describes whether the applicant plans to retain additional staff including contractors or consultants, justify the need, and include position descriptions.

6. Fiscal management (5 points)

- Extent that the applicant describes their fiscal management procedures and reporting systems, including plans for monitoring the cooperative agreement award and program contracts and grants, ensuring the funds are expended in support of approved activities, tracking expenditures in a timely manner, and preventing excessive unobligated balances.

Additional information should be included in the application **Appendices**. The appendices will not be counted toward the narrative page limit. This additional information includes:

1. **Budget and Justification** (reviewed, not scored, not included in page limit)

(Filename: *Budget and Justification NAME OF ORGANIZATION*). Guidelines for Budget Preparation are available at

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

- Personnel section should clearly identify paid and in-kind staff who will contribute time to this program, including the full-time Program Manager/Program Coordinator. If time will be donated through another arrangement (e.g., Memorandum of Understanding) with another entity, this should be noted in the Personnel section justification/narrative, and a Letter of Support and commitment should be submitted to document this agreement. See below under *Letters of Support and commitment*.
- Applicant may propose to award sub-grants/subcontracts to key partners to support scaling of the National DPP. Follow the Guidelines for Budget Preparation (<http://www.cdc.gov/od/pgo/funding/budgetguide.htm>) in providing required information for proposed consultants or contracts.
- Travel section of the budget should include funds to attend required meetings:
 - Annual 2-day National DPP meeting in Atlanta – Budget for 4 staff/program representatives.
 - Program-specific orientation/training - Budget for 2-day meeting for 4 staff. Dates and location are to be determined.

Budget (SF 424A) and Budget Narrative (Reviewed, but not scored). Although the budget is not scored applicants should consider the following in development of their

budget. Is the itemized budget for conducting the project, and justification reasonable and consistent with stated objectives and planned program activities?

If the applicants requests 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 applicant can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address:

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

Review and Selection Process

Review

All eligible applications will be initially reviewed for completeness by the Procurement and Grants Office (PGO) staff. In addition, eligible applications will be jointly reviewed for responsiveness by National Center for Chronic Disease Prevention and Health Promotion and PGO. Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance through the review process. Applicants will be notified that the application did not meet eligibility and/or published submission requirements.

An objective review panel will evaluate complete and responsive applications according to the criteria listed in Section V. Application Review Information, subsection entitled “Criteria”.

Selection

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

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

- Geographic diversity and inclusion of populations with a high burden of type 2 diabetes.

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

Anticipated Announcement and Award Dates: September 30, 2012

VI. AWARD ADMINISTRATION INFORMATION

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 e-mailed to the program director. A hard copy of the NoA will be mailed to the recipient fiscal officer identified in the application.

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

Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 Code of Federal Regulations (CFR) Part 74 or Part 92, as appropriate. The following additional requirements apply to this project:

- AR-6 Patient Care

- AR-7 Executive Order 12372
- AR-8 Public Health System Reporting 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-23 States and Faith-Based Organizations
- AR-24 Health Insurance Portability and Accountability Act Requirements
- AR-25 Release and Sharing of Data
- AR-27 Conference Disclaimer and Use of Logos
- AR-29 Compliance with E.O. 13513 Federal Leadership on Reducing
Text Messaging While Driving, October 1, 2009.
- AR-30 Information Letter 10-006 - Compliance with Section 508 of the
Rehabilitation Act of 1973
- 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.

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>

Additional information on the requirements can be found on the CDC Website at the following Internet address: 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>

Reporting

Federal Funding Accountability And Transparency Act Of 2006 (FFATA): Public Law 109-282, the Federal Funding Accountability and Transparency Act of 2006 as amended (FFATA), requires full disclosure of all entities and organizations receiving Federal funds including grants, contracts, loans and other assistance, and payments through a single publicly accessible Web site, www.USASpending.gov. The Web site includes information on each Federal financial assistance award and contract over \$25,000, including such information as:

1. The name of the entity receiving the award;
2. The amount of the award;
3. Information on the award, including transaction type, funding agency, etc.;
4. The location of the entity receiving the award;
5. A unique identifier of the entity receiving the award; and

6. Names and compensation of highly compensated officers (as applicable).

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by recipients: 1) information on executive compensation when not already reported through the Central Contractor Registry; and 2) similar information on all sub-awards/subcontracts/consortiums over \$25,000.

For the full text of the requirements under the Federal Funding Accountability and Transparency Act of 2006, please review the following website:

http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109_cong_bills&docid=f:s2590enr.txt.pdf

Recipients are responsible for contacting their HHS grant/program managers for any needed clarifications.

Section 220 – Prevention Fund Reporting Requirements

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 2012 PPHF fund purposes, and amount of PPHF funds.
- 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, CFDA number, and amount of 2012 PPHF funds. When a recipient awards 2012 PPHF funds for an existing program, the information furnished to sub-recipients shall distinguish the sub-awards of incremental 2012 PPHF funds from regular sub-awards under the existing program.

Reporting Requirements under Section 203 of the 2012 Enacted Appropriations Bill for the Prevention and Public Health Fund, Public Law 111-5:

This award requires the recipient to complete projects or activities which are funded under the 2012 Prevention and Public Health Fund (PPHF) and to report on use of PPHF funds provided through this award. Information from these reports will be made available to the public.

Recipients awarded a grant, cooperative agreement, or contract from such funds with a value of \$25,000 or more shall produce reports on a semi-annual basis with a reporting cycle of January 1- June 30 and July 1- December 31, and email such reports (in 508 compliant agreement no later than 20 calendar days after the end of each reporting period (i.e. July 20 and January 20, respectively) to pphfsio@cdc.gov. Recipient reports shall reference the notice of award number and title of the grant or cooperative agreement, and include a summary of the activities undertaken and identify any sub-grants or sub-contracts awarded (including the purpose of the award and the identity of the [sub] recipient).

Additionally, funded applicants must provide CDC with an original, plus two hard copies of the following reports:

1. Annual progress report, due 90 days after the end of the budget period. Information needed in an annual report includes:
 - A. Progress towards objectives.
 - B. Successes.
 - C. Barriers encountered.
 - D. Technical Assistance and training requested.
2. Annual and Final performance and Federal Financial Reports (SF-425)*, no more than 90 days after the end of each budget year and project period.

These reports must be submitted to the attention of the Grants Management Specialist listed in the Section VIII below entitled “Agency Contacts”.

VII. AGENCY CONTACTS

CDC encourages inquiries concerning this announcement.

For programmatic technical assistance, contact:

Sue Shaw

Program Consultant, Diabetes Prevention

Centers for Disease Control and Prevention

Department of Health and Human Services

4770 Buford Highway NE, MS-K10

Atlanta, GA 30341

E-mail: NationalDPP@cdc.gov

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

Roslyn Curington, Lead Grants Management Specialist

Department of Health and Human Services

CDC Procurement and Grants Office

2920 Brandywine Road, MS – K75

Atlanta, GA 30341

E-mail: zlp8@cdc.gov

For assistance with **submission difficulties**, contact:

Grants.gov Contact Center Phone: 1-800-518-4726.

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

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

Email: pgotim@cdc.gov

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

VIII. OTHER INFORMATION

Glossary

Affiliate - an organization that is branch or subset of a larger organization.

Budget Period- The interval of time (usually 12 months) into which the project period is divided for budgetary and funding purposes.

CDC Diabetes Prevention Recognition Program (DPRP) – The objectives of the DPRP are to assure the quality, consistency, and broad dissemination of the evidence-based lifestyle change program; develop and maintain a registry of organizations that are recognized for their ability to deliver an evidence-based lifestyle change program to people at high risk for type 2 diabetes; and to provide technical assistance to organizations that have applied for recognition to help them deliver an effective lifestyle program, and achieve and maintain recognition status. Additional information about the DPRP is available at

<http://www.cdc.gov/diabetes/prevention/recognition/about.htm>

Employer health councils - Private sector councils comprised of employers that meet to discuss health care benefits package.

Fiscal Year (FY) - A twelve-month period set for accounting purposes. For example, the Federal government's fiscal year runs from October 1 to September 30.

Funding Opportunity Announcement (FOA) - The publicly available document by which a Federal agency makes known its intentions to award discretionary grants or cooperative agreements, usually as a result of competition for funds. Funding opportunity announcements may be known as requests for application (RFAs),

program announcements (PAs), notices of funding availability, solicitations, or other names depending on the agency and type of program.

Group health care purchasing coalitions – Coalitions that work with employers to purchase health insurance benefits.

Health care purchasing coalition - Public and private organizations working together to collectively negotiate the purchase of and rates for health care insurance coverage.

Healthy People 2020 - Science-based 10-year national objectives for improving the health of Americans. This document is available at

<http://www.healthypeople.gov/2020/about/default.aspx>

High risk for type 2 diabetes – Risk factors for type 2 diabetes include older age, obesity, family history of diabetes, prior history of gestational diabetes, impaired glucose tolerance, physical inactivity, and race/ethnicity. African Americans, Hispanic/Latino Americans, American Indians, and some Asian Americans and Pacific Islanders are at particularly high risk for type 2 diabetes

HIPAA (Health Insurance Portability and Accountability Act) regulations - The privacy regulation which establishes national standards to protect individuals' medical records and other personal health information and applies to health plans, health care clearinghouses, and those health care providers that conduct certain health care transactions electronically. The Rule requires appropriate safeguards to protect the privacy of personal health information, and sets limits and conditions on the uses and disclosures that may be made of such information without patient authorization. The Rule also gives patients rights' over their health information, including rights to examine and obtain a copy of their health records, and to request corrections.

Insurance broker events – Events where insurance companies meet to discuss health care benefits/packages that they offer to employers.

Internal mechanism - Existing infrastructure, within an organization, to train individuals to become lifestyle coaches and to deliver the evidence-based lifestyle change program.

Lifestyle change program - 16 one-hour, in-person, group-based sessions over a period lasting at least 16 weeks and not more than 26 weeks. The core phase is followed by a post-core phase consisting of a minimum of 6 one-hour, in-person, group-based sessions occurring once a month for the remaining year of the lifestyle program.

Lifestyle coaches - Individuals trained to deliver the evidence-based lifestyle change program, as outlined in the CDC DPRP Standards. Lifestyle coaches lead lifestyle change classes and a series of activities between classes, throughout the year to educate, assist, engage, and encourage program participants.

Lifestyle intervention - The evidence-based lifestyle change program delivered by a lifestyle coach. In this FOA, lifestyle intervention is used interchangeably to refer to the lifestyle change program.

Master trainer – facilitators who are proficient in the evidence-based lifestyle curriculum and are experts in training Lifestyle Coaches to deliver the lifestyle change program.

Network organizations - Multiple organizations working together to produce goods or provide a service.

Participant - Person enrolled in the lifestyle change program.

Pay-for-performance model – payment for a health benefit service tied to a defined performance.

Prediabetes - Condition in which an individual has a blood glucose level higher than normal, but not high enough to be classified as type 2 diabetes. A person with prediabetes has an increased risk for type 2 diabetes, heart disease, and stroke.

Project period - The total time a project is approved for funding. A project period may consist of one or more annual budget periods.

Scale - A planned and systematic process for increasing the number of employers that offer the evidence-based lifestyle change program as covered health benefit for employees, establishing the evidence-based lifestyle change programs in multiple states, and increasing awareness of and referral to an evidence-based lifestyle change program.

Site - Physical location where the lifestyle change program meets.

Sub-contract, sub-grant, and sub-recipient - Any entity receiving a portion of federal grant funds awarded to an organization, to conduct specific tasks for the organization.

Sustain - A planned and systematic process for securing reimbursement (private and public) for organizations delivering the evidence-based lifestyle change program, using a pay-for-performance model.

Sustainability plan - A written document that describes how an organization will continue to offer the evidence-based lifestyle change program, without government grant funds.

Third-party payer - An organization (public or private) that pays another organization to offer the evidence-based lifestyle change program.

Resources

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www.cdc.gov/diabetes/prevention/recognition

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