

**Information Call: Script for Informational Conference Call for  
CDC-RFA-DP23-0010: BOLD Public Health Programs to Address Alzheimer’s Disease and  
Related Dementias**

January 25, 2023, Time: 12:30 pm U.S. Eastern Time (US and Canada)

**Agenda:**

Introductions and Welcome

General Overview of the NOFO

Strategies and Activities

Evaluation and Performance Measurement Plans

Application Submission and Preparation General Information

Questions and Answers

Closing Reminders

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**Introductions and Welcome:**

Good afternoon. Welcome and thank you for joining the conference call today to discuss a new notice of funding opportunity, or NOFO, titled “Building Our Largest Dementia (or BOLD) Public Health Programs to Address Alzheimer’s Disease and Related Dementias” **CDC-RFA-DP23-0010**.

My name is Heidi Holt, I serve as a project officer in the Alzheimer’s Disease Program at CDC.

Should you have any questions that do not get addressed on this call you can send them to us via email at [BOLDProgramsNOFO@cdc.gov](mailto:BOLDProgramsNOFO@cdc.gov). This is the official mailbox for all NOFO questions.

This call will be muted for all participants throughout the call. Please save your questions for the question-and-answer period at the end of the call. Participants will be able to type in their

questions at that time. The moderator for the call will call on you in the order of questions received, and then you may unmute your line for your question. Please do not state your name or affiliation.

The script for this call, and any questions with answers will be posted on the CDC Alzheimer's Disease and Healthy Aging website, <https://www.cdc.gov/aging/funding/php/2023.html> soon after this call has been completed.

Letters of Intent are encouraged but not required. Information on what to include in this letter as well as submission instructions are include on page 33 of the NOFO PDF.

I will next introduce the CDC staff that you will be hearing from today and the topics they will cover.

**Dr. Puja Seth** is Branch Chief for the Healthy Aging Branch. She will provide the general overview of the Program and of the Notice of Funding Opportunity.

I will then provide the information on the Strategies and Activities requirements.

**LaKasa Wyatt**, Grants Management Specialist in the CDC Office of Grants Services will provide information on application submission and preparation.

**Dr. Lisa McGuire** is Team Lead for the Alzheimer's Disease Program and will highlight the items to pay special attention to in the NOFO, including the evaluation and performance measurement plan.

**Michele Walsh**, our Division's Associate Director for Policy, Partnerships and Strategic Communication will act as moderator for our Question-and-Answer portion.

I will now turn to Dr. Puja Seth who will give us an overview of the BOLD Public Health Programs to Address Alzheimer's Disease and Related Dementias NOFO.

**General Overview of the NOFO (Dr. Puja Seth):**

Thank you, Heidi.

I am excited to have everyone join the call today to learn about the BOLD Public Health Programs to Address Alzheimer's Disease and Related Dementias NOFO.

This NOFO supports actions from the Building Our Largest Dementia (or BOLD) Infrastructure for Alzheimer's Act Public Law 115-406. Consistent with the BOLD Act, this NOFO has limited eligibility.

It will fund health departments of states, political subdivisions of states, and Indian [American Indian/Alaska Native] tribes and tribal organizations to build infrastructure and increase capacity in the field of Alzheimer's disease and related dementias (or ADRD). Recipients will expand and improve the response to ADRD in their jurisdictions. To do so, they will use a public health approach to ADRD using CDC's Healthy Brain Initiative [State and Local Public Health Partnerships to Address Dementia: The 2018-2023 Road Map](#), the [Road Map for Indian Country \(RM Series\)](#), as well as future updates of both, as guides.

The need for a well-coordinated public health approach to ADRD is essential given advancements in knowledge about risk factors related to cognitive decline and the growing awareness of the role of social determinants of health (or [SDOH](#)). A public health approach can build coordinated systems that bind together jurisdiction efforts for ADRD and caregiving for persons with dementia. These coordinated systems, such as community-clinical linkages, are crucial for improving equitable outcomes for ADRD. In 2021, the Secretary of the Department of

Health and Human Services added a new goal to accelerate action to promote healthy aging and reduce risk factors for ADRD in the [2021 National Alzheimer's Disease Plan](#). This goal focuses on reducing the prevalence of 10 key risk factors, including depression, diabetes, hearing loss, mid-life hypertension, physical inactivity, poor diet quality and obesity, poor sleep quality and sleep disorders, tobacco use, traumatic brain injury, and alcohol use.

This NOFO supports recipients to use a public health approach to ADRD promoting [SDOH](#) to achieve health equity and encourage data driven decision-making and action along with strategies that correspond to primary (for example, dementia risk reduction), secondary (for example, early detection and diagnosis, and **linking** to treatment, care, and services), and tertiary (for example, prevention and management of comorbidities leading to preventable hospitalizations and poor health outcomes, providing care and services and caregiving for persons with dementia) prevention. This 5-year NOFO will fund recipients in two different components. Component 1: "Capacity Building and Implementation" will be funded for 2 years as Capacity-Building and 3 years as Implementation. Component 2: "Implementation" will be funded for 5 years for implementation.

I will now turn to Heidi Holt to discuss the Strategies and Activities of this NOFO.

### **Strategies and Activities and Evaluation (Heidi Holt)**

Thank you, Puja.

To clarify the two components further, Component 1: "Capacity Building and Implementation" will be funded for 2 Capacity-Building years (Phase I) and 3 Implementation years (Phase II). This component is intended for applicants without a current jurisdiction-wide dementia strategic plan or full active ADRD coalition.

Component 2: “Implementation” will be funded for 5 Implementation years. This component is intended for applicants that already have an active dementia coalition and current jurisdiction-wide dementia strategic plan in place.

Applicants previously funded under CDC-RFA-DP20-2004 are not eligible for Component 1 awards.

The logic model (in the “Approach” section of the NOFO on Page 7 of the PDF) outlines the activities and expected outcomes of this effort. This logic model depicts the strategies and activities as well as the short-term, intermediate, and long-term outcomes to illustrate how this NOFO intends to achieve its overarching goals. The bolded outcomes in the logic model are outcomes that are expected to be achieved during the period of performance. The long-term outcomes are not expected to be achieved during the period of performance.

This NOFO describes nine strategies that are used for Component 1 and Component 2. Each strategy has detailed requirements and concrete outputs. I will now provide a summary of the activities and will note differences between the Component 1 and Component 2 awards.

This information is contained in several areas of the NOFO. I encourage you to review the “Strategies and Activities” section starting on page 9 of the NOFO PDF.

## **Component 1 – Capacity Building and Implementation**

### **Phase I (Capacity Building – Years 1-2)**

Strategy 1: **Create or expand** an existing jurisdiction Alzheimer’s Disease and Related Disease (ADRD) **Coalition**.

For the purposes of this program, a jurisdiction coalition is defined as a formal arrangement for cooperation and collaboration among a diverse cross-section of groups or sectors across the entire jurisdiction or geographic area.

The jurisdiction coalition proposed by the applicant, at a minimum, should include representatives of the organizations identified below or work to include these organizations on their coalitions. Tribes and Tribal organizations should include members from their equivalent organizations.

- Jurisdiction public health department representatives (the applicant)
- Jurisdiction aging services department representative
- Jurisdiction public health department representatives from identified risk reduction areas (for example, heart disease, diabetes)
- National non-profit organization whose primary mission is Alzheimer's disease (state or local chapter, as appropriate)
- Persons with a lived experience (for example, persons living with dementia (PLWD) or caregiver for person with ADRD)

Letters of Support are **required** from the organizations serving on the jurisdiction coalition from both the aging services and a national non-profit organization whose primary mission is Alzheimer's disease (state or local chapter, as appropriate) and must include a specific description of their unique role in support of the proposed work. Please see the "Collaborations" section starting on page 17 of the NOFO PDF for additional detail.

Recipients are strongly encouraged to have representatives from various types of organizations on their coalitions. For example, primary care practice representatives, healthcare organization representatives (who provide services for PLWD and their caregivers), health systems representatives, local governments, local community-based organization representatives where their work aligns with ADRD, colleges and universities engaged in dementia work, long term care providers, and policy makers and caregivers as examples.

Recipients are encouraged to engage their coalition to conduct a variety of activities. This includes but is not limited to using needs assessments to set priorities, conveying the current

state of ADRD science to the larger community, creating or updating their ADRD plan, creating implementation plans and building linkages.

**Strategy 2: Educate coalition members and partners** to orient them to brain health and ADRD issues and the broad spectrum of actions needed to fully address ADRD across the jurisdiction.

**Strategy 3: Component 1 will Create or update a jurisdiction **ADRD Strategic Plan**** using actions from the CDC's Healthy Brain Initiative Road Map Series, as well as future updates, as guides. The **required output** for this activity is a jurisdiction *ADRD Strategic Plan* that addresses key elements including use of available data (for example BRFSS, health system data, registries, community listening sessions, needs assessments, and other available data sources) to assess, identify, and set the goals and activities of the Strategic Plan to inform implementation in Strategy 4.

In addition, applicants should ensure a balanced approach to addressing ADRD is proposed. This includes incorporating primary, secondary, and tertiary prevention goals, and at least 4 Road Map actions. Applicants should prioritize populations and communities experiencing the greatest disparities in the prevalence of ADRD or ADRD-associated risk factors, and also have plans to address [SDOH](#).

## **Component I**

### **Phase II – Implementation (years 3-5)**

**Strategy 4:** Lead the coalition to develop and track an **Implementation Plan** to achieve the priorities, activities, and goals specified in the jurisdiction's ADRD Strategic Plan. The **required output** for this activity is an *Implementation Plan*, which is a detailed description of the specific strategies, objectives, actions, and champions that are needed to **implement** the jurisdiction ADRD Strategic Plan goals. This document should be a living, dynamic document that allows for adjustments that are informed by experience, science, data, and contextual influences. The

plan should also have objectives that are specific, measurable, attainable, relevant, time bound, inclusive, and equitable (or [SMARTIE](#)). The implementation plan should contain actions that address sustainability, prioritizes populations experiencing the greatest disparities in the prevalence of ADRD or ADRD-associated risk factors, including addressing SDOH and health equity, and identify champions for each goal.

**Strategy 5: Educate members of the general public** (including populations of high burden) about ADRD topics, including but not limited to primary prevention (for example, dementia risk reduction), secondary prevention (for example, early detection and diagnosis; linkages to treatment, care, and services), and tertiary prevention (for example, prevention and management of comorbidities leading to preventable hospitalizations and poor health outcomes; caregiving for persons with dementia).

**Strategy 6: Educate providers and other professionals** about these same ADRD topics.

**Strategy 7: Increase the availability and use of data** (for example, BRFSS, health system data, registries, community listening sessions, needs assessments, and other available data sources) to improve knowledge, and inform data driven decision-making about ADRD goals and activities.

**Strategy 8: Improve sustainability** of jurisdiction ADRD efforts. This includes adopting activities that enhance the ability to effectively implement evidence-based practices over time; increase scalability and improve systems, environments, and policies to support dementia (for example, organizational policies, academic curricula, professional associations, accreditation, and certification entities).

**Strategy 9: Increase the number of community-clinical linkages** between and among health care systems and existing services, public health agencies, and community-based organizations to improve both coordination and dementia outcomes, which will also address a key social

determinant of health. This strategy will include, but is not limited to, connecting organizations, such as health care systems and providers, to community services and programs to increase collaboration and referrals between those entities.

### **Component 2 – Implementation (years 1-5)**

Strategies 1 through 9 are the same for Component 2 as for Component 1 except for the following:

For Strategy 1, Component 2 recipients are expected to **maintain or expand** an already existing Coalition.

For Strategy 3, creating or updating a jurisdiction ADRD Strategic Plan is not required for Component 2.

**TO REITERATE**, Component 1 is intended for applicants without a current jurisdiction-wide dementia strategic plan or full active coalition. Component 2 is intended for applicants that already have an active jurisdiction-wide dementia coalition and current dementia strategic plan in place. Applicants previously funded under CDC-RFA-DP20-2004 are not eligible for Component 1 awards. Please refer to the NOFO PDF, including section E: “Review and Selection Process” for additional detail.

### **Evaluation and Performance Measurement Plan (page 23 of the NOFO PDF)**

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

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

How key program partners will participate in the evaluation and performance measurement planning processes.

Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (for example, performance measures proposed by the applicant).

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan within the first 6 months of award, as described in the Reporting Section of this NOFO. Please refer to the section starting on page 21 of the NOFO PDF. Once awarded, CDC may work with recipients to refine and add project measures and indicators as needed. CDC will also work with recipients to provide further guidance on finalizing this evaluation plan.

I will now turn to LaKasa Wyatt to discuss the Application Submission and Preparation information.

#### **Application Submission and Preparation (LaKasa Wyatt):**

Thank you, Heidi.

The Budget Period or Budget Year refers to the duration of each individual funding period within the five (5) year project period. For this NOFO, budget periods are 12 months long.

This NOFO is for non-research activities. The total project period length will be five years. It is estimated that a total of up to 35 awardees will be funded during the 2023-2028 period of performance.

The average one-year award amount for Component 1 (years 1-2 or Phase I) is expected to be \$250,000.

For Component 1 (years 3-5 or Phase II) the average award is expected to be \$450,000.

For Component 2 the average award is expected to be \$450,000.

Component 1 and Component 2 applications will be reviewed and ranked in separate panels. CDC will determine, based on funds available, the final mix of Component 1 and Component 2 awards.

Applications over \$350,000 for Component 1 or \$600,000 for Component 2 will be deemed non-responsive and will not be reviewed.

Each applicant for either the Component 1 or Component 2 award shall provide a 30% match from non-Federal sources. For example, if a program is requesting \$500,000, the applicant should also plan for \$150,000 as a match. This match can be provided in various ways, including in-kind staff salary and benefits, space, equipment, or other budgetary items like travel. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient. The source of matching contributions must be funds from a non-federal source, (such as state or local government, private non-profit foundation, private individual).

**Match Waivers may be considered. If your agency determines that applying such matching requirement would result in serious hardship or an inability to carry out the purposes of the cooperative agreement, you may submit a match waiver request.**

More guidance about matching funds and requesting waivers can be found in the “Cost sharing and/or Matching Requirements” section on page 4 **of the NOFO PDF.**

Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the awardee (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (period of performance) will be shown in the “Notice of Award”.

To apply, applicants must also meet the following criteria:

- A. Applicants may apply for only one component. All applicants must clearly indicate which component (Component 1: Capacity Building/Implementation or Component 2: Implementation) they are applying for in their application title. Multiple applicants from the same entity, with the same Unique Entity ID (UEI), will not be accepted.
- B. The applicant must be a state, local, or tribal Public Health Department and must administer and oversee this cooperative agreement. This includes tribal equivalent public health organizations.
- C. Please note: For Component 1 applicants, Applicants previously funded under CDC-RFA-DP20-2004 are not eligible for Component 1 awards.
- D. Component 2 applicants must provide: 1) A Coalition Membership Roster and 2) A current ADRD Strategic Plan.

**Budget Guidance:**

- E. For Components 1 and 2:
  - 1. Applicant must budget funds sufficient for at least two people to attend one CDC meeting annually (for each budget year), in Atlanta, Georgia;
  - 2. Key personnel for this program must include program director (minimum of 25%), program coordinator (minimum of 100%), and evaluator (minimum of 15%); and
  - 3. Applicants must clearly reflect the required 30% match in the proposed budget or a matching waiver request in their application.

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

narrative. The budget must include salaries, fringe benefits, consultant costs, supplies, travel, other categories, contractual costs, total direct costs, and total indirect costs. Please see “Budget Narrative” section on page 37 of the NOFO PDF.

Please note for this NOFO, the page limit for the Project Narrative is 25 pages. Text should be single spaced, 12-point font, 1-inch margins, and all pages numbered. This includes the work plan. Content beyond the specified page number will not be reviewed. Please refer to the NOFO for complete application instructions.

For guidance on completing a detailed budget, see Budget Preparation Guidelines at: <https://www.cdc.gov/grants/applying/application-resources.html>. This website also gives you other useful information for applying for a NOFO. I strongly encourage you to visit this website.

Should you have any questions regarding this NOFO, please email the NOFO mailbox at [BOLDProgramsNOFO@cdc.gov](mailto:BOLDProgramsNOFO@cdc.gov).

An organization must be registered at three locations before it can submit an application for funding at [www.grants.gov](http://www.grants.gov).

The first step in submitting an application online is registering your organization at [www.Grants.gov](http://www.Grants.gov), the official HHS E-grant Web site. All applicant organizations must register at [www.grants.gov](http://www.grants.gov). The one-time registration process usually takes not more than five days to complete. Applicants must start the registration process as early as possible. Set up an individual account in Grants.gov using the organization’s new Unique Entity Identifier (UEI) number to become an Authorized Organization Representative (AOR). Once the account is set up the E-BIZ Point of Contact (POC) will be notified via email. Log into grants.gov using the password the E-BIZ POC received and create a new password. This authorizes the AOR to

submit applications on behalf of the organization. It takes one day (after you enter the E-BIZ POC name and E-BIZ POC email in the System for Award Management (SAM) to receive a Unique Entity Identifier (UEI) which will allow you to register with Grants.gov and apply for federal funding.

All applicant organizations must obtain a UEI by registering in SAM.gov prior to submitting an application. A UEI number is a unique twelve-digit identification number assigned to the registering organization.

If funds are awarded to an application organization that includes sub-recipients, those subrecipients must provide their UEI numbers before accepting any funds.

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

The websites I mentioned can be found on pages 31 and 32 of the NOFO PDF. You will want to register soon to ensure you have everything in place to apply by the application deadline of March 23, 2023, at 11:59 pm Eastern Time. If the application is not submitted by the deadline, it will not be processed. Unsuccessful applicants will receive notification by email. Successful applicants will receive a notice of award by September 29, 2023, the anticipated project start date.

I will now turn to Dr. Lisa McGuire to point out a few additional items to pay attention to when submitting the applications.

**Additional Information: (Dr. Lisa McGuire)**

Thank you, LaKasa.

We will now take a few moments to make sure you are aware of the resources that may be of use to you as you work on your application. The CDC Alzheimer's Disease website, [www.cdc.gov/aging](http://www.cdc.gov/aging), has a link in the "Spotlight" section on the right side specifically for this BOLD Programs NOFO. There, you will see additional links and information, a link to the Grants.gov site for the full NOFO package, as well as previously submitted questions and answers under the FAQ link. If your question has not already been addressed, there is a link on the page for you to submit additional questions to the NOFO mailbox at [BOLDProgramsNOFO@cdc.gov](mailto:BOLDProgramsNOFO@cdc.gov). Questions that have already been received are answered and uploaded to the FAQ portion of the website. The FAQs are updated regularly. Please check this page before submitting your questions to the mailbox.

We would like to point out that only **one application may be submitted per Unique Entity Identifier (UEI)**. Therefore, you must decide if you are applying for the Component 1 or Component 2 Awards. You must only submit one application and **identify the Component you are applying for in your application title**.

Submission of a Letter of Intent (or LOI) is optional but appreciated. The purpose of an LOI is to allow CDC program staff to estimate the number of, and plan for the review of, submitted applications. If submitting an LOI, send to our mailbox at [BOLDProgramsNOFO@cdc.gov](mailto:BOLDProgramsNOFO@cdc.gov) by February 18, 2023. Please see pages 33 of the NOFO PDF for additional information on LOI content requested.

Additionally, whether you are applying for a Component 1 or Component 2 award, please be aware that additional attachments are required as outlined in the “Other Information” section of the NOFO. Guidance for uploading all documentation can be found in the “Other Information” section beginning on page 57 of the NOFO PDF.

Now I will turn it over to Michele Walsh for the question-and-answer portion of the call.

### **Questions and Answers (Michele Walsh)**

Thank you, Lisa.

When asking your question, we request that you do not state your name or affiliation. We will do our best to answer your questions today. If we are not able to answer your questions, we are taking notes and will post answers on our website at <https://www.cdc.gov/aging/funding/php/2023.html>.

All questions and responses from today’s call will be posted at <https://www.cdc.gov/aging/funding/php/2023.html> within the next few days. Questions that come in after this call must be sent to our mailbox [BOLDProgramsNOFO@cdc.gov](mailto:BOLDProgramsNOFO@cdc.gov). Answers to these questions will also be uploaded to the FAQ as they are answered.

I will now ask the moderator to start the question-and-answer portion of the call.

[Q&A portion]

I will now turn the call over to Heidi Holt for closing remarks.

**Closing Remarks (Heidi Holt):**

Thank you, Michele.

On behalf of CDC's Alzheimer's Disease Program, we are looking forward to supporting this important NOFO.

As a reminder, optional letters of intent are due February 18, 2023.

The application due date is March 23, 2023, at 11:59 pm Eastern Time, and the award start date is expected to be September 30, 2023.

Remember to go to <https://www.cdc.gov/aging/funding/php/2023.html> for a copy of the script for this call. This page includes the FAQs as well as additional information to inform your application. If you have additional questions, please submit them to our mailbox [BOLDProgramsNOFO@cdc.gov](mailto:BOLDProgramsNOFO@cdc.gov).

We thank you for your participation on today's call and look forward to receiving your applications.