

Talking Points for Eligibility Call for Funding Opportunity Announcement (FOA) DP14-1419 PPHF14: Racial and Ethnic Approaches to Community Health (REACH)

Agenda in brief:

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1. Introduction and Welcome – Capt. Graydon Yatabe

Welcome to the pre-application call regarding CDC's "Racial and Ethnic Approaches to Community Health" Funding Opportunity Announcement, or FOA. My name is Captain Graydon Yatabe, project officer with the Program Development and Implementation Branch within the Division of Community Health. I will be serving as the moderator for today's call. At the end of this call, you will have the opportunity to ask questions about this program. The answers to these questions and other frequently asked questions, or FAQs, will be posted along with the script from today's call in the next couple of days at www.cdc.gov/chronicdisease/about/reach.

We hope that this call and the information on the website helps applicants as they prepare to submit their required letters of intent – **due June 6, 2014** - and their subsequent applications – **due July 22, 2014, 11:59 p.m.** U.S. Eastern Daylight Time.

Before we begin, I would like to provide an overview of today's agenda and introduce you to the people you will be hearing from today.

- Dr. Ursula Bauer, director of the National Center for Chronic Disease Prevention and Health Promotion at CDC, will provide an overview of the FOA.
- Dr. Leonard Jack, Jr., director of the Division of Community Health at CDC, will provide an overview of the division managing this cooperative agreement.
- Dr. Shannon Griffin-Blake, chief of the Program Development and Implementation Branch at CDC, will review the overall program description and expected outcomes.
- I will then review the two different funding levels.
- Ms. Shannon White, project officer from the Division of Community Health at CDC, will discuss program elements and examples of program activities and the application package.

- Dr. Mark Rivera, health scientist from the Division of Community Health Research, Surveillance and Evaluation Branch at CDC, will review the performance monitoring and evaluation requirements of this FOA.
- Ms. Toni Augustus-High, grants management specialist contractor from the Procurement and Grants Office at CDC, will review eligibility criteria, funding levels, and submission procedures, including the letter of intent.
- Mr. Rick Dulin, project officer from the Division of Community Health Program Development and Implementation Branch at CDC, will lead us through the question and answer process.

We have structured the call to include time at the end to hear and answer 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 that you write down your questions during the call, and we will open the phone lines at the end of the CDC presentations. In the event your question is not answered on today's call, you may submit it to the FOA section of the chronic disease section of CDC's Web site. The address is www.cdc.gov/chronicdisease/about/reach. To submit a question, click on the link, "Submit a question," located just under the FOA title.

I will now turn it over to Dr. Bauer who will give us an overview of the program.

2. Overview of the REACH FOA – Dr. Bauer

Thank you, Graydon. Welcome, everyone, to the call.

First, let me provide a brief overview of the approach CDC is using in this and 5 other funding opportunity announcements. The six FOAs we are releasing this month each contribute to the nation's chronic disease prevention and health promotion efforts. Together they form a mutually reinforcing set of activities designed, to reach three overall goals:

- Reduce rates of death and disability due to tobacco use by 5%.
- Reduce prevalence of obesity by 3%.
- Reduce rates of death and disability due to diabetes, heart disease and stroke by 3%.

All of the FOAs address the behaviors that put Americans at risk for diabetes and heart disease, tobacco use, poor nutrition and physical inactivity. Many address the existing burden of disease by focusing on management of chronic conditions such as hypertension and pre-diabetes. And they involve partnerships at the national, state, tribal and local level because public health cannot solve these problems alone. With these FOAs we have concentrated resources on key risk factors and major diseases that contribute substantially to suffering, disability and premature death of Americans.

Individually, each of the six new funding opportunity announcements contributes uniquely to the long-term goals in several ways:

- By working through unique awardees such as state health departments and national organizations.
- By delivering interventions to unique populations such as racial and ethnic minorities and populations with very high obesity rates.
- By emphasizing specific interventions such as health system improvements and environmental approaches.
- By implementing interventions in specific places such as large cities and tribes and by addressing specific

risk factors, disease management, or both—such as tobacco use, obesity, and high blood pressure.

The main purpose of this funding opportunity announcement, that we're discussing now, is to provide support from CDC to create healthier communities by strengthening existing capacity to implement locally tailored evidence- and practice-based population-based improvement strategies in priority populations experiencing chronic disease disparities and associated risk factors, and supporting implementation, evaluation and dissemination of these strategies. This FOA will also support effective implementation of existing policy, systems, and environmental improvements and offers the opportunity for communities to take comprehensive action to address risk factors contributing to the most common and debilitating chronic conditions.

The **long-term goals of this funding opportunity announcement** will contribute to:

1. Creating social and physical environments that promote good health for all.
2. Promoting health and reducing chronic disease through healthy diets and achieving and maintaining a healthy weight.
3. Improving access to comprehensive, quality health care services.
4. Reducing illness, disability, and death related to tobacco use and secondhand smoke exposure.

The **activities and intervention strategies** of this FOA fall into some or all of the Center's four chronic disease domains. These four domains are:

1. Epidemiology and surveillance.
2. Policy, systems, and environmental approaches.
3. Health systems interventions.
4. Community clinical linkages.

The emphasis of this FOA is on policy and environmental improvements that address the following risk factors:

- Tobacco use and exposure.
- Poor nutrition.
- Physical inactivity.
- Lack of access to chronic disease prevention, risk reduction, and management opportunities.

Applicants will implement a combination of broad and culturally tailored strategies within priority population communities that will reach at least 75% of the selected priority population across multiple settings.

I will now turn the call over to Dr. Jack, who will provide you with an overview of the Division of Community Health which is the division overseeing this FOA.

3. Overview of DCH - Dr. Jack

Thank you, Ursula. We are so happy to have you on today's call, and we look forward to receiving many strong applications that will help advance the division's goals in community health and the center's work to prevent chronic disease and promote health.

The Division of Community Health, or DCH, is a relatively new division within the Center. It was formally established in 2012. The vision and mission of the Division of Community Health is to promote sustainable community action to improve health and achieve health equity. The division's community-level work is grounded in three core principles:

- **The first is to maximize public health impact.**

Given the substantial human and economic costs of chronic diseases—and the challenges of limited resources and competing priorities—it is essential to optimize prevention efforts. The division aims to reach the greatest number of people with the greatest effect. To maximize public health benefits, DCH assists communities with building their capacity to develop, implement and sustain environmental improvements designed to reach the largest portion of the community.

- **The second is to achieve Health Equity.**

The elimination of health disparities is a central focus of our work. Everyone should have equal opportunities to make healthy choices that allow them to live long, healthy lives, regardless of their income, education, racial or ethnic background, or other factors. Health disparities represent preventable differences in the burden of disease, disability, injury and violence, or in opportunities to achieve optimal health. DCH-funded initiatives address health equity by improving opportunities for health, particularly in communities with greater disease burden. DCH supports these efforts with a “twin approach” that couples population-wide interventions with targeted approaches.

- **And the third is to use and expand the evidence base.**

DCH funding addresses the leading causes of morbidity due to chronic diseases. Priority is given to improving environments that support healthy eating, active living, reduced tobacco use, and community clinical linkages. The evidence base varies across these topics; however, DCH is at the forefront of applying the best available evidence to spur local action, designing strong evaluation to further inform and build the evidence, and supporting dissemination of results.

DCH works in communities, tribes, tribal organizations, and governmental and nongovernmental partners to strengthen community-level efforts throughout the nation to help prevent disease and promote healthy living.

This cooperative agreement builds on the Division of Community Health’s history of working with state and local governmental and non-governmental organizations and multiple sectors of the community to implement population-based strategies that address the greatest predictors of chronic disease such as heart disease, stroke, diabetes, and obesity. You may be familiar with some of our programs, the:

- Healthy Communities Program.
- Racial and Ethnic Approaches to Community Health, also known as REACH.
- Communities Putting Prevention to Work.
- Community Transformation Grants.

For more information about DCH, we encourage you to visit our Website at www.cdc.gov/nccdphp/dch. You can also find a link to the Web site on page 24 of the FOA.

I will now turn the call over to Dr. Shannon Griffin-Blake to describe the overall program and its expected outcomes and an overview of the categories.

4. Overall Program Description and Expected Outcomes - Shannon Griffin-Blake

Thank you, Leonard.

As you have read in the FOA, the purpose of the “Racial and Ethnic Approaches to Community Health” or REACH program is to support local governmental agencies, community based non-governmental organizations, federal and state recognized American Indian Tribes and Alaska Native Villages, tribal organizations, Urban Indian Health

Programs and tribal and intertribal consortia to help create healthier racial and ethnic communities. This will occur through (1) strengthening existing capacity to implement locally tailored evidence- and practice-based, policy, systems, and environmental, or PSE, improvements in priority populations experiencing disparities in chronic diseases and associated risk factors; (2) Supporting implementation, evaluation and dissemination of population-based strategies, and (3) Supporting effective implementation of existing population-wide policy, systems, and environmental improvements, ultimately leading to reducing or eliminating health disparities in racial and ethnic communities.

The intent of the REACH FOA is to also build an evidence base that supports community centered approaches to reducing or eliminating health disparities. Awardees should plan a strong evaluation of proposed activities and strategies. This will contribute to an increased understanding of how racial and ethnic minority communities and their partners can effectively reduce or eliminate health disparities, and achieve health equity. CDC will award funds at two levels, Basic Implementation and Comprehensive Implementation.

Funding will support implementation of evidenced- and practice-based strategies that address pre-existing policies, systems, or environments that have shown limited or no improvement in behavioral and/or health outcomes for the priority population or populations identified when compared to the same outcomes for the broader population, or that have exacerbated health inequalities in the priority population.

Depending upon the funding level, strategies should focus on at least one of the following four chronic disease risk factors or community conditions to reach a minimum of 75% of the selected priority population across multiple settings:

- Tobacco use and exposure.
- Poor nutrition.
- Physical inactivity.
- Lack of access to chronic disease prevention, risk reduction, and management opportunities.

As a result of this funding, measurable outcomes are needed to show the extent to which population-based strategies achieve a healthier community with a lower burden of chronic disease and associated risk factors. REACH outcomes are categorized as short-term, intermediate, and long-term. The responsibility for outcome measurement will depend on the outcome type, as described beginning at the bottom of page 7 of the FOA.

An example of a **Short-Term Outcome** includes:

- Increased clinical and community linkages for chronic disease prevention, risk reduction, or management.

An example of an **Intermediate Outcome** includes:

- Reduced exposure to secondhand smoke.

Long-Term Outcomes include the three overall goals Dr. Bauer mentioned earlier:

- Reduced rates of death and disability due to tobacco use by 5% in the implementation area.
- Reduced prevalence of obesity by 3% in the implementation area.
- Reduced rates of death and disability due to diabetes, heart disease and stroke by 3% in the implementation area.

CDC will provide guidance on measuring short-term and intermediate outcomes.

At this time, I will be turning over the call to Capt. Yatabe who will describe the two funding levels.

5. Funding Level Description – Capt. Graydon Yatabe, Project Officer/FOA Lead

Thank you. As Shannon mentioned, there are two levels, or categories, of funding available through this FOA. The Basic Implementation level and the Comprehensive Implementation level. Applicants **may not apply for both categories**. In your application package you must clearly indicate the funding level for which you are applying.

The Basic Implementation level will support those communities:

1. Having existing infrastructure components that need to be strengthened.
2. Having recently active coalitions and partnerships with a history of successfully working together on issues relating to health or other disparities.
3. Selecting strategies that are based upon a community health needs assessment that has been completed since 2010.
4. Needing a discrete amount of time to strengthen infrastructure, activate coalitions and partners, and finalize work plans in order to be actively ready for implementation of locally tailored evidence- and practice-based, PSE improvements.

Comprehensive Implementation level will support those communities:

1. With existing, strong infrastructure components.
2. Having recently active coalitions and partnerships with a history of successfully working together on issues relating to health or other disparities.
3. Selecting strategies that are based upon a community health needs assessment that has been completed since 2010.
4. Having an infrastructure, a coalition and partnership network, and an existing work plan that allow the funded community to immediately implement locally tailored evidence- and practice-based, PSE improvements.

All award recipients will have similar performance expectations for implementation efforts. I'll take a moment to highlight the risk factors by providing examples of short term outcome based strategies:

For **tobacco use and exposure**, strategies could include:

- Increase the number of public settings that have 100% smoke-free policies

For **poor nutrition**, strategies could include:

- Increase availability of local farmers' fruits and vegetables via farmer distribution agreements with public and private organizations

For **physical inactivity**, strategies could include:

- Increase employee physical activity opportunities in workplaces through flexible work hours, access to gyms, and promoting the use of stairs

For **lack of access to chronic disease prevention, risk reduction, and management opportunities**, strategies could include:

- Increase access to chronic disease preventive services and self-management programs in worksites and community settings

More examples of evidence- and practice-based strategies that may be included in a Community Action Plan or CAP can be found on pages 18-20 of this FOA. This funding is not intended for research or the provision of clinical care. A complete list of funding restrictions is found on page 42.

I will now turn the line over to Ms. White to begin a more in-depth look at the application submission information.

6. REACH Program Elements – Shannon White

Thank you, Graydon.

Basic Implementation and Comprehensive Implementation have several expectations and requirements that are different. As I describe the following program elements, I will highlight those differences.

Applicants must prepare an application that demonstrates the following required elements:

- **Staffing:** Applicants are expected to identify and maintain staff in sufficient number and expertise to successfully administer, manage, and monitor their award. Applicants should have at a minimum a Principal investigator, and identify a full time Program Manager and administrative support within 30 days post award.
- **Evaluation:** For Basic Implementation Applicants, year 1 funding may be used to initiate planning, implementing, and evaluating communication activities support evaluation planning and establishment of baseline and data collection processes. Beginning Year 2, CDC recommends that the Basic Implementation applicant should plan to use a minimum of 10% of the annual award to support evaluation activities. For Comprehensive Implementation applicants, beginning year one CDC recommends the applicant plan to use a minimum of 10% of the annual award to provide support for planning and implementation, monitoring of short-term outcomes, and evaluation.
- **Communication:** Communicating accurate and timely information is a necessary component of effective public health programs. Communication helps to inform, educate, and empower people about health issues. Applicants should plan to use media and communication to support their program efforts and convey program messages, activities and successes throughout the funding period. CDC has resources and technical assistance available to help funded applicants.
- For **Basic implementation** applicants Year 1 funding may be used to initiate communication efforts. Beginning Year 2, CDC recommends that the Basic Implementation applicant should plan to use a minimum of 10% of the annual award to support communication activities.
- For **Comprehensive Implementation** applicants, beginning year one CDC recommends the applicant plan to use a minimum of 10% of the annual award to provide support for planning and implementation of communication activities.
- **Sustainability:** Develop a draft sustainability plan by end of Year 2.
- **Fiscal Management:** The applicant will manage its funding, complete timely and accurate reporting, and monitor any funding provided to local entities to complete work associated with this FOA. The applicant should have in place or develop procedures to track and report expenditures in accordance with all applicable federal laws, rules, and regulations, including those prohibiting the use of federal funds for impermissible lobbying.

- **Coalition:** The coalition should be functioning and multi-sectorial in composition, partner with community representatives, and utilize Community Based Participatory Approaches, or CBPA, during the entire project period. The coalition must also:
 - a. Demonstrate that a multi-sectorial coalition has been actively engaged for at least two consecutive years since 2010 and has capacity to conduct the work of this FOA. The coalition must include representatives with two years of experience in serving the priority population in the tribe or community, as well as 1) local health departments or similar tribal health organizations, 2) tribal or community-based organizations, 3) university/academic institutions and 4) non-traditional partners, for example: local education agencies, parks and recreation, transportation, environmental health, housing and urban development, public safety, financial, and health care organizations.
 - b. Demonstrate key accomplishments, including success in reducing health disparities, through collaborating with partners to implement PSE improvements locally that increase smoke-free or tobacco-free environments, physical activity opportunities, healthy food and beverage options, and access to quality health care, as well as address health disparities.

During Year 1, the Basic Implementation awardee should mobilize its resources to strengthen the coalition in order to ensure it is ready to implement the CAP. The Comprehensive Implementation awardee should have a coalition strong and active enough to participate in immediately implementing the CAP once the award is received.

- **Community Action Plan or CAP:** This is where there are significant differences between the two categories.

Basic Implementation Applicants

- In collaboration with the coalition and partners, **Basic Implementation applicants** will submit a detailed Year 1 CAP with the application. In addition, the applicant should provide a high level plan for Years 2-3 that will be fully developed during Year 1, collaborating with CDC to obtain final approval of the CAP within 6 months post-award, implementing the CAP within their selected priority population within 30 days of approval and no later than the start of Year 2.
- As part of the CAP, **Basic Implementation** applicants will:
 - a. Identify one of the following priority populations: African American/Black, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, or Hispanic/Latino.
 - b. Applicants should propose to enhance the reach and impact of existing policies, systems, and environments rather than developing new ones. Data and justification must be provided.
 - c. Identify one of the following chronic disease risk factors that disproportionately impact the one identified priority population group:
 - Tobacco use and exposure.
 - Poor nutrition.
 - Physical inactivity.
 - Lack of access to chronic disease prevention, risk reduction and management opportunities.
 - d. Although not explicitly identified in this section, the applicants must identify a pre-existing policies, systems, or environments that has shown limited or no improvement in behavioral and/or health outcomes for the priority population identified when compared to the same outcomes for the broader population or that have exacerbated health inequalities in the priority population or populations. Data and justification must be provided. Examples of strategies that address an existing policy, system or environment improvement that may have in the past created barriers to decreasing health disparities are provided in Appendix B.

- In general, **Basic Implementation** applicants may spend a significant amount of time during the first year accomplishing the following:
 - a. strengthening stakeholder and coalition engagement to support implementation activities
 - b. identifying and selecting contractors and consultants to assist with strengthening program infrastructure and with implementation activities, and
 - c. Funding appropriate local entities or coalitions committed to the goals of the initiative and actively engaged in selected strategies.

Comprehensive Implementation Applicants

- **Comprehensive Implementation** applicants must submit as part of the application a three year CAP in collaboration with the coalition and partners, and to collaborate with CDC to obtain final approval of the CAP within 30 days post-award. The CAP should be ready for implementation immediately after submitting the final, approved CAP.
- Applicants must identify at least one and no more than two of the previously identified priority populations.
- Using CBPA, each priority population the **Comprehensive Implementation** applicant proposes to address through this FOA must be fully engaged through planning, implementation, and evaluation of the proposed strategies, and the dissemination of findings. The applicant should clearly describe governance and the decision-making structure, culturally appropriate processes of engagement for selected priority populations, and how work is coordinated across or among the two priority populations.
- **Comprehensive Implementation** applicants must identify at least two of the previously identified chronic disease risk factors that impact the chosen priority population.
- The **Comprehensive Implementation** applicants must identify pre-existing policies, systems, or environments that have shown limited or no improvement in behavioral and/or health outcomes for the priority population or populations identified when compared to the same outcomes for the broader population or that have exacerbated health inequalities in the priority population.

For both categories:

- The applicants must select evidence-based PSE strategies shown to improve the chronic disease risk factor or factors selected. The strategies should be responsive to the unique social and physical environments characterizing the health disparities within the identified priority population. These strategies should be culturally and locally tailored to meet the community's needs.
- Activities should align with the community health needs assessment, available data, community engagement findings, and opportunities for PSE improvement.
- The applicants must propose SMART objectives, and
- Objectives and related activities should be clearly connected to intended outcomes, and must be deliberate in how they connect with each other and the overall project outcomes.

Application Package:

The outline of the content, including page limits, of the application package is provided on pages 36 - 40 of the FOA. The scoring criteria are included on pages 45-48. Please be sure to read these sections carefully.

I will now turn the call over to Dr. Rivera to describe the evaluation and performance measurement requirements of this FOA.

7. Performance Measurement and Evaluation – Dr. Mark Rivera

Thank you, Shannon, and hello, everyone. Awardees will be required to submit an evaluation and performance measurement plan. It is important to know that CDC may revise the existing requirements, and if so, a detailed explanation of any additional requirements will be provided to successful applicants in their Notice of Award letter from PGO. Any additional reporting requirements will not exceed applicable grants regulations limits.

Applicants must provide an overall jurisdiction or community-specific evaluation and performance measurement plan that is consistent with the CDC Evaluation and Performance Measurement Strategy section of the CDC Project Description of this FOA. Data collected must be used for ongoing monitoring of the award to evaluate its effectiveness, and for continuous program improvement.

The REACH Evaluation and Performance Measurement Plan will be comprised of three components:

1. Tracking progress and completion of strategies. By using the CDC identified performance monitoring and reporting system, each awardee will track overall progress on infrastructure and short-term outcome objectives, as well as, specific progress on activities on a quarterly basis. The collection of this data is known as *performance monitoring data*. CDC will provide training and guidance on the use of this system.
2. Measurement of Short-term Outcomes. Using detailed post-award guidance from CDC, awardees will set targets and then monitor progress towards these targets on the number of people who have access to healthier environments as a result of the implementation of each awardee strategies described in the CAP objectives. This is known as Awardee Reach for each strategy. These targets will be ultimately rolled up into the relevant short-term outcomes.
3. Assessment of actual use of a healthier environment. With guidance from CDC, awardees will assess the actual use of at least one healthier environment they created by implementing a strategy. This is required for all awardees regardless of funding level and must be completed before the end of the 3-year project period. This assessment is complementary with the estimated Awardee Reach for the selected healthier environment.

In order to expand the evidence base for effective community strategies, **Comprehensive Implementation** Awardee strategies implemented in new priority populations or settings should include rigorous outcome evaluation to determine strategy effectiveness. In addition, awardees should use common measures and metrics, so that their findings can be compared with others. CDC will provide assistance with the finalization of the Outcome Evaluation Plan and the selection of common measures and metrics. In addition, **Comprehensive Implementation** Awardees will develop and distribute, by the end of year three one or more unique dissemination documents created for stakeholders or the broader community based on evaluation and/or performance monitoring data.

This concludes our overview of Basic and Comprehensive Implementation applicant expectations and requirements. Thank you for your interest and we look forward to partnering with you.

I will now turn the line over to **Ms. Augustus-High**, to review eligibility criteria, funding levels, and application submission procedures, including a Letter-of-Intent.

8. Overview of REACH Eligibility and Funding - Toni Augustus-High

Thank you, Mark.

This FOA is for limited competition. Justification for this is provided on page 33.

Eligible applicants include the following:

- Local governments or their bona fide agents
- Public nonprofit organizations
- Private nonprofit organizations
- For profit organizations
- Small, minority, women-owned businesses
- Universities
- Colleges
- Hospitals
- Community-based organizations
- Faith-based organizations
- Federally recognized or state recognized American Indian/Alaska Native tribal governments
- American Indian/Alaska Native tribally designated organizations
- Alaska Native health corporations
- Urban Indian health organizations
- Tribal epidemiology centers
- Public Housing Authorities/Indian Housing Authorities

Funding Levels

It is anticipated that the average Basic Implementation award will be \$400,000 with a minimum of \$300,000 and a maximum of \$500,000 annually. CDC anticipates funding 15-20 organizations for this category. It is anticipated that the average Comprehensive Implementation award will be \$800,000 with a minimum of \$600,000 and a maximum of \$1,000,000 annually. CDC anticipates funding 30-40 organizations for this category.

Application Submission Procedures

The application process for this FOA involves two separate and important steps, the first being the submission of a letter of intent, or LOI, and an application package.

If you are interested in submitting an application, you are required to submit a letter of intent to CDC. The information to be included in the Letter of Intent is in Section D of the FOA, application submission information, found on page 34 of the FOA. The LOI must be emailed or postmarked by **June 6, 2014**. LOIs may be sent via email, U.S. express mail or delivery service. You may submit the LOI electronically to REACHLOI@cdc.gov. Only those applicants who submit a letter of intent by **June 6, 2014** are allowed to submit an application package for this FOA. If you do not meet the **June 6th** deadline for the letter of intent, there will be no provision for accepting any further letter of intent. A Letter of Intent template is provided in Appendix E of the FOA.

Application packages are due on July 22, 2014, 11:59 p.m. U.S. Eastern Daylight Saving Time, on www.grants.gov.

Please remember that an organization must be registered at the three following locations before it can submit an application for funding at www.grants.gov.

The first is the Data Universal Numbering System or DUNS: All applicant organizations must obtain a DUNS number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements. The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at <http://fedgov.dnb.com/webform/displayHomePage.do>. The DUNS number will be provided at no charge. If funds are awarded to an applicant organization that includes sub-awardees, those sub-awardees must provide their DUNS numbers before accepting any funds.

The second is the System for Award Management or SAM: The 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 an awardee. All applicant organizations must register with SAM, and will be assigned a SAM number. 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 usually requires not more than five business days, and registration must be renewed annually. Additional information about registration procedures may be found at www.SAM.gov.

The last is [Grants.gov](http://www.grants.gov): The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Get Registered" option at www.grants.gov. All applicant organizations must register at 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.

The Anticipated Award Date for this award is September 30, 2014. The budget period length is 12 months and the project period length is 3 years.

I will now turn the call over to Mr. Dulin.

9. Question and Answer Session – Rick Dulin

Thank you, Toni.

To the extent possible we will try to answer your questions on the call today. Please ask your questions one at a time and allow time for a response before asking another question. 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.

1. For the purposes of this FOA, how do you define infrastructure?

An infrastructure change includes establishing systems, procedures, and protocols within communities, institutions, and networks that support healthy behaviors. This includes improving linkages among service agencies, public health, and public health care systems. Note that this program is not authorized to conduct construction and/or modernization projects.

2. Is there a preference in this FOA for organizations that have received funding through DCH funded programs in the past?

No. This is a limited competition based on the eligibility criteria, strength of the application and the review/award process.

3. Can funds be used for construction?

This program is not authorized to conduct construction and/or modernization projects. Construction projects are applicable only to "construction" funding opportunity announcements under the Public Health Service Act (PHSA), Section 307(b)(10) [Section 307(b)(10)]. This authority does not apply to "program" specific FOA's. Therefore, recipients may not use REACH funding for construction (including, but not limited to, labor or materials). REACH funds may be used, for example, to assess support for a community initiative and educate community members, educate intervention population members, identify requirements for facilities, and conduct planning in preparation for construction. Any funds used for construction purposes would need to be provided by another source.

Unfortunately, we have run out of time for further questions. I'm going to turn the call over to Captain Yatabe for final comments.

<p>10. Closing – Capt. Graydon Yatabe</p>
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Thank you, Rick. We at CDC thank you for your interest in the REACH Funding Opportunity Announcement. Remember to go to the REACH web site to submit questions and check for answers. This concludes our call. Have a great day.