Updated April 9th, 2015 (updates in red color)
This page will be updated regularly to post answers to questions that are received about the Funding Opportunity Announcement

Information on this page relates to Funding Opportunity Announcement CDC-RFA-DP15-1505
The Healthy Brain Initiative: Implementing Public Health Actions related to Cognitive Health, Cognitive Impairment, and Caregiving at the State and Local Levels.

Letters of intent are requested by 3/24/15

Application Due Date: 05/08/2015 11:59 p.m. U.S. Eastern Time
For more information, please visit
http://www.grants.gov/web/grants/view-opportunity.html?oppId=274791

Talking Points from the Informational Call:

March 17, 2015, at 3:30 p.m. ET.

Agenda:

Roll Call	Angela Deokar
Introduction and Welcome	Angela Deokar
General Overview of the FOA	Lynda Anderson
Strategies, Activities, Evaluation	Angela Deokar
Eligibility Criteria & Funding	Michele Walsh
Application Requirements	LaKasa Wyatt
Questions and Answers	All
Closing	Angela Deokar

Welcome to the informational call to discuss a new funding opportunity The Healthy Brain Initiative: Implementing Public Health Actions related to Cognitive Health, Cognitive Impairment, and Caregiving at the State and Local Levels. My name is Angela Deokar and I am a Public Health Advisor in the Healthy Aging Program within CDC's National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health.

Before we get started, I ask that you please mute your phones. It is very important that you do not place your phone on hold during the call. If necessary, hang up and call back in so that we can avoid any interruptions to the phone lines.

Thank you for taking the time to be on this call today. I will review the agenda and the people you will be hearing from today.

- Dr. Lynda Anderson, Director of the CDC Healthy Aging Program, will provide a general overview of the FOA and describe the target audience, partnerships and collaborations;

- I will describe the activities, strategies and evaluation;
- Michele Walsh, Associate Director for Policy and Communication within the Division of Population Health, will discuss the eligibility criteria and available funding;
- LaKasa Wyatt, Grants Management Specialist within CDC's Procurement and Grants Office (PGO), will discuss the application requirements.

We will end today's call with time to respond to your questions. I will lead us through the question and answer process. Currently, we ask that you place your phones on mute. If you have questions during the presentations, please write down your questions during the call, so that you can ask them at the end of the presentations. In the event your question is not answered on today's call, you may submit your question to me at ftm4@cdc.gov. Answers to the questions will be posted on our web site at: www.cdc.gov/aging. Answers to questions we have received prior to this call are already posted at this site.

I am now going to turn it over to Dr. Lynda Anderson who will give an overview of the program.

Dr. Anderson
Thank you, Ms. Deokar. Let me also add my welcome to the call. I will provide a general overview and describe the primary purpose of the FOA, the target population, highlight how this relates to CDC's Healthy Brain Initiative, and review key aspects of what is expected of applicants. Note that these are highlights and all requirements are stated in the published FOA – which is CDC-RFA-DP15-1505, and titled, "The Healthy Brain Initiative: Implementing Public Health Actions related to Cognitive Health, Cognitive Impairment, and Caregiving at the State and Local Levels." Note that this FOA is from the Department of Health and Human Services, Centers for Disease Control and Prevention.

The primary purpose of the Funding Opportunity Announcement is to engage the target population in order to guide a comprehensive and coordinated approach and implementation of public health actions at national, state and local levels to apply public health strategies to promote cognitive health; address cognitive impairment, including Alzheimer's disease; and support the needs of care partners (paid and unpaid persons providing care or assistance to someone with Alzheimer's disease or related dementia).

The target population to be reached through this FOA is state and local public health agencies and their national, state, and local partners. As part of the application, applicants are required to describe the target population or populations within this group, which was chosen to achieve the greatest health impact. For example, this may include: state health officials, state chronic disease directors, non-profit organizations, healthcare provider member organizations, or other comparable groups.

CDC's Healthy Brain Initiative provides the foundation for this funding opportunity announcement. CDC's Healthy Brain Initiative also aligns with a number of goals and strategies of the National Plan to Prevent Alzheimer's Disease that is part of the National Alzheimer's Project Act (the Web links are included in the FOA). The creators of the Healthy Brain Initiative

envision a nation in which the public embraces cognitive health as a vital component of health that is incorporated in public health efforts. A key component of our efforts to advance public health activities in cognitive health and impairment was the development of a series of road maps for public health. The latest roadmap, titled *The Healthy Brain Initiative: The Public Health Road Map for State and National Partnerships, 2013–2018 (Road Map)* was released in 2013. This effort would not be possible without many national and state partners and was informed by a large and diverse group of interested agencies and organizations. The 35 actions included in the Road Map provide a foundation upon which agencies and organizations can act in a strategic manner to effect change. Of particular importance to achieving the goals of the Road Map are strategic collaborations that can comprehensively and effectively implement the public health actions of the Road Map. Action items of the Road Map fall within four public health domains: monitor and evaluate; educate and empower the nation; develop policy and mobilize partnerships; and assure a competent workforce.

More information is available about the Road Map at:
http://www.cdc.gov/aging/healthybrain/roadmap.htm

My next comments focus on several of the expectations related to organizational capacity from applicants. It is critical that you review and respond to all of the requested information in the FOA. I will highlight a few things here. Applicants should document their capacity to implement public health initiatives for cognitive health, and cognitive impairment, including Alzheimer's disease through the specified target populations. As stated in the FOA, this must include reach to 25 states or territories. The applicant should also have demonstrated experience in strategic leadership through creation of a common agenda or strategic vision, served as a catalyst for change, and demonstrated program accomplishments such as leveraging resources, and facilitated the integration between cognitive health, cognitive impairment and caregiving and other state and local health-related programs. Other organizational capability criteria are outlined further in the FOA.

Finally, applicants are expected to identify and leverage opportunities with partners, which will also enhance the recipient's work in carrying out the strategies and activities, with CDC funded programs and networks as well as other non-CDC funded partners listed in the FOA where there are common interests and objectives related to cognitive health and impairment.

On behalf of CDC's Healthy Aging Program, we are looking forward to supporting this important FOA.

And, now I will turn it back over to Ms. Deokar to discuss the activities and strategies.

Activities and Strategies, Evaluation, Angela Deokar
Thank you. I will now describe the activities, strategies and evaluation sections outlined in the FOA.

The strategies are informed by the Healthy Brain Initiative Road Map, and link to the 4 domains of the National Center for Chronic Disease Prevention and Health Promotion.

The four strategies include:

1) Monitor and Evaluate:
   This strategy includes activities that use data and information to develop, examine, and deploy effective strategies, identify and address gaps in implementation, create and assess technical assistance tools, and monitor progress in achieving program goals.
2) Develop Policy and Mobilize Partnerships:
   This strategy includes activities that engage in environmental approaches that promote inclusion of cognitive health, cognitive impairment and caregiving into community and workplace policies and plans.
3) Assure a Competent Workforce:
   This strategy includes activities that support health system strategies to improve early detection of cognitive impairment, including Alzheimer's disease, and increasing awareness among healthcare providers about care partner health and role in care management.
4) Educate and Empower the Nation:
   This strategy includes activities that facilitate the translation and dissemination of information and resources through public health networks.

As Dr. Anderson stated, the FOA supports strategic national collaborations to comprehensively implement action items from the 2013 Healthy Brain Initiative Road Map. Strategies and activities should engage target populations to guide the implementation of public health actions to promote cognitive health; address cognitive impairment, including Alzheimer's disease; and support the needs of care partners.

Applicants are strongly encouraged to consider key areas that have been identified for effective public health program implementation when considering how they will carry out their activities. These include: innovating to develop an evidence base; developing a rigorously established technical assistance package; managing performance; promoting effective partnerships; communicating effectively to help change public perception and engage a wide audience; and obtaining commitment through program success. These areas are further discussed in an open-access article by Dr. Frieden titled, "Six Components Necessary for Effective Public Health Program Implementation" published January 2014 in the American Journal of Public Health.

The strategies and activities should lead to the outcomes depicted in the logic model in the FOA.

Outcomes:
As presented in the logic model, the work conducted under this FOA is expected to make a contribution to a series of long-term outcomes. However the long-term outcomes are likely to be achieved after this funding cycle. So, during this funding cycle the applicant is expected to

show progress on the short-term and intermediate outcomes depicted in the model. These are as follows:

The short-term outcomes expected to be achieved within years 1 and 2 include:
1. Increased evidence for public health interventions;
2. Increased integration of cognition into organizational missions and planning;
3. Increased understanding among healthcare partners about assessment tools, and the caregiver's health and role in care management;
4. Increased understanding of cognition and resources available among public health organizations and partners.

The intermediate outcomes expected to be achieved within years 3 and 4 of the funding cycle include:
1. Public health and partner organizations (target population) are:
a. engaged and ready to take action, and;
b. use consistent framework, terms, and measures;
2. Public health and partner organizations (target population) are aware of and implement best practices and strategies;
3. Healthcare providers are more knowledgeable about warning signs, assessment tools, and communicating information and resources about cognition and caregiving with persons living with cognitive impairment and their families;
4. Discussions about cognitive health concerns occur between patients and healthcare and other professional service providers.

Applicants must provide an overall evaluation plan as described in the FOA. If awarded funds, awardees must provide a more detailed plan within the first year of programmatic funding. Applicants are not required to develop a logic model for this FOA.

And, now I will turn it over to Michele Walsh who will discuss eligibility criteria and available funding.

Michele Walsh,
This FOA is an open competition and the list of eligible organizations are listed in the FOA on pages 15-16. In order to help ensure a comprehensive national scope, applicants are required as stated in the organizational capacity section to have adequate infrastructure to implement public health initiatives for cognitive health and impairment, including Alzheimer's disease, nationally <u>in at least 25 states or territories</u>.

Depending upon availability of funds, the ceiling amount may be up to $2 million per year. There are no cost sharing or matching requirements with this FOA.

Now I will turn it over to Ms. LaKasa Wyatt from the CDC Procurement and Grants (PGO) office:

LaKasa Wyatt,
The ceiling in the FOA is $2.0 million. CDC anticipates funding up to 3 applicants. The average award will range from approximately $667,000 - $2.0 million, subject to availability of funding including direct and indirect costs. Throughout the project period, CDC will continue to 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 (project period) will be shown in the "Notice of Award".

12. Budget Narrative:

Applicants must submit an itemized budget narrative, which may be scored as part of the Organizational Capacity of Awardees to Execute the Approach. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the projective narrative. The budget must include: Salaries, Fringe benefits, consultant costs, equipment, supplies, travel, other categories, contractual costs, total direct costs and indirect costs.

For guidance on completing a detailed budget, see Budget Preparation Guidelines at:

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

Budget Period or Budget Year: The duration of each individual funding period within the project period. Traditionally, budget periods are 12months to 1 year. The ceiling in the FOA is $2.0 million. CDC will consider any application requesting an award higher than this amount as non- responsive and it will receive no further review. CDC anticipates funding up to 3 applicants. The average award will range from approximately $667,000 - $2.0 million, subject to availability of funding including direct and indirect costs.

Angela Deokar, Submitting questions after this call
We would like to take a few moments to make sure you are aware of resources that are available to you. Our remarks from this call and answers to any questions we receive about the FOA will be posted publically on www.cdc.gov/aging.

For technical assistance with grants.gov, please refer to the "support" tab on grants.gov.

For questions related to the FOA, please send an e-mail to me at ftm4@cdc.gov. Answers to your questions will be posted at: www.cdc.gov/aging

Angela Deokar, Letters of Intent
Lastly, before we open the lines for questions, I wanted to highlight that we are requesting Letters of Intent for this FOA. It is not a requirement of the FOA, but it helps us to have an estimate of the number of applications expected so that we can prepare for the objective review process. Letters of intent are requested by March 24th, 2015. They can be *sent via U.S.*

express mail, delivery service, or email to me at the contact information listed on Page 18 of the FOA.

It is requested that LOIs include the following:
Name of the applicant
Name, address, telephone number, and e-mail address of the primary contact
Number and title of this FOA
Other: Intended primary target audience or audiences

Questions and Answers:
Now, we would like to open it up to questions that you have. Before we open the line for questions, please be sure that your phones are on mute unless you are asking a question. To unmute your line, please press *6. Also, I'd like to remind you to not place your phone on hold during the call. If necessary, hang up and call back in so that we can avoid any interruptions to the phone lines. Questions and answers from this call will be posted publically on our website at www.cdc.gov/aging.

This is just a reminder that if you have questions after this call, please e-mail them to me at ftm4@cdc.gov. We will post answers to your questions at www.cdc.gov/aging so please check back to that site frequently for updates.

Q: Regarding being able to achieve national reach (in at least 25 states), given we would be focusing on our state of Nevada, are you saying partner with national organizations that are already doing this type of work?
A: It is up to the applicant to determine how to achieve national reach.

Q: If there are multiple states looking at applying for this, I can see multiple states trying to develop a relationship with a national organization before the letter of intent is due, for example, the Alzheimer's Association. If this is what you are looking for, are the national organizations open to this type of collaboration?
A: The FOA is not geared towards a particular agency or organization. It is up to the applicant to determine how to achieve national reach.

Q: What is the difference between a research and non-research cooperative agreement?
A: The major difference between research and non-research lies in the *purpose* of the activity. The purpose of research is to increase scientific knowledge that is generalizable. The purpose of non-research in public health is to prevent or control disease or injury and improve health, or to improve a public health program or service.

- A **research** grant or cooperative agreement provides funding to support investigatory projects to be performed by specific organizations in their areas of expertise. Research means a "systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge" (45 CFR 46.102(d)).

- A **non-research** grant or cooperative agreement provides funding to support the agency's programmatic needs. The purpose of the non-research activity is to identify and control a health problem or improve a public health program or service. Intended benefits of the project are primarily or exclusively for the participants (or clients) or the participants' community; data collected are needed to assess or improve the program or service, the health of the participants or the participants' community; knowledge that is generated does not extend beyond the scope of the activity; and project activities are not experimental.

Q: On page 3 regarding the BRFSS, is it necessary for a state to conduct this survey in order to be able to apply for this grant?
A: It is not a requirement of the FOA to include the BRFSS questions on the state survey.

Q: The idea is that there will be a national scope to these implementation projects, yet given budget amount and implementation time, it does not appear reasonable to be able to get to 25 states – are you looking for something that could then be replicated in the 25 states in the future?
A: As stated in the FOA, "organizational capacity ensures applicants demonstrate their ability to successfully execute the FOA strategies and meet project outcomes. Applicants should have adequate infrastructure," which includes the, "ability to implement public health initiatives for cognitive health and impairment, including Alzheimer's disease, nationally in at least 25 states or territories to help ensure a comprehensive national scope." This can be done through, "the provision of guidance, support and technical assistance to state and local public health and their partners."

Q: Are applicants required to include a logic model with their applications?
A: No, the logic model included in the FOA is the logic model that will be used for projects under this FOA.

Q: Are applicants required to focus on all four strategies in the FOA, or could we focus on 1, 2, or 3?
A: Applicants are expected to focus on all four of the strategies in order to achieve the intended outcomes of the FOA. Applicants should review the FOA for the intended short-term and intermediate outcomes.

Q: Is it required in year 1 that activities impact 25 or more states, or is it acceptable or anticipated that grantee would interact with others to get to some in the first year and then to work up to 25 states in subsequent years?
A: The intent of the FOA is not to build organizational capacity to be able to reach 25 or more states. As stated in the FOA, applicants should be able to demonstrate their "ability to successfully execute the FOA strategies and meet project outcomes," which includes the "ability to implement public health initiatives for cognitive health and impairment, including Alzheimer's disease, nationally in at least 25 states or territories to help ensure a

comprehensive national scope." This can be done through, "the provision of guidance, support and technical assistance to state and local public health and their partners."

Q: You mentioned that CDC will not consider applications submitted with budgets over $2 million. Is that for all years total or just for the first year?
A: That statement was meant for budgets in the first year. On Page 16 of the FOA it states that, "the award ceiling for this FOA is $2,000,000. CDC will consider any application requesting an award higher than this amount as non-responsive and it will receive no further review."

Q: Do Letters of support and MOUs/MOAs count against the page limit for the FOA?
A: No. Letters of support and MOUs/MOAs do not count against the page limit.

Q: If we intended to work with one or more prevention research centers, would we have to name those centers in the application of just describe the work we would do, or use some of the first year to establish that relationship(s)?
A: It is up to the applicant to decide their approach. Note that applicants will be scored based on the evaluation criteria on pages 24-26, which includes assessment of the strength of the applicant's collaborations and partnerships.

<u>Other Questions and Answers received about the FOA:</u>

Q: Is it ok for my organization to be included as a sub award on 2 different applications?
A: Yes, there are not any rules about sub awards during the application stage. After awards are made to successful applicants, they are required to submit and receive prior approval before awarding any funds to entities outside their organization that they've identified as potential sub awards or contracts.

Q: Are these items included in the 20 page limit for the Project Narrative?

1.) **On page 18, #9 Project Abstract Summary**
2.) **On page 20, #10d Organizational Capacity of Applicants**
3.) **On page 31, H Other Attachments: The Optional Attachments**

A:
1.) The Project Abstract Summary (#9 on page 18 of the FOA) should be limited to one page and it does not count against the 20-page limit for the project narrative.

2.) On page 19 the FOA states: "The Project Narrative must include all of the bolded headings shown in this section. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section." Per the instructions on page 19, "d. Organizational Capacity of Applicants to Implement the Approach" on page 20 is in bold and should be included in the narrative description. Note that attachments related to the Organizational Capacity of Applicants do not count toward the 20 page limit, and as stated in the FOA, "Applicants must name this file 'CVs/Resumes' or 'Organizational Charts' and upload it at www .grant s .gov ."

3.) The other optional attachments (Page 31 of the FOA) do not count against the 20-page limit for the project narrative.

Q: I see that the LOI was due on 3/24/15. Was this LOI required, or may we still proceed and submit a full application for the 5/8/15 deadline?
A: As stated in the FOA, the LOI was requested by 3/24/15 and not required. There was an informational call held on 3/17/15. The notes from the call and questions/answers received about the FOA are posted here: http://www.cdc.gov/aging/. Any questions we receive about the FOA will be posted here.

Q: Does a study on bio markers fall within the scope of this FOA?
A: This FOA is a non-research FOA and a project examining biomarkers for early diagnosis of Parkinson 's disease (PD) would not fall within the scope of the FOA. The talking points from the informational call held on March 17th includes information about the difference between a non-research and a research FOA.

Q: Does a 2-Year project to establish a registry of participants and initiate online monthly memory monitoring using a self-administered internet-based cognitive tool fit within the scope of the FOA?
A: This is a non-research FOA and the proposed project would fall outside the scope of the FOA. Additionally, the purpose of the FOA is to engage the target population to guide a comprehensive and coordinated approach and implementation of public health actions at national, state, and local levels to apply public health strategies to promote cognitive health; address cognitive impairment, including Alzheimer's disease; and support the needs of care partners (paid and unpaid persons providing care or assistance to someone with Alzheimer's disease or related dementia). The target population to be reached through this FOA is state and local public health agencies and their national, state, and local partners. As part of the application, applicants are required to describe the target population or populations within this group, which was chosen to achieve the greatest health impact. For example, this may include: state health officials, state chronic disease directors, non-profit organizations, healthcare provider member organizations, or other comparable groups. The talking points from the informational call held on March 17th includes information about the difference between a non-research and a research FOA.

Q: What is the page limit for the application?
A: As stated in the FOA, the project narrative should be a "maximum of 20 pages, single spaced, Calibri 12 point, 1-inch margins, number all pages. Content beyond 20 pages will not be considered. The 20 page limit includes the work plan." Further letters of support and MOUs/MOAs do not count against the page limit.

Q: Given the expectation of the extensive networks that awardees must have (e.g. implement in 25 states), do you anticipate that state agencies or national organizations will be most successful in this FOA?
A: All applications will be reviewed by an objective review panel based on the merits of the proposals using the evaluation criteria in the FOA. As stated in the FOA, applicants should be able to demonstrate their "ability to successfully execute the FOA strategies and meet project outcomes," which includes the "ability to implement public health initiatives for cognitive health and impairment, including Alzheimer's disease, nationally in at least 25 states or

territories to help ensure a comprehensive national scope." This can be done through, "the provision of guidance, support and technical assistance to state and local public health and their partners."

Q: Are universities equally as well-positioned to apply?
A: The FOA is not geared towards a particular agency or organization. All applications will be reviewed by an objective review panel based on the merits of the proposals using the evaluation criteria in the FOA.

Q: Can you tell me the federal funding source for the CDC-RFA-DP15-1505 Healthy Brain Initiative funding opportunity?
A: The funds will be from the Centers for Disease Control and Prevention's (CDC) regular federal appropriation for Alzheimer's disease.

Q: A majority of the children and adolescents that I see have developmental disabilities and their caregivers are over 65 years of age. We believe that there are over 10,000 such individuals living in our state. Would the dissemination and translation of information and resources through public health networks to these elders and their developmentally disabled family members "fit" with the funding priorities?
A: No, as stated in the FOA, "this FOA supports strategic national collaborations to comprehensively implement action items from the 2013 Healthy Brain Initiative Road Map". Additionally, the FOA states that applicants should have the "Ability to implement public health initiatives for cognitive health and impairment, including Alzheimer's disease, nationally in at least 25 states or territories to help ensure a comprehensive national scope." Further, the FOA focuses on promoting cognitive health, addressing cognitive impairment, including Alzheimer's disease, and supporting the needs of care partners and is not intended to focus solely on caregiving strategies or interventions. Finally, pages 3-6 of the FOA describe the intended strategies, activities and outcomes of the FOA.

Q: I am in a state health department and interested in applying to implement strategies throughout my state, but we do not have capacity to reach at least 25 states. Are we eligible to apply?
A: The eligibility criteria include state governments. Page 12 of the FOA lists organizational capacity expectations that include having the ability to implement public health initiatives for cognitive health and impairment, including Alzheimer's disease, nationally in at least 25 states or territories to help ensure a comprehensive national scope. Additionally, your applications will be evaluated against the evaluation criteria listed in the FOA so it will be important to look at that section when developing your applications.

Q: We are interested in joining as a partner on an application for the FOA. How can we connect with others who are applying?
A: We recommend that you attend the informational call on March 17th. The information about the call is listed in the FOA.