

**Talking Points for Eligibility Call for Funding Opportunity
Announcement (FOA): State Public Health Actions to Prevent and
Control Diabetes, Heart Disease, Obesity and Associated Risk Factors
and Promote School Health (CDC-RFA-DP 13-1305)**

Agenda in brief:

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1) Introduction and Welcome – Melissa Fahrenbruch
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Welcome to the conference call to discuss a new funding opportunity announcement, titled, “State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health.”

I am Melissa Fahrenbruch from the School Health Branch in the National Center for Chronic Disease Prevention and Health Promotion here at the Centers for Disease Control and Prevention.

Thank you for taking the time to be on this call today. Let me run through today’s agenda and the people you will be hearing from on our end.

- I will serve as the moderator for the call.
- Dr. Ursula Bauer, Director of the National Center for Chronic Disease Prevention and Health Promotion, CDC, will give an overview of the Funding Opportunity Announcement (FOA).
- Pat Schumacher from the Division of Diabetes Translation will discuss the components of the program.
- Terry O’Toole from the Division of Nutrition, Physical Activity and Obesity will discuss eligibility criteria and funding levels.
- Kang Lee from the Procurement and Grants Office will discuss submission procedures.

- I will review some resources available to you for additional information as you prepare your applications.
- Marla Vaughan from the Division of Heart Disease and Stroke Prevention will lead us through the question and answer process. We will end with time for some of your questions. Currently all lines are on mute. However, prior to the Q & A portion of the call, the operator will provide instructions on how you can indicate that you would like to ask a question. With this in mind we suggest writing down your questions during the call, as questions will be held until the end of the CDC presentations. In the event your question is not answered on today's call, you may submit it to the chronic disease section of CDC's Web site. The address is www.cdc.gov/chronicdisease, then click on New State FOA
- I am now going to turn it over to Dr. Bauer who will give us an overview of the program.

**General Overview of the State Public Health Actions Program
– Dr. Ursula Bauer**

Thank you very much, Melissa. Welcome to the call.

The main purpose of the Funding Opportunity Announcement we are discussing today is to support implementation of cross-cutting strategies to prevent and control chronic diseases and promote health. This announcement supports four chronic disease prevention programs – diabetes; heart disease and stroke; nutrition, physical activity and obesity; and school health. Collectively, these four programs have a rich history of working collaboratively with state departments of health and education to increase your ability to implement evidence-based public health strategies. These strategies are aimed at reducing risk factors associated with a variety of chronic diseases – such as obesity, physical inactivity, unhealthy eating, high blood pressure, and high cholesterol. These strategies also are aimed at working through health systems and communities to reduce complications associated with multiple chronic diseases such as diabetes, heart disease, and stroke. The activities and intervention strategies of these four programs fall into some or all of the four chronic disease domains: 1) epidemiology and surveillance; 2) environmental approaches; 3) health systems interventions; and 4) community-clinical linkages.

This funding opportunity announcement aims to achieve three short-term outcomes:

Outcome 1: Improved state, community, worksite, school, and early childhood education environments to promote and reinforce health and healthful behaviors across the life span

related to diabetes, cardiovascular health, physical activity, healthful foods and beverages, obesity, and breastfeeding.

Outcome 2: Improved effective delivery and use of quality clinical and other preventive services aimed at preventing and managing hypertension and diabetes.

Outcome 3: Increased community-clinical linkages to support prevention, self-management, and control of diabetes, hypertension, and obesity.

The program's long-term goals are improved prevention and control of hypertension, diabetes, and overweight and obesity.

This Funding Opportunity Announcement builds on lessons we in the National Center for Chronic Disease Prevention and Health Promotion Center have learned over the past five years and is intended to maximize CDC's investment in the work of state health departments.

In 2008, four states became what we called "Negotiated Agreement Pilot States" and were charged with developing and implementing one integrated work plan across all of their CDC funded activities. In addition, the four states were given flexibility on how they organized staff and work functions in order to maximize efficiency, reduce redundancy, strengthen impact, and dedicate categorical resources to their chronic disease work.

The work undertaken as part of the Center's Communities Putting Prevention to Work program and the Community Transformation Grants program accelerated the Center's investment in policy, systems, and environmental change. These programs also strengthened our approach to cross-program collaboration and our experience with single, cohesive work plans that address multiple chronic diseases. The Community Transformation Grants are implementing a core set of strategies in one work plan to address key risk factors for obesity, heart disease, and stroke.

These efforts suggest that risk factor alignment coupled with a shared set of strategies for approaching our work results in better coordination among programs and partners, which in turn we expect to lead to greater population impact.

In 2011 the Center provided funds to states under the Coordinated Chronic Disease Prevention Program. The purpose of the Coordinated program was to strengthen chronic disease prevention units in state health departments by developing or strengthening the expertise needed by multiple categorical programs and to begin the process of organizing chronic disease units to provide key leadership in a changing public health environment. This was an effort by CDC to give states more flexibility in how they used categorical funding to deliver a common set of public health functions that are essential to the success of each categorical program. States recently submitted to CDC their coordinated chronic disease prevention plans, and reports detailing any organizational changes they have made or plan to make over the next year to enhance

coordination efforts.

This new FOA will build on these efforts.

I will now talk about the two components of the State Public Health Actions program that are supported through the FOA.

- 1) First, the FOA features a basic non-competitive component to support health promotion activities, epidemiology and surveillance activities, and targeted strategies to address school health, nutrition and physical activity risk factors, obesity, diabetes, and heart disease and stroke prevention in all 50 states and the District of Columbia. These efforts will be supported by core public health activities such as partnership engagement, workforce development, guidance and support for programmatic efforts, strategic communication, and evaluation.
- 2) Second, the FOA features a competitive enhanced component that will build on and extend the activities supported with basic funding to achieve even greater reach and impact. CDC will fund up to 25 states to implement evidence-based and practice-based interventions to improve physical activity and nutrition, reduce obesity, and prevent and control diabetes, heart disease, and stroke with a focus on high blood pressure. This component includes implementation of evidence-based strategies that are more extensive and wider-reaching than those implemented in the basic component. States funded for this enhanced component must implement interventions at scale in order to reach large segments of the population in the state, such as through school districts, early childhood education services, worksites, and state and local governmental agencies. States must also partner with organizations that may or may not have worked with state departments of health in the past, such as large employers, public housing, the education sector, health insurers, and large health care systems.

I will now turn to Pat Schumacher who will discuss the kinds of activities that will be supported by the basic and enhanced components of the FOA.

Overview of the Basic and Enhanced Components – Pat Schumacher

Basic Component

The Basic Component of the FOA provides an opportunity for all states and the District of Columbia to focus on a specific set of strategies and demonstrate progress on a list of related accomplishments; these are depicted as “Basic Strategies” and “Basic Accomplishments” on the left side of the Logic Model on page 7 of the FOA. As you can see, there is a connection between these Basic Strategies and Accomplishments and the set of Enhanced Strategies and Short, Intermediate, and Long-term Outcomes that

follow in the middle and on the right side of the Logic Model. We will talk more about these elements shortly.

States applying for the Basic Component will be held accountable for work on all of the strategies and performance measures described in the Basic Component Table found on page 13 of the FOA, which aligns with the Logic Model.

In support of their work on these required strategies and performance measures, applicants will be expected to conduct cross-cutting, core public health activities, to include the following six areas:

1. Partnership engagement.
2. Workforce development.
3. Provision of guidance and support for programmatic efforts.
4. Strategic communication, including targeted efforts to translate data for stakeholders, decision-makers, partners, funders, and the public.
5. Evaluation.
6. Surveillance and epidemiology, including the ongoing collection, analysis, and release of data and information about chronic disease burden, solutions, and programmatic impact. Routine surveillance should include the following statewide surveys:
 - The Behavioral Risk Factor Surveillance System, or BRFSS, Core Module – to be completed annually.
 - The BRFSS Prediabetes Module – during years 1 and 5.
 - The BRFSS Diabetes Module – in odd years; however, applicants should plan to include the question addressing “age at the time of diabetes diagnosis” on an annual basis.
 - The Youth Risk Behavior Survey, or YRBS, in odd years and the School Health Profiles in even years. Applicants should be aware that funding is available for the administration of YRBS and Profiles via a separate announcement: CDC-RFA-PS13-1308. All states are encouraged to apply for this funding.

Applicants should describe their work on these cross-cutting, core public health functions in support of accomplishing the required strategies in the work plan; the “Activities” section of the work plan should be used for this purpose. We will be discussing the work plan in more detail later in this call.

States applying under the Basic Component will be expected to submit an application that includes all of the required components described on pages 34-38 of the FOA. These include:

First, a Project Narrative, no more than 18 pages, to include:

- A brief background statement summarizing how the work proposed under this FOA will address key public health problems and priorities in your state.

- A description of the approach the applicant will use to carry out the work, including how they will address the required strategies and how they will promote synergy and collaboration. Applicants are strongly encouraged to submit an Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA) between the state health agency and state education agency.
- A description of the applicant's organizational capacity to address the required strategies, including coordination with other programs and partners to leverage resources, maximize reach and impact, and address health equity.
- A description of the applicant's project management abilities and plans for executing the award, including roles and responsibilities of key project staff, contractors and consultants, and partner organizations.

Second, applicants should submit a detailed Basic Component Work Plan for Year 1 of the award and a general summary of work plan activities for Years 2 to 5 in narrative form, no more than 25 pages. The work plan should describe how the applicant plans to address the 7 required strategies for the Basic Component and measure the accompanying performance measures for these strategies.

Applicants are strongly encouraged to use the sample Basic Component Work Plan Template available on the FOA website. This template is pre-populated with the required Basic Component strategies and performance measures. For each performance measure, applicants are asked to specify a baseline, a target, a proposed data source, and a timeframe. If baselines and targets are not available or not known for one or more of the performance measures, applicants should describe plans to identify and access these data in their work plan narrative for Years 2-5.

The work plan template provides data fields to capture information on scope, setting, target populations, and activities that address each strategy. All of the information contained on the work plan template is required, regardless of whether applicants choose to use the form provided.

Applicants must upload the work plan into Grants.gov as a pdf file, adhering to the naming conventions described on page 11 of the FOA.

Third, an overall state-specific Evaluation and Performance Measurement Plan for the Basic Component that is consistent with the CDC evaluation and performance measurement strategy. Among other elements, the plan must describe how evaluation and performance measurement will contribute to our understanding of the advantages and challenges of working collaboratively across categorical programs to achieve overall health outcomes and disease- and risk factor-specific outcomes. The Evaluation and Performance Measurement Plan should be included as part of the 18 page Project Narrative.

Once funded, states will be required to provide a more detailed evaluation plan within the first year of the project period, with support from CDC. CDC will also work with awardees to further define and operationalize the required performance measures for the Basic Component.

Fourth, a Line Item Budget and Narrative Budget Justification that is consistent with the purpose, outcomes, and program strategies described in the applicant's project narrative and work plan for the Basic Component, and includes the line items described on page 38 of the FOA. Total budget amounts should not exceed the maximum levels listed on page 31 of the FOA for each state under the Basic Component. It is important that budgets are clearly written and mathematically accurate, and that each line item is itemized and accompanied by a narrative justification that explains why the amounts requested in each category are needed to support the work proposed. Applicants are strongly encouraged to review the budget guidance provided on the CDC Procurement and Grants Office webpage to be sure all of the required information is included. The Web page address is www.cdc.gov/od/pgo/funding/grants/foamain.shtm.

States applying for the Basic Component must budget for attendance at a grantee orientation meeting to be held in March 2014 in Atlanta. Attendees should include, at a minimum, the Chronic Disease Director and staff representatives for nutrition, physical activity, school health, heart disease, and diabetes (which may be one to four individuals). The state education agency school health lead, the Cooperative Agreement evaluator, and the communication lead may also attend for a total of up to nine participants per state.

States applying for the Basic Component may also request funding to administer the questions that are included as part of the BRFSS Diabetes and Prediabetes modules as part of their budgets.

Matching funds and/or in-kind support are strongly encouraged from non-federal sources in the amount of not less than \$1 for each \$4 of federal funds awarded for both **Basic** and **Enhanced** components. The match should be from non-federal sources and can be cash, in-kind, or a combination of both.

Enhanced Component

The goal of the Enhanced Component is to extend and build on the work being implemented through the Basic Component to support implementation of cross-cutting strategies to prevent and control chronic diseases and promote health in a variety of settings and across a variety of sectors to maximize health impact for targeted populations. States applying for the Enhanced Component must work in each of the 3 action areas or domains:

- Domain 2, environmental approaches
- Domain 3, health systems interventions
- Domain 4, community-clinical linkages.

States will be held accountable for progress on the strategies, interventions, and performance measures described in the Enhanced Component Domain Tables found on pages 15-21 of the FOA.

The Enhanced Component includes both new performance measures and a subset of the measures listed in the Basic Component. In instances where the measures are the same, applicants should use the additional funds to achieve greater reach. Statewide reach is preferred, but if that is not possible, grantees should focus their work to reach the maximum number of people.

In **Domain 2**, applicants must select at least one intervention for each of the 7 strategies listed in the table and provide baselines and targets for the performance measures that align with those interventions.

In **Domain 3**, applicants must select at least one intervention for each of the 2 strategies listed in the table and provide baselines and targets for the performance measures that align with those interventions.

In **Domain 4**, applicants must select at least one intervention for at least two of the strategies listed in the table. Selections must include strategy 1 (diabetes self-management education) or strategy 2 (lifestyle intervention programs for the prevention of type 2 diabetes) and may include both strategies. Applicants must provide baselines and targets for the performance measures that align with the selected interventions in Domain 4.

If applicants currently do not have data for one or more of the performance measures in any of the Domains, they should include a brief description of plans to identify and access these data in their work plan narratives for Years 2 to 5, and leave the data fields blank for “Data Source”, “Baseline”, “Target”, and “Timeframe.”

In all of the Domains, CDC will work with awarded states to further define and operationalize the required performance measures for the Enhanced Component as well as explore feasible data sources.

States applying under the Enhanced Component will be expected to submit an application—separate from the application they submitted for the Basic Component—that includes all of the required elements described on pages 33-39 of the FOA. The application for the Enhanced Component should stand alone and be able to be reviewed separately from the Basic Component application.

Enhanced Component applications should follow the same format and guidance previously described for the Basic Component. However, applicants for Enhanced Component funding should pay special attention to the following sections of the FOA:

- Under the Project Narrative section, applicants for the Enhanced Component:

- must describe how they will promote synergy both across and within the 3 Domains to achieve the short, intermediate, and long-term outcomes listed in the Domain Tables.
 - They also are required to submit an MOU or MOA between the state health agency and state education agency.
- Under the Organizational Capacity section, applicants for the Enhanced Component:
 - must demonstrate their readiness to work on selected strategies and interventions by describing their relevant experience, abilities, leadership, and partnerships as outlined in the FOA, including domain-specific readiness as described on pages 22-23. An applicant’s prior experience working on selected strategies and interventions and demonstrating outcomes in these areas at a population level is particularly important.
- Under the Work Plan section, applicants for the Enhanced Component:
 - are strongly encouraged to use the sample Enhanced Component Work Plan Template available on the FOA website. As with the Basic Component, all of the information contained on the work plan template is required, regardless of whether applicants choose to use the form provided.
 - Applicants should be succinct in describing a limited number of key activities they will do during Year 1 to accomplish the performance measures for each intervention, and provide a brief narrative description of activities proposed in Years 2-5. Activities should be limited to a reasonable number to provide enough detail about the work being proposed without exceeding the 25 page work plan limit
- Under the Budget section, applicants for the Enhanced Component should:
 - base their total budget amounts on the funding ranges listed on pages 31-33 of the FOA for each state.
 - They should provide a proposed dollar amount per domain in the budget narrative and list total amounts budgeted for each Domain in the Enhanced Component work plan template following the instructions provided on the template cover sheet.
 - Applicants also should attend all applicable meetings for the Basic Component. Plus, they may be asked to participate in topic-specific meetings and trainings—in person or virtually—that pertain to the strategies they are implementing. CDC will provide guidance for these meetings in subsequent continuation applications as necessary.

I will now turn to Terry O’Toole to talk about the Eligibility Criteria and Funding Levels.

Eligibility Criteria, Funding Levels, and Guidance Related to Preparing the Budget – Terry O’Toole

Thank you, Pat.

Eligibility for this FOA is limited to State and District of Columbia Departments of Health or their bona fide agents.

Approximately \$76 million is available for year 1 of the five-year awards. CDC anticipates funding 51 awardees for the basic component and up to 25 for the competitive enhanced component.

For the basic component, the average award will be \$550,000. Award amounts may range from \$500,000 to \$745,000 a year.

For the enhanced component, the average award will be \$1.8 million. Award amounts may range from \$1 million to \$3 million a year.

Included in the FOA are funding tables for the basic and enhanced components. These tables indicate the maximum amount of funding available by state.

Now I would like to provide some specific guidance related to the development of the budget justification and budget narrative.

Applicants should prepare a separate budget narrative for each of the components for which they are applying and upload them into Grants.gov per the instructions on page 41 of the FOA.

Remember, applications for the basic and enhanced components should be able to stand alone on their own merits as they will be reviewed and scored separately.

For the enhanced component, CDC is looking for ONE budget narrative that encompasses the work being proposed across the three domains.

However, to be able to track dollars by categorical activities, CDC would like applicants to indicate the total dollar amount they are requesting for each of the domains in their budget narrative as well as their work plan. The work plan template allows applicants to fill in the requested dollar amount by domain.

For example: If the applicant is eligible to apply for \$1.8 million in enhanced funding, they might request \$600,000 for Domain 2; \$600,000 for Domain 3; and \$600,000 for Domain 4.

Additionally, the proportion of dollars allocated for work proposed in each of the domains should align with the recommended amounts in the work plan template guidance.

For example: Domain 2 work should comprise about 33% of the budget total for the Enhanced Component. School-focused activities should account for about 20% of the dollars allocated for Domain 2 work and all other Nutrition, Physical Activity, and Obesity-focused work should account for the other 80% of Domain 2 work.

In the budget narrative, applicants should indicate how they are budgeting for the various line items that are typically included in the budget (FOA page 38) such as:

- salaries and wages
- fringe benefits
- consultant costs
- equipment
- supplies
- travel
- other categories
- direct costs
- indirect costs
- contractual costs

Applicants are not being asked to develop a separate budget for each of the 3 domains. However, they should indicate the activities they are proposing to accomplish in each of the 3 domains in their work plan.

Direct assistance for personnel is available through this FOA. If your request for direct assistance is approved as part of your award, CDC may reduce the amount of funding provided directly to you as part of your award.

I will now turn over the line to Kang Lee to discuss requirements related to the Letter of Intent and Application.

Letter of Intent and Application Requirements –Kang Lee

Thank you Terry.

Applicants are strongly encouraged to submit a Letter of Intent (LOI) if they intend to apply for the enhanced component. Letters of Intent should be postmarked by 11:59 p.m. on March 19, 2013. CDC's Procurement and Grants Office will accept Letters of Intent via express mail, delivery service, fax, or email. If you chose to submit a Letter of Intent electronically, please send it to lh10@cdc.gov.

The Letter of Intent will provide CDC with an estimated number of applicants to anticipate for the competitive process.

Applications are due on April 19, 2013, 11:59 p.m. U.S. Eastern Standard Time, on www.grants.gov

I will now turn it back to Melissa.

Email Box and Website – Melissa Fahrenbruch

Thank you, Kang.

We would like to take a few moments to make sure you are aware of several resources that are available to you such as the Web site, frequently asked questions, or FAQs, and a system for electronic submission of questions through the Web site.

We have established a Web site for this initiative. You can access it from the Center's Web site: www.cdc.gov/chronicdisease or more specifically: www.cdc.gov/chronicdisease/about/statepubhealthactions-prevCD.htm

We will be posting to the Web site the FAQs and their answers, and we will continue to add to this list as we receive additional questions. We encourage you to review the full Funding Opportunity Announcement, as well as the FAQs already posted on the Web site, before submitting a new question.

If you have a question that has not already been addressed in the FAQs or the FOA, please go to the "Submit Your Question" link on the Web site, complete the requested information, and click the "Submit" button to send. Responses to the questions will be posted on the FAQ section of the Web site.

Let me now turn to Marla Vaughan who will describe how we will handle questions on today's call.

Questions and Answers – Marla Vaughan

Thank you Melissa. To the extent possible we will try to answer your questions on the call today. In the event that we are not able to provide an immediate answer, we will be posting all of the questions and answers from today's call on the FOA's Web site in the coming days. You should check that Web site frequently for new questions and answers.

Before we go to the phones, I will read through some frequently asked questions that we have developed to assist you in your application.

Q. Who is eligible to apply for funding?

A. All 50 states and the District of Columbia Health Departments or their bona fide agents are eligible to apply for funding.

Q. How will CDC track funded activities by Domain back to the categorical programs once awards have been made?

A. CDC will be developing Standard Operating Procedures to be used by participating Divisions to track funding by domain and by categorical program. This will involve aligning approved work plans to the funded grantee's budget as approved by PGO. It will also involve analyzing activities, performance outcomes, and budget information that states provide through the Chronic Disease Management Information System (CD-MIS) system, and expenditures reported by the state for these activities on an annual basis.

Q. For the basic component, can a state choose to work in only a few of the identified strategy areas?

No. Applicants must work in all seven of the strategy areas as outlined below:

- 1) Promote the adoption of food service guidelines and nutrition standards, which include sodium
- 2) Promote the adoption of physical education and physical activity in schools
- 3) Promote the adoption of physical activity in early care and education and worksites
- 4) Promote reporting of blood pressure and A1C measures; and as able, initiate activities that promote clinical innovations, team-based care, and self-monitoring of blood pressure
- 5) Promote awareness of high blood pressure among patients
- 6) Promote awareness of prediabetes among people at high risk for type 2 diabetes
- 7) Promote participation in American Diabetes Association-recognized, American Association of Diabetes Educators-accredited, state-accredited or certified, and/or Stanford licensed Diabetes Self Management Education programs

Q. For the enhanced component, can states apply to work in only one or two domains?

A. No. States will be required to conduct work in domain 2 (environmental approaches that promote health, domain 3 (health systems interventions), and domain 4 (community-clinical linkages).

Q: Please describe what you mean by a cohesive and synergistic approach to addressing multiple risk factors and chronic diseases.

A: A cohesive and synergistic approach would include selecting complementary interventions from each of the 3 domains to target a particular population or public health goal. The desired outcomes are much more likely if supported by efforts in all domains. For example, as environmental supports are increased (domain 2), this strengthens likelihood for sustaining changes essential to control chronic conditions (domains 3 and 4). This also means populations have access to strategies across the three domains.

Q. How should applicants address health disparities?

A. Applicants should ensure that data, including burden data, are used to identify strategies and/or communities within their state or jurisdictions that have poor environments and/or are disproportionately affected by chronic diseases. Applicants should strive to improve health status for the entire population and seek to reduce gaps in health status by targeting some efforts to specific population groups disproportionately affected by chronic diseases. Applicants should consider disparities by race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant dimensions, such as tribal communities.

Applicants should address how they will be inclusive of specific populations disproportionately affected by chronic diseases. Proposed strategies should strive to be inclusive of people with disabilities, non-English speaking populations, and Lesbian, Gay, Bisexual and Transgender populations that may otherwise be missed by the program.

Q: Can state health departments collaborate with Prevention Research Centers on activities, such as evaluation, even though this is a non-research FOA?

A: Yes. States are encouraged to link and collaborate with Prevention Research Centers, or PRCs, and other partners as appropriate in order to tap into existing expertise in areas such as evaluation. Many state health departments already have relationships with PRCs. For more information about PRC locations and their work, please visit www.cdc.gov/prc.

Q. How will applications be reviewed?

A. All eligible applications will be initially reviewed for completeness by the CDC's Procurement and Grants Office (PGO) staff. In addition, eligible applications will be jointly reviewed for responsiveness by CDC's National Center for Chronic Disease Prevention and Health Promotion and PGO.

All applicants that submit a technically acceptable application will be funded for the basic component.

The basic component will be reviewed using a Systematic Technical Acceptability Review (STAR) process involving program staff from all four programs represented in this FOA.

The enhanced component will be objectively reviewed by a panel consisting of CDC staff.

Now I will ask the operator to open up the lines to allow us to answer any questions you may have.

Closing – Melissa Fahrenbruch

On behalf of the National Center for Chronic Disease Prevention and Health Promotion, I want to thank all of you for your time on the call today, and for your interest in this funding opportunity announcement.

This concludes our call today. Thank you, and have a good afternoon.