

# Funding Opportunity Announcement (FOA): PPHF 2012 - National Diabetes Prevention Program: Preventing Type 2 Diabetes Among People at High Risk Financed Solely by 2012 Prevention and Public Health Funds.

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## Frequently Asked Questions (FAQs)

### Questions and Answers from Applicants

**An applicant received a notice from [support@grants.gov](mailto:support@grants.gov) stating that the closing date for the “PPHF 2012: National Diabetes Prevention Program: Preventing Type 2 Diabetes Among People at High Risk financed solely by 2012 Prevention and Public Health Funds” has changed to July 23, 2012, instead of July 31, 2012. It seemed that Grant.gov is updating their System of Award Management (SAM) beginning July 24, 2012, through July 31, 2012.**

The application is due July 31, 2012, 11:59 p.m., Eastern Daylight Savings Time. The Central Contractor Registration, one of the initial steps in submitting an application through [www.grants.gov](http://www.grants.gov), must be completed prior to July 24, 2012. This amendment was made to the FOA on 7/16/2012. The official notification states:

Alert notification: THIS IS A REQUIRED REGISTRATION

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

- CCR—Central Contractor Registration/FedReg

Please note: This will affect applicants’ ability to create, or update any of their CCR records. This is a requirement to submit your application via Grants.gov. Therefore, if you are planning on submitting an application in response to this FOA PPHF 2012: DP12-1212PPHF12 PPHF 2012: National Diabetes Prevention Program: Preventing Type 2 Diabetes Among People at High Risk, please register or update registration in the CCR before July 24, 2012. Failure to register prior to July 24th may result in your application not being accepted in Grant.gov.

### **Do applicants need to be able to deliver the lifestyle change programs across multiple states?**

Yes, applicants are required to work with their local affiliates and/or within an existing network of organizations across multiple states to scale the National Diabetes Prevention Program (National DPP). An applicant operating in only one state is not eligible for this funding. Please see the eligibility information section of the FOA pages 19–20.

### **Is an applicant eligible if it has a network of affiliates within a single state?**

No, an applicant must have a local affiliate and/or an existing network of organizations in multiple states to support the expansion of the program nationwide.

### **Does our organization have to have received pending or full recognition status by the Centers for Disease Control and Prevention’s (CDC) Diabetes Prevention and Recognition Program (DPRP) or have an affiliate with full or pending recognition prior to applying for funding?**

No, applicants are not required to have already applied for, or received, CDC DPRP recognition to be eligible to apply for this FOA. However, once applicants are funded, one of the required recipient activities is to ensure that the organizations they are working with deliver the program and apply for CDC DPRP recognition.

**How many awards will be issued?**

Up to 8 awards may be issued.

**Would a nonprofit health system consisting of 10 hospitals throughout one state be eligible for this funding?**

An applicant operating in only one state is not eligible for this funding.

**Which pre-application support call should applicants in the Mountain Time zone join?**

Both calls are open to all potential applicants regardless of their time zone. Transcripts from both calls will be posted on this Web page if you missed the calls.

**Are national associations eligible for funding?**

Yes, eligible national associations would include nonprofit organizations, for-profit organizations, or faith-based organizations that meet the FOA eligibility requirements.

**Are federal agencies like the VA Medical Centers eligible for funding?**

Federal agencies are not eligible for this funding.

**The application notes that this FOA is for non-research activities. Will awardees be able to analyze and publish their data?**

Although the FOA is not for research activities, awardees will be able to analyze and publish evaluation results from their program implementation efforts.

**When the RFP references "multiple states," is there an optimum number of states?**

There is not a specified optimum number of states.

**How many states and cities would you like to see identified per year in the Project Work Plan?**

The Project Work Plan should reflect the number of states and cities for which strategic efforts to scale the program and offer it locally are realistic and reflect engagement with relevant entities.

**Will there be another funding cycle if we cannot meet the July 31st deadline to apply for this FOA?**

No, this FOA is for a four-year project period.

**On the FOA call, a CDC host mentioned that Lifestyle Coaches would be trained by the CDC. Could our organization train lifestyle coaches (more of a regional training center model) who could work locally with our partner organizations and networks?**

CDC funds The Diabetes Training and Technical Assistance Center (DTTAC) at Emory University to train Lifestyle Coaches to deliver the National DPP curriculum in their community. DTTAC has also certified master trainers who can independently train Lifestyle Coaches in their region. Training by DTTAC is available and encouraged for grantees, although not required. More information on training is available at <http://www.cdc.gov/diabetes/prevention/dttac.htm>.

**If a new company provides letters of support and commitment from potential partners such as non-governmental organizations, faith-based organizations, private companies and health insurers, etc., that will join its organization in diabetes prevention program efforts described in its application, will that company be eligible for a grant?**

Eligible organizations are those that, at the time of their application, have an existing, established infrastructure in place and are in a position to scale (expand) the National DPP across multiple states. Pages 19–22 of the FOA describe the eligibility requirements.

**Could other CDC National DPP partners comprise the existing infrastructure and existing network and or/affiliate organizations?**

While existing National DPP partners may support and enhance applicant activities, a central aim of the FOA is to expand the reach of the National DPP. This should be accomplished through the introduction of new networks and affiliate organizations.

**Are partner collaborations with companies based outside of the U.S. acceptable?**

This FOA focuses on expanding the National DPP domestically in the United States, including the U.S. territories and jurisdictions.

**Can a targeted geographic area be in the same state/city as a current Diabetes Prevention Partner?**

Yes.

**Which salaries does the grant cover?**

Specific staff roles or number of salaries this grant covers are not specified. Applications should include a staffing plan with experienced, dedicated staff in program management, fiscal management, and marketing and communications. This is one of five program capacity criteria elements listed on page 42 of the FOA.

**Is past experience working with worksite wellness programs mandatory? Can an identified partner that is part of the network have past experience working with worksite wellness programs?**

Past experience working with worksite wellness programs is not required but it is one of five experience and proven capacity criteria, listed on pages 39 and 40 of the FOA. If an identified partner has past experience

working with worksite wellness programs, the project narrative should specify how the partner's expertise will be applied in the staffing and project work plans.

**Should the Background and Need narrative of the application include data on the burden of diabetes in the proposed geographical area for year one or all four years?**

The applicant should describe the burden of diabetes throughout their networks' and/or affiliates' geographical area. The immediate target area for the first year should be described in the project work plan.

**Will the CDC own any intellectual property rights to the grantee's program? Will the grantee's program have to be branded as a CDC program or can it be branded under a company name with CDC recognition as a distinction?**

CDC will not own intellectual property rights to grantee's programs. The program does not have to be branded as a CDC program, although many organizations have felt that the CDC affiliation has been helpful in recruitment and outreach efforts.

**Can modifications be made to National DPP curriculum?**

No, modifications may not be made to the National DPP curriculum.

**What are the other approved curriculums?**

Other curriculums that have been approved to date include the Greater Lifestyle Balance Curriculum and the Native Lifestyle Balance curriculum.

**Can we provide our own curriculum?**

You can submit an existing alternate curriculum in your application; however, it must conform to the curriculum requirements detailed in the DPRP Standards.

**Can different curriculums be used in different states or cities?**

Any curriculum, no matter where it is used, must conform to the curriculum requirements detailed in the DPRP Standards.

**Does the CDC get involved with pricing for any of the components of the program or fees for training or selling of any products or services offered?**

CDC does not get involved with pricing decisions. Providing a cost-effective way to prevent or delay type 2 diabetes is a guiding principle of the National DPP.

**Is there a preferred percentage breakdown on administrative costs versus program implementation?**

No, a percentage breakdown on administrative costs versus program implementation is not specified. An applicant must provide a budget for delivering the program that accounts for all costs. Guidance on completing a detailed justified budget is available at <http://www.cdc.gov/od/pgo/funding/budgetguide.htm>.

**Navajo Tribal and Indian Health Service sites have experience implementing Diabetes Prevention Programs. Is the Indian Health Service eligible to apply for this grant?**

The Indian Health Service is not eligible for this grant. However, Native American tribes are eligible, as are organizations that work with American Indians.

**For a Native American tribe, does this need to be a multi-state project to meet grant criteria?**

Yes.

**Are private universities eligible to apply for this grant?**

Yes, private universities are eligible.

**Can we use funding dollars for screening individuals at risk for type 2 diabetes and participants in the lifestyle change program? Also, can you confirm that the program intervention is geared for employees versus a community intervention?**

This funding opportunity announcement does not support screening activities. The lifestyle change program is a community-based intervention for all persons at high-risk for type 2 diabetes and can be adapted to worksite settings for employees.

**I am working with a private business that is forming a new subsidiary to launch a diabetes prevention service. Must the parent company submit the application or can the new subsidiary submit it? Can the parent remain anonymous outside of CDC, at least until LOI is reviewed?**

The entity that will coordinate and deliver the program should submit the application. During the application review process, CDC will have access to the information you provided in the grant application. Therefore, if the parent organization is named in the application submitted by the subsidiary, the identity of the parent organization will not be anonymous. When CDC provides funding to an organization, the entity on the application is named in public documents.

**We are a Federally Qualified Health Center serving Texas residents. There are several mentions of "multiple states" in the FOA. Do the strategies that we propose to implement in our application have to cover multiple states?**

Yes, the strategies that applicants propose to implement have to cover multiple states.

**Is it required that our organization adopt the National DPP as a covered health benefit for our employees?**

Organizations that are funded through this FOA are encouraged to offer the National DPP lifestyle change program as a covered health benefit for their employees.

**By implementing the National DPP within our organization, is it required that we establish agreements to be reimbursed by public and private insurers?**

Organizations funded through this FOA are encouraged to work with insurers to obtain reimbursement for delivering the lifestyle change program, using a pay for performance model.

**Do applicants have to do all of the following four recipient activities/components?**

- A. Scale the National DPP.**
- B. Educate employers about the benefits and cost-savings of offering the evidence-based lifestyle change program as a covered health benefit for employees.**
- C. Educate insurers about the benefits and cost-savings of the evidence-based lifestyle change program.**
- D. Apply for recognition by CDC's Diabetes Prevention Recognition Program.**

**Or, can they choose just one or two of the above?**

Grantees are required to conduct all recipient activities as outlined in the FOA. CDC will support and provide technical assistance to grantees to effectively carry out all of the recipient activities described in the FOA.

**Can you provide a detailed definition for the term "Network/Affiliate" as stated in the FOA? What qualifications will the CDC use to determine if the applicant does in fact have "Affiliates or Networks?" How is this different from partnerships?**

CDC will consider an affiliate/network of organizations as one that has an established infrastructure that can support the scaling and sustainability efforts of the National DPP across multiple states. The FOA provides a definition for the terms "affiliate" and "network organizations" on p. 52.

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

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

**Is it acceptable for this FOA for an organization to offer the online version of the DPP (created by the University of Pittsburgh) rather than group-based National DPP?**

Currently, online delivery of the lifestyle intervention is not supported by this grant.

**Can an applicant propose to serve Puerto Rico in addition to a number of states?**

Yes.

**Are DPCPs eligible to apply for the grant or can we partner with an agency that might be interested in applying for the funding?**

DPCPs are not eligible to apply for the grant. DPCPs may offer their support and expertise to partners in raising awareness about prediabetes, coalition building, and increasing participation in the National DPP.

**How does this grant fit in with the model currently in place (the partnership between UnitedHealth's DPCA, the CDC, and Y-USA)?**

The inaugural partners of the Y of the USA and UnitedHealth Group will continue to be involved in the National DPP. There are many successes and lessons learned from the current partnership model. The goal of this FOA is to continue to expand the reach and secure the sustainability of the program through partners, their networks, and affiliates.

**Is a local health department eligible to apply for this grant?**

Local health departments are not eligible to apply for the grant yet they may serve as an affiliate/network of an organization that is eligible to apply that have the capacity to implement the program in multiple states.

**Should applicants submit a list of all of their network partners/affiliates, or just those that the applicant organization may select to participate in the proposed program implementation?**

Applicants should only submit the names of affiliates that will be potential program partners.

**In the Project Abstract Summary, should the estimate of the number of people to be served reflect the full 4-year project period?**

Yes.

**On the SF-424, for item #18 Estimate Funding, should applicants list the total funding requested for all 4 project years, or just the dollar amount requested for the first year?**

Applicants may list funding requirements for the first 12-month period only. The federal amount requested should be indicated in block 18 a. Blocks 18b through 18f may be completed if applicable to your project.

**On the SF-424, for item #17 Proposed Project Dates, what dates should applicants list for the Start Date and End Date?**

The project period is for four years. The budget period for this funding cycle begins September 30, 2012 through September 29, 2013.

**Is it possible that an applicant may propose to serve a large number of states in their grant application, and CDC will fund the applicant at an amount lower than requested to serve a smaller number of states?**

That scenario is feasible.

**I received an e-mail that stated the letter of intent is due July 6, at 5 p.m. Does that mean I will not be able to apply if I fail to submit one by then?**

A Letter of Intent is not required to apply for this FOA. You can still apply and the application deadline is July 31, 2012, 11:59 p.m., Eastern Daylight Savings Time.

**Can we use a competitive process among our affiliates and networks of Hispanic CBOs to identify those community-based organizations that are most appropriate and most interested in participating as National DPP program sites and have the staff, interest, and capacity for becoming lifestyle coaches?**

Yes.

**If the applicant organization and the sites are all using the National DPP curriculum do we still need to get CDC DPRP recognition?**

Yes.

**Can the potential employer or insurance broker “leads” be generated at the state or locality level but the marketing to employers and insurance plans be done from the central office?**

Yes, applicants are encouraged to propose in their plans what they think are the most strategic methods for implementing the recipient activities.

**Does a church qualify as a nonprofit or does the church need a separate 501(c)3 to qualify?**

Nonprofit organizations, for-profit organizations, Indian/Native American tribal governments; and faith-based organizations are eligible to apply. Applicants should include documentation with their application as to how they meet the eligibility requirements.

**Would an application be responsive to the FOA if it proposes working with employers based in our state that have offices in other states in which the National DPP could be implemented? For example, working with a large company to offer the National DPP to employees in Minnesota and in other states where it has offices.**

Yes, an application that proposes working with local affiliates or within an existing network of organizations across multiple states to scale the National DPP would be responsive to the FOA. A for-profit entity offering the program to employees in multiple states would be eligible.

**Is a nonprofit organization that has developed a highly successful diabetes prevention program, partnered with a national organization with members in numerous states, eligible to apply?**

Yes.

**If an organization does not have a relationship with employers but does have a relationship with insurers, does that negate eligibility or put the organization out of scoring range for funding?**

Working with employers is not required but it is one of five experience and proven capacity criteria, listed on pages 39–40 of the FOA that will be considered in evaluating applications. If an applicant has experience working with insurers, the project narrative should specify how that will be applied in the project work plan. Organizations awarded funding through this FOA will be required to work with both employers and insurers.

**Can organizations use a new 3D body scan measurement system, which is more accurate than BMI or a simple scale, in implementing the National DPP?**

No, the data collection methods for this grant must conform to the program requirements specified in the CDC Diabetes Prevention Recognition Program Standards and Operating Procedures (DPRP Standards).

**In recruiting participants, can a health plan offer the National DPP only to its own customers or to any interested participants?**

Health plans can offer the lifestyle change program as a covered benefit to their customers and any people who meet participation criteria.

**Who defines participant criteria, and are these based on the CDC Diabetes Prevention Recognition Program Standards and Operating Procedures?**

A grantee's lifestyle change program must use the participant criteria defined by CDC in the DPRP Standards.

**Can an organization submit more than one proposal under the letter of intent?**

Only one application per organization will be reviewed.

**Does this FOA only fund adult programs or are pediatric prevention programs included?**

This FOA will only fund programs for adults.

**It will take my organization longer than 12 months to implement a diabetes prevention program in the 5 western states where we provide clinical services. Will there be budget dollars for subsequent years and at what level?**

The project period for this funding opportunity announcement is up to four years. Project periods are divided into 12-month budget timeframes. Awards for individual grantees will range from \$750,000 to \$2,000,000 over the 12-month budget period. Funding for years 2–4 of this project are dependent on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. You can find additional information in the FOA under Section II-Award Information.

**Are applicants required to have relationships with every stakeholder described in the FOA? Can applicants focus initially on one or more key stakeholders or activities, which would, in turn, have a down-the-line impact on other activities and stakeholders described in the FOA?**

Organizations funded through this FOA are required to conduct all recipient activities as outlined in the FOA. CDC will provide technical assistance to grantees to help them effectively implement the recipient activities described in the FOA. Applicants should use the Project Work plan to describe existing partners and networks they will collaborate with to scale (expand) the National DPP.

**May I please have the contact information for the Diabetes Prevention and Control Alliance in order to become a provider in this network?**

The contact information for the Diabetes Prevention and Control Alliance (DPCA) is available on their Web site at [www.Notme.com](http://www.Notme.com)

**Where can I find information on how we can receive training for 10–20 Lifestyle Coaches? What is the cost for this training? I saw that DTTAC can conduct the training.**

CDC funds [DTTAC](#) to train Lifestyle Coaches on the National DPP curriculum. DTTAC will provide training at no charge to organizations funded through this FOA during the first 12-month funding period. Organizations that do not receive funding through this FOA can still work with DTTAC to get lifestyle coaches trained. Contact DTTAC directly to coordinate.

**Where may I find a list of submitted Letters of Intent?**

The Letters of Intent (LOIs) will not be posted online. LOIs are only a planning tool used by CDC to prepare for the objective review of the applications.

**If my organization is funded under DP 12-1212PPHF12, will we be required to become a federal contractor?**

No, you will not be required to become a federal contractor.

**The funding announcement is for year one but the grant period is four years. Should applicants submit a 4-year plan for execution but a budget for the first year only? And, as I understand it, the first year budget amount can be between \$750,000–\$2,000,000, is that correct?**

Funding is for year one but the grant period is 4 years. Applicants should submit a 4-year plan for execution but a budget and budget request for the first year only.

**We have a large number of affiliates and network members in various states. Do we have to identify the specific partners in our proposal, or can we select partners by using a competitive process if we are awarded funding?**

Proposals should include the network(s) and/or affiliate organizations with which the applicant proposes to collaborate when scaling the National DPP over the 4-year project period.

**I was on a pre-application support conference call this month and the YMCA's Diabetes Prevention Program (YDPP) was mentioned. Please tell me again how many people have been through the YDPP? What is the cost to provide this program on a large scale?**

Please access the [transcript](#) of the pre-application support call for more information. In summary, the YDPP reached more than 5,700 people at a cost that ranged from \$275 to \$325 per person. However, the cost of delivering the National DPP will vary by organization. Please visit the YMCA of the USA Web site [[Link to http://www.ymca.net/diabetes-prevention/](http://www.ymca.net/diabetes-prevention/)] for more information about the YDPP.

**To what extent would the CDC like to have input into developing evaluation activities? (Please refer to page 15, section F, first bullet point in the FOA).**

CDC staff will work with grantees to develop and implement an evaluation plan to measure the impact of the recipient activities outlined in the FOA.

**Given the particular population that our program proposes to serve—Cambodian refugees who have experienced trauma—we think it is appropriate to include measures of psychosocial factors that may be associated with both trauma and health behaviors. Would such indicators be outside of the scope of evaluation activities that the CDC would deem appropriate?**

CDC staff will work with grantees to develop and implement an appropriate evaluation plan to measure the impact of the recipient activities outlined in the FOA.

## FAQs about the FOA

### **What is the National Diabetes Prevention Program?**

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

1. **Training (Increase Workforce):** Establish a trained workforce to deliver the evidence-based lifestyle change program for people at high risk for developing type 2 diabetes. The lifestyle change program curriculum is based on the Diabetes Prevention Program research study led by the National Institutes of Health and supported by the Centers for Disease Control and Prevention.
2. **Diabetes Prevention Recognition Program:** Assures organizations are delivering an evidence-based lifestyle change program that meets the standardized reporting data requirements as outlined in the *CDC Diabetes Prevention Recognition Program Standards and Operating Procedures (DPRP Standards)* available at [www.cdc.gov/diabetes/prevention/recognition/standards.htm](http://www.cdc.gov/diabetes/prevention/recognition/standards.htm).
3. **Intervention sites:** Locations where participants in the evidence-based lifestyle change program meet with a trained lifestyle coach, in a group setting, to participate in 16 core sessions (usually 1 per week) and 6 post-core sessions (1 per month) over the course of a year.
4. **Health Marketing:** Activities designed to 1) increase the number of evidence-based lifestyle change program intervention sites across the country; 2) encourage health care providers to refer persons at high risk for type 2 diabetes to an evidence-based lifestyle change program; and 3) raise awareness among persons at high risk for type 2 diabetes to encourage them to enroll in an evidence-based lifestyle change program.

### **Why is preventing type 2 diabetes important?**

In the United States, 25.8 million adults have diabetes and, if current trends continue, as many as 1 out of 3 Americans born today will develop diabetes in their lifetime. However, the majority of new cases of type 2 diabetes in the United States today can be delayed or prevented. Research has demonstrated that a structured lifestyle change program, that results in modest weight loss of 5%–7%, healthy eating, and at least 150 minutes of physical activity each week can reduce the risk for type 2 diabetes by approximately 60% in people with prediabetes. Approximately 79 million Americans have prediabetes. Prediabetes means blood glucose levels are higher than normal, but not high enough to be diabetes. People with prediabetes have an increased risk of developing type 2 diabetes, heart disease, and stroke.

### **What is the purpose of this new funding opportunity announcement (FOA) PPHF 2012—National Diabetes Prevention Program: Preventing Type 2 Diabetes Among People at High Risk Financed Solely by 2012 Prevention and Public Health Funds?**

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

- Establishing an evidence-based lifestyle change program in multiple states for populations at high risk for type 2 diabetes that meets the standards outlined in the *CDC Diabetes Prevention Recognition Program Standards and Operating Procedures (DPRP Standards)* available at [www.cdc.gov/diabetes/prevention/recognition](http://www.cdc.gov/diabetes/prevention/recognition)
- Recruiting and facilitate training of lifestyle coaches to deliver the evidence-based lifestyle change program
- Educating employers in multiple states about the benefits and cost-savings of offering the evidence-based lifestyle change program as a covered health benefit for employees

- Educating public and private health insurance companies about the benefits and cost-savings of reimbursing organizations delivering the evidence-based lifestyle change program using a pay-for-performance model
- Developing and implement strategic marketing and promotional activities to increase awareness and referrals to the evidence-based lifestyle change program
- Sustaining the evidence-based lifestyle change program without government grant funds when this cooperative agreement ends, through securing voluntary reimbursement from public and private health insurance companies for organizations delivering the evidence-based lifestyle change program using a pay-for-performance model
- Ensuring that each intervention site offering the evidence-based lifestyle change program under this FOA will obtain recognition from the CDC DPRP. The *DPRP Standards* are available at [www.cdc.gov/diabetes/prevention/recognition](http://www.cdc.gov/diabetes/prevention/recognition)
- Ensuring that each intervention site offering the evidence-based lifestyle change program has the capacity to collect participant information and maintain a data collection system as outlined in the *DPRP Standards* available at [www.cdc.gov/diabetes/prevention/recognition](http://www.cdc.gov/diabetes/prevention/recognition).

### **What dates and deadlines should potential applicants know?**

An optional letter of intent (LOI) should be delivered to CDC by July 6, 2012, 5:00 p.m., EST. For more details about the LOI, read the [LOI question and answer](#).

The application deadline is July 31, 2012, 11:59 p.m., Eastern Daylight Savings Time.

Answers to questions from potential applicants will be posted on this CDC Web page from June 22, 2012, to July 30, 2012. Inquiries submitted after July 25, 2012, will not be answered.

CDC will provide two pre-application support conference calls. A [transcript](#) will be posted following each call.

June 28, 2012, 10:00 a.m.–11:30 a.m., EST—Interested applicants in the Atlantic, Eastern, and Central time zones. This conference call can be accessed by calling 1-888-593-8437, passcode: 9755259.

July 2, 2012, 5:00 p.m.–6:30 p.m., EST—Interested applicants in the Central, Pacific, and Alaska, time zones. This conference call can be accessed by calling 1-888-593-8437, passcode 9755259.

Awardees will be notified by September 30, 2012.

### **Do I need to submit a letter of intent (LOI), and what is the format?**

Although a letter of intent is not required, is not binding, and does not enter into the review of a subsequent application, the information that it contains allows CDC program staff to estimate and plan the review of submitted applications. LOIs should be provided not later than July 6, 2012, 5:00 p.m., EST.

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

- Funding opportunity announcement title and number
- The name of the applicant agency or organization
- Name of the official contact person and that person's telephone number, fax number, mailing, and e-mail addresses.

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

Submit the LOI by express mail or delivery service to:

Sue Shaw, MPH, CHES  
Program Consultant, Division of Diabetes Translation  
Centers for Disease Control and Prevention  
Department of Health and Human Services  
4770 Buford Highway NE, MS-K10  
Atlanta, GA 30341  
Telephone: 770-488-5000

### **If potential applicants have a question about the FOA, how can they get answers?**

(Updated on July 26, 2012)

There are three ways to find answers:

1. CDC provided two pre-application support conference calls. [Transcripts and audio](#) of the calls are available on this page.
2. CDC accepted [questions from applicants](#) between June 22 and July 25, 2012. Those responses are in this FAQ section. Please check this page regularly through Monday, July 30, 2012, for new information. You can also [get e-mail updates](#) about the National DPP from CDC.
3. You can read prepared [FAQs](#) on this page.

### **Who may apply for funding?**

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

- Nonprofit organizations.
- For-profit organizations.
- Indian/Native American tribal governments.
- Faith-based organizations.

### **What are the eligibility requirements?**

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

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

## Where can I find this funding opportunity announcement and application package?

The official funding opportunity announcement (FOA) and application package for “PPHF 2012 - National Diabetes Prevention Program: Preventing Type 2 Diabetes Among People at High Risk solely financed by 2012 Prevention and Public Health Funds” is provided on the [www.grants.gov](http://www.grants.gov) Web site.

To find the grant application:

1. Go to [www.grants.gov](http://www.grants.gov).
2. Click “Find Grant Opportunities” in the left-hand column.
3. Click “Basic Search.”
4. In the text box labeled “Search by Funding Opportunity Number” enter the FOA number: CDC-RFA-DP12-1212PPHF12.
5. Click on the opportunity title PPHF 2012 - National Diabetes Prevention Program: Preventing Type 2 Diabetes Among People at High Risk financed solely by 2012 Prevention and Public Health Funds.
6. Click on the “FULL ANNOUNCEMENT” link.

To access the FOA and application package:

1. Got to [www.grants.gov](http://www.grants.gov).
2. Select: “Apply for Grants.”
3. Select: “Step 1: Download a Grant Application Package.”
4. Type in the Funding Opportunity Number, formatted as: CDC-RFA-DP12-1212PPHF12.

NOTE: To download the application package and apply for a grant, you or your organization must complete the [grants.gov registration process](#). The registration process for an organization or an individual can take between 3 to 5 business days to process or as long as 4 weeks if all steps are not completed in a timely manner. So please register early! Grants.gov also provides a PDF of an [Applicant User Guide](#) [PDF&8211;3.98MB].

## How do I submit my application?

Applications must be submitted electronically at [www.grants.gov](http://www.grants.gov). Electronic applications will be considered as having met the deadline if the application has been successfully made available to CDC for processing from Grants.gov on the deadline date. The [application package](#) can be downloaded from [www.grants.gov](http://www.grants.gov). Applicants can complete the application package off-line, and then upload and submit the application via the grants.gov Web site. The applicant must submit all application attachments using a PDF file format when submitting via Grants.gov. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than PDF may result in the file being unreadable by staff.

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

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

## **What is a Data Universal Numbering System (DUNS number) and how do I get one?**

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

## **How will my application be reviewed?**

All eligible applications will be initially reviewed for completeness by 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. Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance through the review process. Applicants will be notified that the application did not meet eligibility and/or published submission requirements.

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

## **What are the funding restrictions?**

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

- Sec. 503(a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation of the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.  
(b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive Order proposed or pending before the Congress or any state government, state legislature or local legislative body, other than normal and recognized executive-legislative relationships or participation by an agency or officer of a state, local or tribal government in policymaking and administrative processes within the executive branch of that government.  
(c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending, or future federal, state, or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.
- Sec. 218. None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.
- Sec 253. Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.
- Sec 738. None of the funds made available by this Act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to

any corporation that was convicted (or had an officer or agent of such corporation acting on behalf of the corporation convicted) of a felony criminal violation under any federal or state law within the preceding 24 months, where the awarding agency is aware of the conviction, unless the agency has considered suspension or debarment of the corporation, or such officer or agent, and made a determination that this further action is not necessary to protect the interests of the government.

- Sec 739. None of the funds made available by this act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to, any corporation that any unpaid federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability, where the awarding agency is aware of the unpaid tax liability, unless the agency has considered suspension or debarment of the corporation and made a determination that this further action is not necessary to protect the interests of the government.
- Sec 433. None of the funds made available by this Act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, made a grant to, or provide a loan or loan guarantee to, any corporation that was convicted (or had an officer or agent of such corporation acting on behalf of the corporation convicted) of a felony criminal violation under any federal law within the preceding 24 months, where the awarding agency is aware of the conviction, unless the agency has considered suspension or debarment of the corporation, or such officer or agent and made a determination that this further action is not necessary to protect the interests of the government.
- Sec 434. None of the funds made available by this act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to, any corporation with respect to which any unpaid federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsibly for collecting the tax liability, unless the agency has considered suspension or debarment of the corporation and made a determination that this further action is not necessary to protect the interests of the government.
- FY 2012 Appropriations Provision: HHS recipients must comply with all terms and conditions outlined in their grant award, including grant policy terms and conditions contained in applicable Department of Health and Human Services (HHS) Grant Policy Statements, and requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable, as well as any requirements or limitations in any applicable appropriations acts.
- Recipients may not use funds for research.
- Recipients may not use funds for clinical care.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- Awardees may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.
- Direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Reimbursement of pre-award costs is not allowed.

### **How will CDC assist my organization if we receive funding for this initiative?**

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

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

- Developing strategies for scaling the National DPP
- Sponsoring Web forums, conferences, and conference calls
- Planning, implementing, and evaluating programs
- Providing guidance on the *CDC Diabetes Prevention Recognition Program Standards and Operating Procedures*, which is available at <http://www.cdc.gov/diabetes/prevention/recognition/standards.htm>
- Facilitating training of lifestyle coaches and master trainers for organizations that do not have an internal mechanism for training lifestyle coaches and master trainers, and that choose to use the CDC National Diabetes Prevention Program lifestyle change curriculum, that is available at <http://www.cdc.gov/diabetes/prevention/recognition/curriculum.htm>
- Engaging external experts, such as national business coalitions, to discuss strategies for identifying and educating employers about the benefits and cost-savings of offering the evidence-based lifestyle change program as a covered health benefit for employees
- Engaging external resources, such as public and private health insurance experts, to discuss strategies for working with third party payers to voluntarily reimburse organizations delivering the evidence-based lifestyle change program using a pay-for-performance model
- Collaborating with state departments of health Diabetes Prevention Control Programs, for grantees interested in working to obtain the evidence-based lifestyle change program as a covered health benefit for state and/or local government employees
- Developing and implementing a marketing and communication plan and strategies to promote the evidence-based lifestyle change program
- Generating strategies for sustaining the evidence-based lifestyle change program
- Developing, implementing, and monitoring an evaluation plan.

### **How will I be notified if my organization received funding?**

Successful applicants will receive a Notice of Award (NoA) from the CDC Procurement and Grants Office. The NoA shall be the only binding, authorizing document between the recipient and CDC. The NoA will be signed by an authorized grants management officer and e-mailed to the program director. A hard copy of the NoA will be mailed to the recipient fiscal officer identified in the application.

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

### **What is the anticipated award date?**

September 30, 2012.

### **How many organizations will CDC award funding to for this FOA and what is the possible range of funding levels?**

The approximate total funding for this fiscal year is \$6,000,000 and CDC anticipates awarding up to 8 awards. Awards will range from \$750,000 to \$2,000,000 over the 12-month budget period.

**Does the 40-page maximum for the narrative include the budget narrative and/or appendices?**

No, however, if your narrative exceeds the page limit, only the first pages that are within the page limit will be reviewed.

**Who may I contact for inquiries concerning this announcement?**

For programmatic technical assistance, contact:

Sue Shaw  
Program Consultant, Diabetes Prevention  
Centers for Disease Control and Prevention  
Department of Health and Human Services  
4770 Buford Highway NE, MS-K10  
Atlanta, GA 30341  
E-mail: [NationalDPP@cdc.gov](mailto:NationalDPP@cdc.gov)

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

Roslyn Curington, Lead Grants Management Specialist  
Department of Health and Human Services  
CDC Procurement and Grants Office  
2920 Brandywine Road, MS – K75  
Atlanta, GA 30341  
E-mail: [zlp8@cdc.gov](mailto:zlp8@cdc.gov)

For assistance with grants.gov submission difficulties, contact:

Grants.gov Contact Center Phone: 1-800-518-4726.  
Hours of Operation: 24 hours a day, 7 days a week. Closed on federal holidays.

For general questions about the FOA application process, contact:

Technical Information Management Section  
Department of Health and Human Services  
CDC Procurement and Grants Office  
2920 Brandywine Road, MS E-14  
Atlanta, GA 30341  
Telephone: 770-488-2700  
E-mail: [pgotim@cdc.gov](mailto:pgotim@cdc.gov)

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