

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention (CDC)**

Improving Health and Educational Outcomes of Young People

Announcement Type: New – Type 1

Funding Opportunity Number: CDC-RFA-DP08-801

Catalog of Federal Domestic Assistance Number: 93.938

This Funding Opportunity Announcement and all resources for this announcement are located at

<http://www.cdc.gov/HealthyYouth/partners/funded/index.htm>.

Key Dates:

Letter of Intent Deadline: October 23, 2007

Application Deadline: November 21, 2007

Synoptic Overview

The purpose of this announcement, *Improving the Health and Educational Outcomes of Young People*, is to improve the health and well-being of youth and prepare them to be healthy adults. The Project Period is 5 years, the Budget Period is 12 months, and the anticipated award date is March 1, 2008.

Funding is made available to fund the following five Priority areas:

Priority 1: Youth Risk Behavior Survey (YRBS)

Priority 2: HIV Prevention (HIV)

Priority 3: Coordinated School Health Programs and Promotion of Physical Activity,
Nutrition, and Tobacco-Use Prevention (CSHP and PANT)

Priority 4: Asthma Management (AM)

Priority 5: National Professional Development (NPD)

Priority Areas				
1-YRBS	2-HIV	3-CSHP/PANT	4-AM	5-NPD
Priority Area Descriptions				
Establish or strengthen systematic procedures to monitor critical health-related behaviors among high school students within the applicant's jurisdiction through implementation of the YRBS.	Enable state, territorial, and local agencies and tribal governments to help school districts and schools implement effective policies and practices to avoid, prevent, and reduce sexual risk behaviors among students that contribute to HIV infection.	Enable state and territorial agencies and tribal governments to help school districts and schools implement a Coordinated School Health Program and, through this approach, increase effectiveness of policies and practices to promote physical activity, improve nutrition, and reduce tobacco use among students.	Enable local education agencies to help school districts and schools implement effective policies and practices to prevent and reduce asthma episodes and absences among students with asthma.	Improve the capacity of state and local education agencies to effectively implement the activities for which they are funded in Priorities 1-4 through national professional development events, trainings and follow-up technical assistance.
Eligible Applicants				
SEA or SHA* TEA LEA TG**	SEA TEA LEA TG**	SEA TEA TG**	LEA	SEA LEA
Approximate amounts anticipated to be available to fund each Priority area:				
SEA or SHA*/ TEA/LEA/TG**: \$2,570,000 to fund all qualifying	SEA/TEA/TG**: \$9,700,000 to fund all qualifying	\$9,600,000 to fund at least 18	\$2,000,000 to fund at least 10	\$730,000 to fund 2-3
LEA: \$800,000 to fund at least 20	LEA: \$6,625,000 to fund at least 16			
Applicants are eligible for an award up to:				
SEA/SHA*: \$35,000 to \$50,000	SEA/TEA/TG**: \$75,000 to \$325,000.	SEA/TEA/TG**: \$250,000 to \$475,000		SEA: up to \$350,000
TEA and TG**: up to \$10,000				
LEA: \$25,000 to \$40,000	LEA: \$200,000 to \$350,000		LEA: \$150,000 to \$225,000	LEA: up to \$350,000

*SHA is only eligible if the SEA chooses not to apply

**To fund up to 2 TG

An amendment was made to this document on 10/04/07 to the following section:

III. Eligibility Information.

After Additional Information on the current page 25 add: **(NEW PAGE 27)**

The intent of this funding opportunity is to improve the health and educational outcomes of youth through coordinated school health programs by directly supporting the capacity building efforts of schools and education agencies for positive youth development and health promotion. Funding eligibility is limited to State, Territorial, and local education agencies and tribal government equivalents where there is the greatest likelihood of reaching schools and the youth they serve. If other entities such as state health agencies, nonprofit organizations, for-profit organizations, businesses, universities, colleges, research institutions, hospitals, community-based organizations, and faith-based organizations were permitted eligibility, the education agency might receive a limited benefit from the dollars, but priority funding, commitment and support would be fragmented at best.

Direct funding to other entities reduces the assurance that there would be proper recognition of the unique strategies needed for effective school-based work. Conversely, when education agencies lead the partnership with other such entities, priority health programs are implemented with greater compatibility with schools and schools districts.

If entities other than education agencies are made eligible for funding, the CDC could establish accountability measures for those eligible entities, but could not reasonably hold them accountable for school system and education agency changes. If we view schools and school districts as the “system” that needs to be influenced, not only in implementing more effective programs within its own system, but also in affecting change in student risk-behaviors, then it is important to fund education agencies directly and set accountability measures for determining if schools and school districts are moving in the right direction. The priorities set forth in this funding opportunity announcement go beyond simply accessing schools to reach youth. The funding provided is intended to assist local and state education agencies to establish and sustain the capacity to improve critical health and educational outcomes of youth from within.

Funds are intended to:

- Increase support for school health priorities: DASH dollars provide the seed money to stimulate an increase in awareness and need to focus on health priorities. Dollars stimulate the attention on policy and programs that address the health needs of youth. DASH dollars support the establishment of a position within educational agencies that can advocate for health priorities and encourage others in the agency to increase support for health priorities.
- Build education agency capacity: Educational agencies are the primary providers of programs in school settings. The education system has not developed sufficient capacity to fully implement effective school health programs that will reduce health problems and disparities. DASH dollars require education agencies to build capacity and implement effective policies and programs. These dollars stimulate increased professional development for education agency personnel in health-related areas, improved management and coordination of health-related programs and priorities, and expanded partnerships with non-school personnel who can assist in improving programs delivered in school. When education agencies develop capacity and leadership for school health programs, efforts are implemented more systematically rather than in a fragmented approach as is evident when external agencies and partners implement school programs.

- ♦ Increase the responsibility and accountability of education agencies to address the health needs of youth: Education agencies are traditionally responsible for the academic achievement of youth. DASH funds require education agencies to give attention to the health needs of youth and ultimately to take responsibility for implementing programs that can improve the health of youth. In addition, education agencies are held directly accountable for program outcomes if directly funded.

Additional amendments requesting to be made to this document include the following sections:

**On the current page 2 remove the language under Tribal Governments to read:
NEW PAGE 4**

Tribal Governments (TG) – eligible agencies: Federally recognized or state-recognized American Indian/Alaska Native tribal governments, ~~American Indian/Alaska Native tribal designated organizations, urban Indian health organizations, and tribal government epidemiology centers unless precluded by authorizing language, single eligibility approval, or similar contingencies.~~

On the current Page 40 – NEW PAGE 43

E. Project Management and Staffing for priorities 2, 3, and 4 please edit to include local Under

E. 1) Identify at least one full-time staff position... please add "local" to the list of ...within the state or territorial or local education agency...

**On the current page 36 change the Letter of Intent due date to October 23, 2007
NEW PAGE 36**

Eligible Applicants for FOA DP08-801 include:

- ♦ State Education Agencies (SEA) – all 50 states, the District of Columbia, and Puerto Rico
- ♦ State Health Agencies (SHA) – all 50 states, the District of Columbia, and Puerto Rico
- ♦ Local Education Agencies (LEA) – 31 eligible agencies: Albuquerque Public School District (Albuquerque, NM), Baltimore City Public School System (Baltimore, MD), Boston Public Schools (Boston, MA), Broward County Public Schools (Ft. Lauderdale, FL), Charlotte-Mecklenburg Schools (Charlotte, NC), City of Chicago School District (Chicago, IL), Clark County School District (Las Vegas, NV), Dallas Independent School District (Dallas, TX), DeKalb County School System (Atlanta, GA metropolitan area), Detroit Public Schools (Detroit, MI), Duval County Public Schools (Jacksonville, FL), East Baton Rouge Parish School System (Baton Rouge, LA), Fort Worth Independent School District (Fort Worth, TX), Fresno Unified School District (Fresno, CA), Hillsborough County Public Schools (Tampa, FL), Houston Independent School District (Houston, TX metropolitan area),

Jefferson Parish Public Schools (New Orleans, LA metropolitan area), Los Angeles Unified School District (Los Angeles, CA), Memphis City Schools (Memphis, TN), Miami-Dade County Public Schools (Miami, FL), Milwaukee Public Schools (Milwaukee, WI), New York City Department of Education (New York, NY), Newark Public Schools (Newark, NJ), Oakland Unified School District (Oakland, CA), Orange County Public Schools (Orlando, FL), The School District of Palm Beach County (West Palm Beach, FL), The School District of Philadelphia (Philadelphia, Pennsylvania), San Bernardino City Unified School District (San Bernardino, CA), San Diego Unified School District (San Diego, CA), San Francisco Unified School District (San Francisco, CA), and Seattle Public Schools (Seattle, WA)

- Territorial Education Agencies (TEA) – eligible agencies: American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Republic of Palau, Republic of the Marshall Islands, and the U.S. Virgin Islands.
- Tribal Governments (TG) – eligible agencies: Federally recognized or state-recognized American Indian/Alaska Native tribal governments, ~~American Indian/Alaska Native tribal designated organizations, urban Indian health organizations, and tribal government epidemiology centers unless precluded by authorizing language, single eligibility approval, or similar contingencies.~~

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Funding Opportunity Announcement 801 - Acronyms

AM	Asthma Management – Priority 4
AOR	Authorizing Organization Representative
ATSDR	Agency for Toxic Substances and Disease Registry
FOA	Funding Opportunity Announcement
CCR	Central Contractor Registry
CDC	Centers for Disease Control and Prevention
CSHP and PANT	Coordinated School Health Programs and Promotion of Physical Activity, Nutrition, and Tobacco-Use Prevention - Priority 3
DASH	Division of Adolescent and School Health
DUNS	Data Universal Numbering System
eRA Commons	Electronic Research Administration System
FTE	Full-Time Equivalent
FY	Fiscal Year
GMO	Grants Management Officer
HHS	U.S. Department Of Health And Human Services
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HIV	HIV Prevention - Priority 2
LEA	Local Education Agencies
LOI	Letter of Intent
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
NCCDPHP	National Center for Chronic Disease Prevention and Health Promotion
NGO	Non-Governmental Organization
NoA	Notice of Award
NIH	National Institutes of Health
NPD	National Professional Development - Priority 5
OMB	Office of Management and Budget
PDC	Professional Development Consortium
PDF	Portable Document Format
PD/PI	Program Directors/Principal Investigators
PGO	Procurement and Grants Office
SEA	State Education Agencies
SF	Standard Form
SHA	State Health Agencies
STD	Sexually Transmitted Diseases
TEA	Territorial Education Agencies
TIMS	Technical Information Management System
TG	Tribal Governments
YRBS	Youth Risk Behavior Survey - Priority 1

I. Funding Opportunity Description

Authority:

This program is authorized under 317(k)(2) of the PHS Act, 42 U.S.C. Section 247b(k)(2).

Purpose:

The purpose of this announcement, *Improving the Health and Educational Outcomes of Young People*, is to improve the health and well-being of youth and prepare them to be healthy adults. This program announcement places a strong emphasis on coordination of school health programs and activities in the following five (5) Priority Areas:

Priority 1: Youth Risk Behavior Survey (YRBS)

Priority 2: HIV Prevention (HIV)

Priority 3: Coordinated School Health Programs and Promotion of Physical Activity, Nutrition, and Tobacco-Use Prevention (CSHP and PANT)

Priority 4: Asthma Management (AM)

Priority 5: National Professional Development (NPD)

Applicants are encouraged to coordinate their activities through cross-agency partnerships, such as between education and health agencies; across programmatic areas, such as HIV, sexually transmitted disease (STD), and teen pregnancy prevention, or physical activity, nutrition, and tobacco use prevention; by establishing or supporting coalitions; and/or across components of a Coordinated School Health Program.

This program announcement supports many Healthy People 2010 health promotion and disease prevention objectives related to school-age youth, including the following:

- Increase the proportion of adolescents (9th-12th grade students) who have never had sexual intercourse; if sexually experienced, are not currently sexually active; or if currently sexually active, used a condom the last time they had sexual intercourse.
- Reduce the number of new cases of HIV/AIDS diagnosed among adolescents and adults.
- Reduce the proportion of adolescents and young adults with *Chlamydia trachomatis* infections.
- Reduce pregnancies among adolescent females.
- Increase the proportion of middle, junior high, and senior high schools that provide comprehensive school health education to prevent health problems in the following areas:

unintentional injury, violence, suicide, tobacco use and addiction, alcohol and other drug use, unintended pregnancy, HIV/AIDS, STD infection, unhealthy dietary patterns, inadequate physical activity, and environmental health.

- Increase high school completion.
- Increase the proportion of adolescents who engage in moderate physical activity for at least 30 minutes on 5 or more of the previous 7 days.
- Increase the proportion of adolescents who participate in daily school physical education.
- Increase the proportion of children and adolescents who view television 2 or fewer hours per day.
- Increase the proportion of persons aged 2 years and older who consume at least two daily servings of fruit.
- Increase the proportion of persons aged 2 years and older who consume at least three daily servings of vegetables, with at least one-third being dark green or orange vegetables.
- Reduce tobacco use by adolescents.
- Increase smoke-free and tobacco-free environments in schools, including all school facilities, property, vehicles, and school events.
- Reduce the number of school or work days missed by persons with asthma due to asthma.
- Increase the proportion of the nation's elementary, middle, and high schools that have a nurse-to-student ratio of at least 1:750.

In addition, this program announcement supports the performance goal of the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) of improving youth and adolescent health by helping communities create an environment that fosters a culture of wellness and encourages healthy choices. Specific outcome measures include increasing:

- (1) The percentage of high school students who are taught about HIV/AIDS prevention in school;
- (2) The percentage of adolescents (grades 9-12) who abstain from sexual intercourse or use condoms if currently sexually active; and
- (3) The percentage of youth (grades 9-12) who were physically active for at least 60 minutes per day for at least five of the preceding seven days.

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be reviewed. For the definition of research, please see the

CDC Web site at the following Internet address:

<http://www.cdc.gov/od/science/regs/hrpp/researchDefinition.htm>.

Technical Assistance Opportunities for Potential Applicants

Technical assistance will be available for potential applicants during four conference calls.

Participation in a conference call is not mandatory. The purpose of each conference call is to help potential applicants understand the scope and intent of the program announcement and become familiar with Public Health Services funding policies, application, and review procedures. All calls will be accessible for all participants. Instructions for the calls and call recordings will be placed on the CDC/DASH website for review and download at:

<http://www.cdc.gov/HealthyYouth/partners/funded/index.htm>.

Calls will be offered on the following dates:

1. Territorial education agencies located in American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Republic of Palau, and Republic of the Marshall Islands on Tuesday, October 2, 2007 from 6:00 p.m. to 8:00 p.m. (Eastern Time).
2. State education agencies, state health agencies, and territorial education agencies in Puerto Rico and the Virgin Islands on Tuesday, October 2, 2007 from 2:00 p.m. to 4:00 p.m. (Eastern Time).
3. Local education agencies on Wednesday, October 3, 2007 from 2:00 p.m. to 4:00 p.m. (Eastern Time).
4. Tribal governments on Thursday, October 4, 2007 from 2:00 p.m. to 4:00 p.m. (Eastern Time).

Potential applicants are requested to call in using only one telephone line per site. Each call may be accessed at 1-866-764-9780 (enter access code 362801 followed by a “#” when prompted). You must use a touch tone phone to participate in the conference call. Potential applicants who have problems accessing the conference call should call 770-488-6120. Questions and answers from the conference calls will be posted on the CDC website at <http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm> and linked through http://www.cdc.gov/dash/program_mgt/801_resources.htm.

Activities

Awardee activities for this program are as follows:

Priority 1 Activities: Youth Risk Behavior Survey (YRBS)

- A. Workplan:** Develop an annual Workplan that will be negotiated with and approved by CDC/DASH. The Workplan contains the following elements:
- Five-year goals (broad statements of the long-term purpose for conducting the YRBS and how YRBS data will be used to improve school health programs and policies);
 - Objectives written in SMART format (specific, measurable, achievable, realistic, and time-phased); rationale for each proposed objective; primary person/agency responsible for accomplishing the objective; measures of objective accomplishment; and data sources to measure objective accomplishment;
 - Activities planned to address each proposed objective; primary person/agency responsible for accomplishing the activity; and
 - Gantt chart illustrating the timeline of proposed objectives and activities.
- B. Survey Implementation:** Complete the YRBS in your jurisdiction according to established YRBS schedule, questionnaire, sampling, and data collection procedures to obtain weighted data.
- Develop an implementation plan;
 - Review and modify questionnaire;
 - Establish or modify processes for clearance, sample selection, parental approval, survey administration, and sample and survey documentation; and
 - Prepare data for analysis and reporting.
- C. Data Dissemination and Promotion:** Communicate and disseminate data results through a variety of methods to government officials; state, territorial, tribal government, and local agencies; nongovernmental organizations; institutions of higher education; institutions targeting underserved or at-risk populations; the media; and the general public. Methods could include: YRBS reports, fact sheets, websites, brochures, journal articles, press releases, or oral presentations.

D. Data Application: Use weighted YRBS data to help develop and improve programs and policies for youth and to identify health disparities impacting youth.

E. Partnerships: Establish and maintain effective partnerships with state, territorial, tribal government, and local agencies; nongovernmental organizations; institutions of higher education; institutions targeting underserved or at-risk populations; and other stakeholders that can help promote, implement, disseminate, and use weighted YRBS data for policy and program improvement.

Performance Measures

Program performance will be measured by the extent to which the grantee provides evidence of progress in accomplishing goals, objectives, and activities related to recipient activities, including:

- Obtaining weighted YRBS data in 2009, 2011, and 2013 according to established YRBS questionnaire, sampling, and data collection procedures.
- Communicating and disseminating weighted YRBS data to government officials; state, territorial, tribal government, and local agencies; nongovernmental organizations; institutions of higher education; institutions targeting underserved or most at-risk populations; the media; the general public; and other stakeholders through reports, fact sheets, websites, brochures, journal articles, press releases, or oral presentations.
- Using weighted YRBS data to help develop and improve school health programs and policies and other programs and policies for youth, and to identify health disparities impacting youth.
- Establishing and maintaining effective partnerships with state, territorial, tribal government, and local agencies; nongovernmental organizations; institutions of higher education; institutions targeting underserved or at-risk populations; and other stakeholders that can help promote, implement, disseminate, and use weighted YRBS data for policy and program improvement.

Priority 2 Activities: HIV Prevention (HIV) (For a description of HIV Prevention see Appendix A.)

A. Workplan: Develop an annual Workplan that will be negotiated with and approved by CDC/DASH. The Workplan contains the following elements:

- Five-year goals (broad statements of program purpose describing the expected long-term effect(s) of a program, in this case addressing the program’s effects in promoting HIV prevention for youth);
- Objectives written in SMART format (specific, measurable, achievable, realistic, and time-phased); rationale for each proposed objective; primary person/agency responsible for accomplishing the objective; measures of objective accomplishments; and data sources to measure objective accomplishment;
- Activities planned to address each proposed objective; primary person/agency responsible for accomplishing the activity; and
- Gantt chart illustrating the timeline of proposed objectives and activities.

For a description of HIV Prevention Workplan expectations see Appendix A.

B. Program Planning: Within the first budget period, the applicant will develop a program inventory and a five-year strategic plan, and review and revise, if appropriate, the five-year goals, year 1 workplan, and program logic model developed for this application. In subsequent budget years, the applicant will review and, if appropriate, revise each of these planning tools.

C. Collaboration: Implement a strong partnership between the state, territorial, or local education and health agencies and/or tribal government equivalents in which school-based HIV prevention activities are complementary to community-based HIV prevention activities.

D. Technical Assistance: Provide tools, resources, training materials, professional development, consultation, follow-up support, and evaluation services to help school districts and schools implement effective policies and practices to prevent and reduce sexual risk behaviors among students that contribute to HIV infection. Such policies and practices might include:

- Developing and/or using HIV prevention curricula aligned with state or national curricular standards and frameworks.
- Assessing student achievement in HIV prevention education.
- Delivering culturally appropriate instruction.
- Using community-based HIV prevention resources.
- Involving youth in planning, delivering, and evaluating HIV prevention programs.

- Implementing HIV-related policies.

E. Policy Development and Dissemination: Develop and disseminate HIV policies related to HIV education, infection control/universal precautions, confidentiality of HIV-infected students and staff, and other relevant HIV prevention issues.

F. Information Dissemination and Program Promotion: Disseminate accurate information about effective programs and the role of schools in achieving HIV prevention outcomes to decision-makers, school personnel, parents, students, and the media.

G. Capacity Building: Implement strategies for expanding and improving program capacity (i.e., knowledge, skills, expertise, attitudes, and resources that strengthen the core competencies essential for agencies or tribal governments to improve the delivery, effectiveness, and sustainability of their programs). This will include:

- Participate a cooperative agreement orientation meeting in Atlanta, GA from April 28-May 2, 2008.
- Participate in at least two national, CDC/DASH-sponsored trainings, workshops, or conferences each budget year of the project period to improve HIV prevention programs, including participation in the periodic DASH funded partners meeting.
- Develop or strengthen partnerships or coalitions with other agencies, nongovernmental organizations, voluntary associations, institutions of higher education, community groups, and others interested in promoting and improving HIV prevention efforts.
- Involve youth in planning, delivering, and evaluating HIV prevention programs.
- Work with state, regional, tribal, and local partners to enhance program sustainability by securing additional funding or in-kind support.

H. HIV Materials Review Panel: Establish or maintain an HIV Materials Review Panel. The HIV materials review panel will review all written materials, audiovisual materials, pictorials, questionnaires, surveillance instruments, proposed group educational sessions, educational curricula, and like materials, including website materials (see HIV Panel materials and links for guidance related to HIV Program Review Panel Requirements at http://www.cdc.gov/dash/program_mgt/hiv_review_panel.htm).

I. Program Monitoring: Recipients will be required to:

- Document the impact of their program activities by monitoring the percentage of schools in their jurisdiction that are implementing specific, effective HIV prevention policies and practices. The percentage of schools that implement specific policies and practices can be measured through School Health Profiles or a similar state or local survey.
- Report on program activities funded in any amount by CDC through the *Indicators for School Health Programs (Indicators)* (OMB reference number 0920-0772).
- Document the use of epidemiological and student health risk behavior data.
- Identify youth at greatest risk for HIV infection and document how efforts have focused on meeting the needs of populations that are disproportionately affected.
- Communicate the impact of CDC-funded activities by submitting written success stories annually.

Performance Measures: Program performance will be measured by the extent to which the recipient provides evidence of:

- Increasing the number of schools in the jurisdiction that are implementing specific, effective HIV prevention policies and practices.
- Timely delivery of:
 - Program inventory, strategic plan, revised Workplan, and revised Logic Model in the first annual budget period;
 - Workplan, mid-year progress report, success stories, and annual progress report in each annual budget period; and
 - Final performance report at the end of the fifth annual budget period.
- Implementing school-based programs and prevention strategies to reduce health disparities among youth disproportionately affected by HIV infection, other STD, and unintended pregnancy.
- Progress in the implementation of activities, including collaboration, program planning, technical assistance, policy development and dissemination, capacity building, information dissemination, HIV Materials Review Panel requirements, and program monitoring.

Priority 3 Activities: Coordinated School Health Programs and Promotion of Physical Activity, Nutrition, and Tobacco-Use Prevention (CSHP and PANT) (For a description of CSHP and PANT see Appendix B.)

A. **Workplan**: Develop an annual Workplan that will be negotiated with and approved by CDC/DASH. The Workplan contains the following elements:

- Five-year goals (broad statements of program purpose describing the expected long-term effect(s) of a program, addressing the program's effects in promoting CSHP and PANT for youth);
- Objectives written in SMART format (specific, measurable, achievable, realistic, and time-phased); rationale for each proposed objective; primary person/agency responsible for accomplishing the objective; measures of objective accomplishments; and data sources to measure objective accomplishment;
- Activities planned to address each proposed objective; primary person/agency responsible for accomplishing the activity; and
- Gantt chart illustrating the timeline of proposed objectives and activities.

For a description of CSHP and PANT Workplan expectations see Appendix B.

B. **Program Planning**: Within the first budget period, the applicant will develop a program inventory and a five-year strategic plan, and review and revise, if appropriate, the five-year goals, year 1 workplan, and program logic model developed for this application. In subsequent budget years, the applicant will review and, if appropriate, revise each of these planning tools.

C. **Collaboration**: Implement a strong partnership between the state, territorial, or tribal government education and health agencies in which decision making and responsibilities for implementation are shared.

D. **Technical Assistance**: Provide tools, resources, training materials, professional development, consultation, follow-up support, and evaluation services to help schools and school districts implement effective policies and practices to establish and strengthen CSHP, promote physical activity and healthy eating, and reduce tobacco use. Such policies and practices might include:

- Implementing CSHP-related policies, programs, and services.
- Establishing school health councils and school health coordinators in local school districts.

- Using health education and physical education curricular standards, frameworks, and curricula.
- Delivering culturally appropriate instruction.
- Using community-based resources to support school health program strategies and strengthen physical activity, nutrition, and tobacco-use prevention activities.
- Involving youth in planning, delivering, and evaluating programs.
- Developing or implementing model programs, guidance, or resource materials to promote environmental interventions, such as opportunities for physical activity, efforts to improve nutritional quality of foods and beverages or to market healthier food and beverage choices, and creating tobacco-free environments.

E. Policy Development and Dissemination: Develop and disseminate policies to promote and improve:

- School health councils and school health coordinators in local school districts,
- Health education curriculum, instruction, and assessment,
- Physical education curriculum, instruction, and assessment,
- Opportunities for physical activity, including environmental interventions (e.g., walking to school),
- Opportunities for healthy eating, including environmental interventions (e.g., increasing fruit and vegetable offerings, limiting foods of less nutritional value at school),
- Tobacco use prevention, including environmental interventions (e.g., tobacco-free school campuses), and/or
- Other relevant activities in areas such as health services, counseling and psychological services, or staff wellness.

F. Information Dissemination and Program Promotion: Disseminate accurate information about effective programs and the role of school districts and schools in improving the coordination and implementation of school health programs and influencing PANT-related behaviors to decision-makers, school personnel, parents, students, and the media.

G. Capacity Building: Implement strategies for expanding and improving program capacity (i.e., knowledge, skills, expertise, attitudes, and resources that strengthen the core

competencies essential for agencies or tribal governments to improve the delivery, effectiveness, and sustainability of their programs). This will include:

- Participate a cooperative agreement orientation meeting in Atlanta, GA from April 28-May 2, 2008.
- Participate in at least two national, CDC/DASH-sponsored trainings, workshops, or conferences each budget year of the project period to improve the coordination and implementation of school health programs and efforts to strengthen PANT, including participation in the periodic DASH funded partners meeting.
- Develop or strengthen partnerships or coalitions with other agencies, nongovernmental organizations, voluntary associations, community groups, and others interested in promoting and improving CSHP and PANT.
- Involve youth in planning, delivering, and evaluating coordinated school health programs and efforts to improve PANT.
- Work with state, territorial, regional, tribal government, and local partners to enhance program sustainability by securing additional funding or in-kind support.

H. Program Monitoring: Recipients will be required to:

- Document the impact of their program activities by monitoring the percentage of schools in their jurisdiction that are implementing specific, effective CSHP and PANT policies and practices. The percentage of schools that implement specific policies and practices can be measured through School Health Profiles or a similar state or local survey.
- Report on program activities funded in any amount by CDC through the *Indicators for School Health Programs (Indicators)* (OMB reference number 0920-0772).
- Document the use of epidemiological and student health risk behavior data.
- Identify youth at greatest risk for inactivity, unhealthy dietary patterns, and tobacco use, and document how efforts have focused on meeting the needs of populations that are disproportionately affected.
- Communicate the impact of CDC-funded activities by submitting written success stories annually.

Performance Measures: Program performance will be measured by the extent to which the recipient provides evidence of:

- Increasing the percentage of schools in the jurisdiction that are implementing specific, effective policies and practices to improve the coordination and quality of school health programs and PANT policies and practices.
- Timely delivery of:
 - Program inventory, strategic plan, revised Workplan, and revised Logic Model in the first annual budget period
 - Workplan, mid-year progress report, success stories, and annual progress report in each annual budget period
 - Final performance report at the end of the fifth annual budget period.
- Implementing school-based programs and prevention strategies to reduce health disparities among youth at high risk for inactivity, unhealthy dietary patterns, and tobacco use.
- Progress in the implementation of activities, including collaboration, program planning, technical assistance, policy development and dissemination, capacity building, information dissemination, and program monitoring.

Priority 4 Activities: Asthma Management (AM) (For a description of Asthma Management see Appendix C.)

A. Workplan: Develop an annual Workplan that will be negotiated with and approved by CDC/DASH. The Workplan contains the following elements:

- Five-year goals (broad statements of program purpose describing the expected long-term effect(s) of a program, addressing the program’s effects in promoting asthma management for youth);
- Objectives written in SMART format (specific, measurable, achievable, realistic, and time-phased); rationale for each proposed objective; primary person/agency responsible for accomplishing the objective; measures of objective accomplishments; and data sources to measure objective accomplishment;
- Activities planned to address each proposed objective; primary person/agency responsible for accomplishing the activity; and
- Gantt chart illustrating the timeline of proposed objectives and activities.

For a description of AM Workplan expectations see Appendix C.

B. Program Planning: Within the first budget period, the applicant will develop a program inventory and a five-year strategic plan, and review and revise, if appropriate, the five-year

goals, year 1 workplan, and program logic model developed for this application. In subsequent budget years, the applicant will review and, if appropriate, revise each of these planning tools.

C. Collaboration: Implement a strong partnership between the local education and local health agencies in which asthma management activities are complementary.

D. Technical Assistance: Provide tools, resources, training materials, professional development, consultation, follow-up support, and evaluation services to help school districts and schools implement effective policies and practices to prevent and reduce asthma episodes and absences among students with asthma. Such policies and practices might include:

- Implementing asthma management tools, policies, and resources.
- Delivering culturally appropriate instruction.
- Using school- and community-based asthma management resources.

E. Policy Development and Dissemination: Develop and disseminate policies related to preventing and reducing asthma episodes and absences among students with asthma (such as ensuring students with asthma have immediate access to medications and health services, asthma action plans are on file, asthma education and case management are provided, and environmental triggers are reduced).

F. Information Dissemination and Program Promotion: Disseminate accurate information about effective programs and the role of schools in achieving asthma management outcomes to decision-makers, school personnel, parents, students, and the media.

G Capacity Building: Implement strategies for expanding and improving program capacity (i.e., knowledge, skills, expertise, attitudes, and resources that strengthen the core competencies essential for agencies to improve the delivery, effectiveness, and sustainability of their programs). This will include:

- Participate a cooperative agreement orientation meeting in Atlanta, GA from April 28-May 2, 2008.
- Participate in at least two national, CDC/DASH-sponsored trainings, workshops, or conferences each budget year of the project period to improve the coordination and

implementation of school health programs and efforts to strengthen PANT, including participation in the periodic DASH funded partners meeting.

- Develop or strengthen partnerships or coalitions with other agencies, nongovernmental organizations, voluntary associations, community groups, and others interested in promoting and improving asthma management efforts.
- Involve youth in planning, delivering, and evaluating asthma management programs.
- Work with state, regional, tribal government, and local partners to enhance program sustainability by securing additional funding or in-kind support.

H. Program Monitoring: Recipients will be required to:

- Document the impact of their program activities by monitoring the percentage of schools in their jurisdiction that are implementing specific, effective asthma management policies and practices. The percentage of schools that implement specific policies and practices can be measured through School Health Profiles or a similar state or local survey.
- Report on program activities funded in any amount by CDC through the *Indicators for School Health Programs (Indicators)* (OMB reference number 0920-0772).
- Document the use of epidemiological and student health data.
- Identify youth with asthma at highest risk for asthma episodes and absences and document how efforts have focused on meeting the needs of populations that are disproportionately affected.
- Communicate the impact of CDC-funded activities by submitting written success stories annually.

Performance Measures: Program performance will be measured by the extent to which the recipient provides evidence of:

- Increasing the number of schools in the jurisdiction that are implementing specific, effective asthma management policies and practices.
- Timely delivery of:
 - Program inventory, strategic plan, revised Workplan, and revised Logic Model in the first annual budget period;
 - Workplan, mid-year progress report, success stories, and annual progress report in each annual budget period; and
 - Final performance report at the end of the fifth annual budget period.

- Implementing school-based programs and asthma management strategies to reduce health disparities among youth with asthma at highest risk for asthma episodes and absences.
- Progress in the implementation of activities, including collaboration, program planning, technical assistance, policy development and dissemination, capacity building, information dissemination, and program monitoring.

Priority 5 Activities: National Professional Development (NPD)

A. Workplan: Develop an annual Workplan that will be negotiated with and approved by CDC/DASH. The Workplan contains the following elements:

- Five-year goals (broad statements of the professional development plan’s purpose, describing the expected long-term effect(s) of the plan);
- Objectives written in SMART format (specific, measurable, achievable, realistic, and time-phased); rationale for each proposed objective; primary person/agency responsible for accomplishing the objective; measures of objective accomplishments; and data sources to measure objective accomplishment;
- Activities planned to address each proposed objective; primary person/agency responsible for accomplishing the activity; and
- Gantt chart illustrating the timeline of proposed objectives and activities.

For a full description of Workplan expectations see Appendix D.

B. Program Planning: Within the first budget period, the applicant will collaborate with the other partners funded under this Priority to:

- Develop a program inventory and a five-year national professional development strategic plan consistent with CDC’s *Six Strategies for Professional Development* (http://www.cdc.gov/dash/program_mgt/801_resources.htm).
- Review and revise the five-year goals, year 1 workplan, and program logic model developed for this application.
- Obtain and analyze needs assessment data to determine the professional development needs of funded partners.

Review and, if appropriate, revise each of these planning tools in subsequent budget years.

C. Professional Development Implementation: Collaborate with the other partners funded under this Priority to:

- Implement the national professional development plan developed during the first budget period, and
- Work as a team to provide at least three professional development events for Priority 2, 3 and 4 during the five year agreement. Provide comprehensive evaluation and follow-up support for each event.

D. Partnerships: Collaborate with other partner(s) funded under this Priority to share resources, coordinate professional development events, and provide follow-up support to funded partners consistent with CDC's *Six Strategies for Professional Development* (http://www.cdc.gov/dash/program_mgt/801_resources.htm). Participate in national, professional development consortium (PDC) meetings, conference calls, and trainings each budget year of the project period for the purpose of planning and coordinating professional development events.

E. Networking and Resource Sharing: Develop an on-line networking and resource sharing system for DASH funded partners to include materials and strategies developed by DASH funded partners. Provide opportunities to share resources within and across Priority areas during professional development events.

F. Training: Ensure that NPD staff participate in the following events:

- Participate a cooperative agreement orientation meeting in Atlanta, GA from April 28-May 2, 2008.
- Attend one other professional development training or other learning event related to the purposes of this Priority area annually.
- Participate in and provide leadership for the periodic DASH funded partners meeting.

G. Program Monitoring: Evaluate the outcomes of professional development events by documenting and reviewing event evaluations, follow-up support plans, training plan, and other learning event accomplishments.

Performance Measures: Program performance will be measured by the extent to which the recipient provides evidence of:

- Delivery of content, technical assistance, and resources designed to strengthen the knowledge, skills, and attitudes needed by funded partners to develop and sustain effective school health policies and programs across priorities funded in this announcement.
- Timely delivery of:
 - Five-year national professional development plan;
 - A written analysis of needs assessment data with conclusions about the professional development needs of funded partners;
 - Unified five-year goals, Workplan, and Logic Model that integrates the efforts of all recipients funded under this Priority;
 - Mid-year progress report, success stories, and annual progress report each annual budget period; and
 - Final performance report at the end of the fifth annual budget period.
- Collaboration with DASH and partner(s) funded under this Priority in the development and implementation of professional development events that (1) reflect appropriate instructional strategies for the target audiences, (2) are consistent with the learning objectives, (3) are aligned with DASH and partner needs, (4) do not duplicate state, territorial, tribal government, or local efforts, and (5) are consistent with CDC's *Six Strategies for Professional Development*.
- Progress in the implementation of activities, including partnerships, trainings, and program monitoring.
- Progress in the implementation of activities, including program planning, professional development implementation, partnerships, networking and resource sharing training, and program monitoring.

CDC Activities for All Priorities

In a cooperative agreement, CDC/DASH staff is substantially involved in the program activities, above and beyond routine grant monitoring. CDC/DASH will collaborate with other units within CDC to accomplish these activities as appropriate.

CDC activities for this program include:

- a. Providing technical assistance, guidance, and coordination to ensure program success.
- b. Providing public health information, trainings, and technical assistance related to program planning, implementation, surveillance, professional development, and

evaluation; and dissemination of theoretical approaches, proven principles for prevention, effective and successful strategies, and evaluation results.

- c. Reviewing scientific literature to ensure that guidance reflects current science and practice relative to improving school health programs, promoting health and wellness, and reducing health risk behaviors, particularly among youth at high risk for health disparities.
- d. Collaborating with education and health agencies, national nongovernmental organizations (NGO), and other divisions within CDC in planning and carrying out relevant national strategies to improve school health programs and prevent or address important health risk behaviors.
- e. Collaborating with partners to develop and disseminate policy and program interventions and evaluation recommendations.
- f. Organizing and convening meetings of national, state, territorial, tribal government, and local organizations and agencies to strengthen efforts that promote health and prevent risk behaviors and integrate efforts into existing school health programs.
- g. Providing substantive opportunities for involvement in conferences, meetings, and trainings.
- h. Advising funded partners on how to document the impact of school health policies and programs by measuring outcomes at the school level and preparing success stories.
- i. Guiding National Professional Development recipients to jointly plan and deliver professional development opportunities for DASH-funded state, territorial, tribal government, local, and national nongovernmental recipients and contractors.
- j. Providing input and guidance in the selection of key personnel funded through this cooperative agreement.
- k. Providing guidance and recommendations for program modifications through site visits, reporting, and other strategies.

II. Award Information

- Type of Award: Cooperative Agreement. CDC's involvement in this program is listed in the Activities Section above.
- Award Mechanisms: U87
- Fiscal Year Funds: 2008
- Approximate Current Fiscal Year Funding: \$32,025,000

- Approximate Total Project Period Funding: \$160,125,000 (This amount is an estimate, is subject to availability of funds, and includes direct and indirect costs.)
- Approximate Number of Awards: 85
- Floor of Individual Award Range: \$10,000
- Ceiling of Individual Award Range: \$475,000 (This ceiling is for the first 12-month budget period, and includes both direct and indirect costs.)
- Anticipated Award Date: March 1, 2008
- Budget Period Length: 12 months
- Project Period Length: 5 years

Throughout the project period, CDC's commitment to continuation of awards will be conditioned 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.

III. Eligibility Information

Applicants can apply for funding to address one or any combination of Priorities for which they are eligible. An SHA is only eligible to apply for Priority 1 (YRBS) if the SEA in its state does not apply for Priority 1 funding.

III.1. Eligible Applicants

Eligible applicants vary by Priority. To access the Eligibility and Funding Verification and Justification documents for each Priority area go to:

http://www.cdc.gov/dash/program_mgt/801_resources.htm.

Priority 1: Youth Risk Behavior Survey (YRBS)

Eligible state, territorial, and local agency and tribal government applicants for Priority 1 are listed in the chart beginning on page 28. Awards under Priority 1 are not contingent upon receiving funding for any other Priority in this program announcement. Local education agency applicants are limited to agencies that are eligible to apply for funding under Priorities 2 or 4.

Priority 2: HIV Prevention (HIV)

Eligible state and territorial education agency and tribal government applicants for Priority 2 are listed in the chart beginning on page 28. Award ranges for Priority 2 applicants are based on

three primary markers: (1) The estimated rate (per 100,000) for adults and adolescents living with AIDS in 2005 as reported by the CDC, (2) public school student enrollment for the 2003-04 school year as reported by the National Center for Educational Statistics (NCES), and (3) the percentage of children ages 5 to 17 living in poverty in 2004 as reported by the NCES.

Eligible local education agency applicants for Priority 2 are limited to the largest LEA within each Metropolitan Statistical Area or Metropolitan Division with a population greater than 500,000 as defined by the Office of Management and Budget, December 2006, that meet all of the following requirements: (1) have a cumulative number of AIDS cases greater than 7,500 as of December 31, 2005 OR have an AIDS rate greater than 25.0 per 100,000 population for 2005 in their metropolitan statistical area or division as reported by the Centers for Disease Control and Prevention, (2) are among the largest school districts in the nation with a 2003-04 reported student enrollment of 45,000 or more as reported by the NCES, (3) have a minority enrollment greater than 50 percent for the 2003-04 school year as reported by the National Center for Education Statistics (NCES), and (4) have a poverty rate of 12.0 or more for children ages 5 to 17 years old as reported for 2002 by the NCES.

Priority 3: Coordinated School Health Programs and Promotion of Physical Activity, Nutrition, and Tobacco-Use Prevention (CSHP and PANT)

Eligible state and territorial education agency and tribal government applicants for Priority 3 are listed in the chart beginning on page 28. Award ranges for Priority 3 applicants are based on two primary markers: (1) public school student enrollment for the 2003-04 school year as reported by the NCES, and (2) the percentage of children ages 5 to 17 living in poverty in 2004 as reported by the NCES.

Priority 4: Asthma Management (AM)

Eligible local education agency applicants for Priority 4 are listed in the chart beginning on page 28. They are limited to the largest LEA within each Metropolitan Statistical Area or Metropolitan Division with a population greater than 500,000 as defined by the Office of Management and Budget, December 2006, that meet all of the following requirements: (1) are among the largest school districts in the nation with a 2003-04 reported student enrollment of 80,000 or more as reported by the NCES, (2) have a minority enrollment greater than 50 percent

for the 2003-04 school year as reported by the NCES, and (3) have a poverty rate of 12.0 or more for children ages 5 to 17 years old as reported for 2002 by the NCES.

Priority 5: National Professional Development (NPD)

Eligible state education agency applicants for Priority 5 are limited to SEA in the 50 states and the District of Columbia. To be awarded funds under this Priority, applicants must apply for and be awarded funding under either Priority 2, Priority 3, or both.

Eligible local education agency applicants for Priority 5 (NPD) are limited to the 24 LEA that are eligible to apply for funding under Priority 2 (HIV). To be awarded funds under this Priority, applicants must apply for and be awarded funding under Priority 2.

Additional Information

A Bona Fide Agent is an agency/organization identified by the state as eligible to submit an application under the state eligibility in lieu of a state application. If applying as a bona fide agent of a state or local government, a letter from the state or local government as documentation of the status is required. Attach with “Other Attachment Forms” when submitting via www.grants.gov.

The intent of this funding opportunity is to improve the health and educational outcomes of youth through coordinated school health programs by directly supporting the capacity building efforts of schools and education agencies for positive youth development and health promotion. Funding eligibility is limited to State, Territorial, and local education agencies and tribal government equivalents where there is the greatest likelihood of reaching schools and the youth they serve. If other entities such as state health agencies, nonprofit organizations, for-profit organizations, businesses, universities, colleges, research institutions, hospitals, community-based organizations, and faith-based organizations were permitted eligibility, the education agency might receive a limited benefit from the dollars, but priority funding, commitment and support would be fragmented at best.

Direct funding to other entities reduces the assurance that there would be proper recognition of the unique strategies needed for effective school-based work. Conversely, when education agencies lead the partnership with other such entities, priority health programs are implemented with greater compatibility with schools and schools districts.

If entities other than education agencies are made eligible for funding, the CDC could establish accountability measures for those eligible entities, but could not reasonably hold them

accountable for school system and education agency changes. If we view schools and school districts as the “system” that needs to be influenced, not only in implementing more effective programs within its own system, but also in affecting change in student risk-behaviors, then it is important to fund education agencies directly and set accountability measures for determining if schools and school districts are moving in the right direction. The priorities set forth in this funding opportunity announcement go beyond simply accessing schools to reach youth. The funding provided is intended to assist local and state education agencies to establish and sustain the capacity to improve critical health and educational outcomes of youth from within.

Funds are intended to:

- ♦ Increase support for school health priorities: DASH dollars provide the seed money to stimulate an increase in awareness and need to focus on health priorities. Dollars stimulate the attention on policy and programs that address the health needs of youth. DASH dollars support the establishment of a position within educational agencies that can advocate for health priorities and encourage others in the agency to increase support for health priorities.
- ♦ Build education agency capacity: Educational agencies are the primary providers of programs in school settings. The education system has not developed sufficient capacity to fully implement effective school health programs that will reduce health problems and disparities. DASH dollars require education agencies to build capacity and implement effective policies and programs. These dollars stimulate increased professional development for education agency personnel in health-related areas, improved management and coordination of health-related programs and priorities, and expanded partnerships with non-school personnel who can assist in improving programs delivered in school. When education agencies develop capacity and leadership for school health programs, efforts are implemented more systematically rather than in a fragmented approach as is evident when external agencies and partners implement school programs.
- ♦ Increase the responsibility and accountability of education agencies to address the health needs of youth: Education agencies are traditionally responsible for the academic achievement of youth. DASH funds require education agencies to give attention to the health needs of youth and ultimately to take responsibility for implementing programs that can improve the health of youth. In addition, education agencies are held directly accountable for program outcomes if directly funded.

III.2. Cost Sharing or Matching

Cost sharing or matching funds are not required for this program.

III.3. Other

Special Requirements:

If the application is **incomplete or non-responsive** to the special requirements listed in this section, it will not be entered into the review process. The applicant will be notified the application did not meet submission requirements.

- **Late applications** will be considered non-responsive. See section “IV.3. Submission Dates and Times” for more information on deadlines.
- If a **funding amount greater than the ceiling** of the award range is requested, the application will be considered non-responsive and will not be entered into the review process. The applicant will be notified that the application did not meet the submission requirements.
- State and territorial education agencies and tribal governments funded under Priority 3 are expected to **direct at least \$100,000** to the state health agency or tribal government equivalent to support staff positions and activities to promote coordination of school-related health programs within and across the health and education agencies.
- Note: Title 2 of the United States Code Section 1611 states that an organization described in Section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting a grant, loan, or an award.

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

Anticipated ↓	1-YRBS	2-HIV	3-CSHP/PANT	4-AM	5-NPD
Funding Level	\$3,370,000	\$16,325,000	\$9,600,000	\$2,000,000	730,000
Award Range	\$10,000 to \$50,000	\$75,000 to \$325,000	\$250,000 to \$475,000	\$150,000 to \$225,000	up to \$350,000
Number of Awards	80 SEA, SHA, TEA; up to 2 TG; at least 20 LEA	60 SEA, TEA; up to 2 TG; at least 16 LEA	At least 18 SEA, TEA; up to 2 TG	At least 10 LEA	2-3 SEA, LEA
Alabama	\$35,000 to \$50,000	\$175,000 to \$250,000	\$350,000 to \$425,000		up to \$350,000
Alaska	\$35,000 to \$50,000	\$125,000 to \$200,000	\$300,000 to \$375,000		up to \$350,000
Albuquerque PS Albuquerque, NM	\$25,000 to \$40,000			\$150,000 to \$225,000	
American Samoa	up to \$10,000	up to \$100,000	\$250,000 to \$325,000		
Arizona	\$35,000 to \$50,000	\$175,000 to \$250,000	\$400,000 to \$475,000		up to \$350,000
Arkansas	\$35,000 to \$50,000	\$175,000 to \$250,000	\$350,000 to \$425,000		up to \$350,000
Baltimore City PS-Baltimore, MD	\$25,000 to \$40,000	\$175,000 to \$250,000		\$150,000 to \$225,000	up to \$350,000
Boston PS-Boston, MD	\$25,000 to \$40,000	\$175,000 to \$250,000			up to \$350,000
Broward County-Ft. Lauderdale, FL	\$25,000 to \$40,000	\$225,000 to \$300,000		\$150,000 to \$225,000	up to \$350,000
California	\$35,000 to \$50,000	\$250,000 to \$325,000	\$400,000 to \$475,000		up to \$350,000
Charlotte-Mecklenburg - Charlotte, NC	\$25,000 to \$40,000			\$150,000 to \$225,000	
City of Chicago SD-Chicago, IL	\$25,000 to \$40,000	\$225,000 to \$300,000		\$150,000 to \$225,000	up to \$350,000
Clark County SD-Las Vegas, NV	\$25,000 to \$40,000			\$150,000 to \$225,000	
Colorado	\$35,000 to \$50,000	\$150,000 to \$225,000	\$300,000 to \$375,000		up to \$350,000
Commonwealth of the Northern Mariana Islands	up to \$10,000	up to \$100,000	\$250,000 to \$325,000		
Connecticut	\$35,000 to \$50,000	\$150,000 to \$225,000	\$300,000 to \$375,000		up to \$350,000
Dallas Independent SD-Dallas, TX	\$25,000 to \$40,000	\$175,000 to \$250,000		\$150,000 to \$225,000	up to \$350,000
DeKalb Co SD-Atlanta, GA	\$25,000 to \$40,000	\$175,000 to \$250,000		\$150,000 to \$225,000	up to \$350,000

Anticipated ↓	1-YRBS	2-HIV	3-CSHP/PANT	4-AM	5-NPD
Funding Level	\$3,370,000	\$16,325,000	\$9,600,000	\$2,000,000	730,000
Award Range	\$10,000 to \$50,000	\$75,000 to \$325,000	\$250,000 to \$475,000	\$150,000 to \$225,000	up to \$350,000
Number of Awards	80 SEA, SHA, TEA; up to 2 TG; at least 20 LEA	60 SEA, TEA; up to 2 TG; at least 16 LEA	At least 18 SEA, TEA; up to 2 TG	At least 10 LEA	2-3 SEA, LEA
Delaware	\$35,000 to \$50,000	\$150,000 to \$225,000	\$300,000 to \$375,000		up to \$350,000
Detroit PS-Detroit, MI	\$25,000 to \$40,000	\$175,000 to \$250,000		\$150,000 to \$225,000	up to \$350,000
District of Columbia	\$35,000 to \$50,000	\$200,000 to \$275,000	\$350,000 to \$425,000		up to \$350,000
Duval Co PS-Jacksonville, FL	\$25,000 to \$40,000			\$150,000 to \$225,000	
Federated States of Micronesia	up to \$10,000	up to \$100,000	\$250,000 to \$325,000		
Florida	\$35,000 to \$50,000	\$200,000 to \$275,000	\$400,000 to \$475,000		up to \$350,000
East Baton Rouge Parish SS-Baton Rouge, LA	\$25,000 to \$40,000	\$175,000 to \$250,000			up to \$350,000
Fort Worth ISD Fort Worth, TX	\$25,000 to \$40,000			\$150,000 to \$225,000	
Fresno USD – Fresno, CA	\$25,000 to \$40,000			\$150,000 to \$225,000	
Georgia	\$35,000 to \$50,000	\$225,000 to \$300,000	\$400,000 to \$475,000		up to \$350,000
Guam	up to \$10,000	up to \$100,000	\$250,000 to \$325,000		
Hawaii	\$35,000 to \$50,000	\$150,000 to \$225,000	\$300,000 to \$375,000		up to \$350,000
Hillborough Co PS-Tampa, FL	\$25,000 to \$40,000	\$175,000 to \$250,000		\$150,000 to \$225,000	up to \$350,000
Houston Independent SD-Houston, TX	\$25,000 to \$40,000	\$225,000 to \$300,000		\$150,000 to \$225,000	up to \$350,000
Idaho	\$35,000 to \$50,000	\$125,000 to \$200,000	\$300,000 to \$375,000		up to \$350,000
Illinois	\$35,000 to \$50,000	\$225,000 to \$300,000	\$400,000 to \$475,000		up to \$350,000
Indiana	\$35,000 to \$50,000	\$175,000 to \$250,000	\$400,000 to \$475,000		up to \$350,000
Iowa	\$35,000 to \$50,000	\$125,000 to \$200,000	\$300,000 to \$375,000		up to \$350,000
Jefferson Parish PS-New Orleans, LA	\$25,000 to \$40,000	\$175,000 to \$250,000			up to \$350,000

Anticipated ↓	1-YRBS	2-HIV	3-CSHP/PANT	4-AM	5-NPD
Funding Level	\$3,370,000	\$16,325,000	\$9,600,000	\$2,000,000	730,000
Award Range	\$10,000 to \$50,000	\$75,000 to \$325,000	\$250,000 to \$475,000	\$150,000 to \$225,000	up to \$350,000
Number of Awards	80 SEA, SHA, TEA; up to 2 TG; at least 20 LEA	60 SEA, TEA; up to 2 TG; at least 16 LEA	At least 18 SEA, TEA; up to 2 TG	At least 10 LEA	2-3 SEA, LEA
Kansas	\$35,000 to \$50,000	\$150,000 to \$225,000	\$300,000 to \$375,000		up to \$350,000
Kentucky	\$35,000 to \$50,000	\$175,000 to \$250,000	\$350,000 to \$425,000		up to \$350,000
Louisiana	\$35,000 to \$50,000	\$175,000 to \$250,000	\$350,000 to \$425,000		up to \$350,000
Los Angeles USD- Los Angeles, CA	\$25,000 to \$40,000	\$275,000 to \$350,000		\$150,000 to \$225,000	up to \$350,000
Maine	\$35,000 to \$50,000	\$125,000 to \$200,000	\$300,000 to \$375,000		up to \$350,000
Maryland	\$35,000 to \$50,000	\$175,000 to \$250,000	\$300,000 to \$375,000		up to \$350,000
Massachusetts	\$35,000 to \$50,000	\$175,000 to \$250,000	\$300,000 to \$375,000		up to \$350,000
Memphis CSD- Memphis, TN	\$25,000 to \$40,000	\$175,000 to \$250,000		\$150,000 to \$225,000	up to \$350,000
Miami-Dade Co PS- Miami, FL	\$25,000 to \$40,000	\$225,000 to \$300,000		\$150,000 to \$225,000	up to \$350,000
Michigan	\$35,000 to \$50,000	\$175,000 to \$250,000	\$400,000 to \$475,000		up to \$350,000
Milwaukee PS – Milwaukee, WI	\$25,000 to \$40,000			\$150,000 to \$225,000	
Minnesota	\$35,000 to \$50,000	\$150,000 to \$225,000	\$300,000 to \$375,000		up to \$350,000
Mississippi	\$35,000 to \$50,000	\$200,000 to \$275,000	\$350,000 to \$425,000		up to \$350,000
Missouri	\$35,000 to \$50,000	\$175,000 to \$250,000	\$350,000 to \$425,000		up to \$350,000
Montana	\$35,000 to \$50,000	\$150,000 to \$225,000	\$300,000 to \$375,000		up to \$350,000
Nebraska	\$35,000 to \$50,000	\$125,000 to \$200,000	\$300,000 to \$375,000		up to \$350,000
Nevada	\$35,000 to \$50,000	\$175,000 to \$250,000	\$300,000 to \$375,000		up to \$350,000
New Hampshire	\$35,000 to \$50,000	\$125,000 to \$200,000	\$300,000 to \$375,000		up to \$350,000
New Jersey	\$35,000 to \$50,000	\$175,000 to \$250,000	\$350,000 to \$425,000		up to \$350,000

Anticipated ↓	1-YRBS	2-HIV	3-CSHP/PANT	4-AM	5-NPD
Funding Level	\$3,370,000	\$16,325,000	\$9,600,000	\$2,000,000	730,000
Award Range	\$10,000 to \$50,000	\$75,000 to \$325,000	\$250,000 to \$475,000	\$150,000 to \$225,000	up to \$350,000
Number of Awards	80 SEA, SHA, TEA; up to 2 TG; at least 20 LEA	60 SEA, TEA; up to 2 TG; at least 16 LEA	At least 18 SEA, TEA; up to 2 TG	At least 10 LEA	2-3 SEA, LEA
New Mexico	\$35,000 to \$50,000	\$175,000 to \$250,000	\$350,000 to \$425,000		up to \$350,000
New York	\$35,000 to \$50,000	\$225,000 to \$300,000	\$400,000 to \$475,000		up to \$350,000
New York City DOE- NY, NY	\$25,000 to \$40,000	\$275,000 to \$350,000		\$150,000 to \$225,000	up to \$350,000
Newark PS-Newark, NJ	\$25,000 to \$40,000	\$175,000 to \$250,000			up to \$350,000
North Dakota	\$35,000 to \$50,000	\$125,000 to \$200,000	\$300,000 to \$375,000		up to \$350,000
North Carolina	\$35,000 to \$50,000	\$225,000 to \$300,000	\$400,000 to \$475,000		up to \$350,000
Oakland USD-Oakland, CA	\$25,000 to \$40,000	\$175,000 to \$250,000			up to \$350,000
Ohio	\$35,000 to \$50,000	\$175,000 to \$250,000	\$350,000 to \$425,000		up to \$350,000
Oklahoma	\$35,000 to \$50,000	\$150,000 to \$225,000	\$300,000 to \$375,000		up to \$350,000
Orange Co PS-Orlando, FL	\$25,000 to \$40,000	\$175,000 to \$250,000		\$150,000 to \$225,000	up to \$350,000
Oregon	\$35,000 to \$50,000	\$150,000 to \$225,000	\$300,000 to \$375,000		up to \$350,000
SD Palm Beach Co-West Palm Beach, FL	\$25,000 to \$40,000	\$175,000 to \$250,000		\$150,000 to \$225,000	up to \$350,000
Pennsylvania	\$35,000 to \$50,000	\$200,000 to \$275,000	\$400,000 to \$475,000.		up to \$350,000
SD Philadelphia Philadelphia, PA	\$25,000 to \$40,000	\$175,000 to \$250,000		\$150,000 to \$225,000	up to \$350,000
Puerto Rico	\$35,000 to \$50,000	\$150,000 to \$225,000	\$250,000 to \$325,000		up to \$350,000
Republic of the Marshall Islands	up to \$10,000	up to \$100,000	\$250,000 to \$325,000		
Republic of Palau	up to \$10,000	up to \$100,000	\$250,000 to \$325,000		
Rhode Island	\$35,000 to \$50,000	\$175,000 to \$250,000	\$350,000 to \$425,000		up to \$350,000
South Carolina	\$35,000 to \$50,000	\$200,000 to \$275,000	\$350,000 to \$425,000		up to \$350,000

Anticipated ↓	1-YRBS	2-HIV	3-CSHP/PANT	4-AM	5-NPD
Funding Level	\$3,370,000	\$16,325,000	\$9,600,000	\$2,000,000	730,000
Award Range	\$10,000 to \$50,000	\$75,000 to \$325,000	\$250,000 to \$475,000	\$150,000 to \$225,000	up to \$350,000
Number of Awards	80 SEA, SHA, TEA; up to 2 TG; at least 20 LEA	60 SEA, TEA; up to 2 TG; at least 16 LEA	At least 18 SEA, TEA; up to 2 TG	At least 10 LEA	2-3 SEA, LEA
San Bernardino City USD-San Bernardino, CA	\$25,000 to \$40,000	\$175,000 to \$250,000			up to \$350,000
San Diego USD -San Diego, CA	\$25,000 to \$40,000	\$175,000 to \$250,000		\$150,000 to \$225,000	up to \$350,000
San Francisco USD-SF, CA	\$25,000 to \$40,000	\$175,000 to \$250,000			up to \$350,000
Seattle PS-Seattle, WA	\$25,000 to \$40,000	\$175,000 to \$250,000			up to \$350,000
South Dakota	\$35,000 to \$50,000	\$150,000 to \$225,000	\$350,000 to \$425,000		up to \$350,000
Tennessee	\$35,000 to \$50,000	\$225,000 to \$300,000	\$350,000 to \$425,000		up to \$350,000
Tribal Governments	up to \$10,000	up to \$100,000	\$250,000 to \$325,000		
Texas	\$35,000 to \$50,000	\$225,000 to \$300,000	\$400,000 to \$475,000.		up to \$350,000
Utah	\$35,000 to \$50,000	\$125,000 to \$200,000	\$300,000 to \$375,000		up to \$350,000
Vermont	\$35,000 to \$50,000	\$125,000 to \$200,000	\$300,000 to \$375,000		up to \$350,000
Virginia	\$35,000 to \$50,000	\$175,000 to \$250,000	\$350,000 to \$425,000		up to \$350,000
U.S. Virgin Islands	up to \$10,000	up to \$100,000	\$250,000 to \$325,000		
Washington	\$35,000 to \$50,000	\$175,000 to \$250,000	\$350,000 to \$425,000		up to \$350,000
West Virginia	\$35,000 to \$50,000	\$150,000 to \$225,000	\$350,000 to \$425,000		up to \$350,000
Wisconsin	\$35,000 to \$50,000	\$175,000 to \$250,000	\$350,000 to \$425,000		up to \$350,000
Wyoming	\$35,000 to \$50,000	\$125,000 to \$200,000	\$300,000 to \$375,000		up to \$350,000

IV. Application and Submission Information

IV.1. Address to Request Application Package

To apply for this funding opportunity use the application forms package posted in Grants.gov.

Electronic Submission:

CDC strongly encourages the applicant to submit the application electronically by utilizing the forms and instructions posted for this announcement on www.Grants.gov, the official Federal agency wide E-grant Web site. Only applicants who apply on-line are permitted to forego paper copy submission of all application forms.

Registering your organization through www.Grants.gov is the first step in submitting applications online. Registration information is located in the “Get Registered” screen of www.Grants.gov. While application submission through www.Grants.gov is optional, we strongly encourage you to use this online tool.

Please visit www.Grants.gov at least 30 days prior to filing your application to familiarize yourself with the registration and submission processes. Under “Get Registered,” the one-time registration process will take three to five days to complete; however, as part of the Grants.gov registration process, registering your organization with the Central Contractor Registry (CCR) annually, could take an additional one to two days to complete. We suggest submitting electronic applications prior to the closing date so if difficulties are encountered, you can submit a hard copy of the application prior to the deadline.

Paper Submission:

Application forms and instructions are available on the CDC Web site, at the following Internet address: http://www.cdc.gov/od/pgo/funding/grants/app_and_forms.shtm.

If access to the Internet is not available, or if there is difficulty accessing the forms on-line, contact the CDC Procurement and Grants Office Technical Information Management Section (PGO-TIMS) staff at 770-488-2700 and the application forms can be mailed.

IV.2. Content and Form of Submission

All documents should be written in the following format:

- Font size: 12-point unreduced, Times New Roman
- Single spaced, printed only on one side of page
- Paper size: 8.5 by 11 inches
- Page margin size: One inch
- Written in plain language, avoid jargon
- All electronic documents must be saved and uploaded in a PDF format. If the applicant is applying for multiple priorities, CDC recommends the electronic documents be saved in PDF format based on the specific Priority. For example, when saving the electronic documents, save as [Priority] [Project Narrative] [Site].PDF or [Priority] [Budget Narrative] [Site].PDF. See Application Components Chart of applicable components and suggested titles.
- All documents must be labeled clearly as indicated in this application – some documents will be uploaded into Grants.gov under "Other Attachments Form" but are all required documents. If the applicant is applying for multiple priorities, CDC recommends that pages include headers or footers attributed to the specific priority in addition to page numbers.
- Number all narrative pages; not to exceed the maximum number of pages
- Paper application should be held together only by rubber bands or metal clips; not bound in any other way

Letter of Intent

A one-page Letter of Intent (LOI) is requested from all applicants anticipating to submit an application and is due October 23, 2007, 30 days after date of publication. The LOI will be used to determine the number of applications anticipated for each Priority and to inform the CDC review panel processes. The information submitted within the LOI will not be scored as part of the application review process. The LOI should include:

- Agency/Tribal government name, address, telephone, e-mail address, and fax number, and primary contact for the agency/tribal government.
- Identify in the body of the LOI each of the Priorities the agency/tribal government is planning to apply for.
- Signed by the Superintendent or Commissioner of Education or tribal government leader.

- For a state, territorial, or tribal government applying for Priority 3, include signatures of officials from both state or territorial education and health agencies or tribal government equivalents.
- If the applicant is a tribal government, include a resolution or letter of support from the Board of Directors.
- If an SHA is applying for Priority 1, LOI signatures of officials from both education and health agencies should be included, and the SEA should clearly state that the agency does not intend to apply for this Priority.

Application

All applications **must include each** of the following components listed in the chart below **for each Priority in order of submission to <http://www.grants.gov>**. Page limits are listed in each section. **In any section that exceeds the page limit, only the first pages within the page limit will be reviewed.**

Application Components Chart

Priority → Application Components ↓	Priority 1-YRBS	Priority 2,3, and 4 – HIV, CSHP/PANT, AM	Priority 5 - NPD
Project Abstract: Upload PDF file on Grants.gov→	Title: [Priority] Project Abstract [Site]; e.g. <i>NPD Project Abstract Missouri</i>		
	Mandatory Documents-Project Abstract	Mandatory Documents-Other Attachments Form	Mandatory Documents-Other Attachments Form
Project Narrative: Upload PDF file on Grants.gov→	Title: [Priority] Project Narrative [Site]; e.g. <i>HIV Project Narrative Marshall Islands</i>		
	Mandatory Documents-Project Narrative Attachment Form	Mandatory Documents-Project Narrative Attachment Form-Add Optional Project Narrative File	Mandatory Documents-Project Narrative Attachment Form-Add Optional Project Narrative File
Logic Model Upload PDF file on Grants.gov→		Title: [Priority] Logic Model [Site]; e.g. <i>Asthma Logic Model Memphis</i>	
		Mandatory Documents-Other Attachments Form	Mandatory Documents-Other Attachments Form
Workplan Upload PDF file on Grants.gov→	Title: [Priority] Workplan [Site]; e.g. <i>YRBS Workplan New York City</i>		
	Mandatory Documents-Other Attachments Form	Mandatory Documents-Other Attachments Form	Mandatory Documents-Other Attachments Form
Gantt Chart Timeline Upload PDF file on Grants.gov→	Title: [Priority] Gantt Chart [Site]; e.g. <i>CSHP Gantt Chart Ohio</i>		
	Mandatory Documents-Other Attachments Form	Mandatory Documents-Other Attachments Form	Mandatory Documents-Other Attachments Form
Budget Narrative Upload PDF file on Grants.gov→	Title: [Priority] Budget Narrative [Site]; e.g. <i>Asthma Budget Narrative Broward</i>		
	Mandatory Documents-Budget Narrative Attachments Form	Mandatory Documents-Budget Narrative Attachment Form-Add Optional Budget Narrative	Mandatory Documents-Budget Narrative Attachments Form- Add Optional Budget Narrative
Organizational Chart Upload PDF file on Grants.gov→	Title: [Priority] Org Chart [Site]; e.g. <i>YRBS Org Chart Navajo Nation</i>		
	Mandatory Documents-Other Attachments Form	Mandatory Documents-Other Attachments Form	Mandatory Documents-Other Attachments Form
Position Description(s) Upload PDF file on Grants.gov→	Title: [Priority] [Position] Description [Site]; e.g. <i>HIV Director Description Idaho</i>		
	Mandatory Documents-Other Attachments Form	Mandatory Documents-Other Attachments Form	Mandatory Documents-Other Attachments Form
Curriculum Vitae Upload PDF file on Grants.gov→	Title: [Priority] [Position] Vita [Site]; e.g. <i>PANT Coordinator Vita Texas</i>		
	Mandatory Documents-Other Attachments Form	Mandatory Documents-Other Attachments Form	Mandatory Documents-Other Attachments Form
Letters of Support Upload PDF file on Grants.gov→	Title: [Priority] Letter of Support [Site]; e.g. <i>Asthma Letter of Support Houston</i>		
	Mandatory Documents-Other Attachments Form (SHA only)	Mandatory Documents-Other Attachments Form	Mandatory Documents-Other Attachments Form
HIV Review Panel Form Upload PDF file on Grants.gov (Priority 2 requirement)→		Title: HIV Review Panel [Site]"; e.g. <i>HIV Review Panel Florida</i>	
		Mandatory Documents-Other Attachments Form	

Applications for Priority 1 (YRBS)

- 1) **Project Abstract** (not more than one page) Provide a separate, clearly labeled Project Abstract that contains a summary of the proposed project suitable for dissemination to the public. It should be informative to other persons working in the same or related fields and, insofar as possible, understandable to a technically literate lay reader. The Abstract must not include any proprietary/confidential information. Include the purpose of the project and the amount of funding requested.

- 2) **Project Narrative** (not more than 10 total pages) Provide a separate, clearly labeled Project Narrative and submit it in the following order:
 - A. **Background and Need** (not more than three pages)

Describe the need for systematic procedures to be put in place to monitor critical health-related behaviors among high school students within the applicant's jurisdiction through implementation of the YRBS.
 - B. **Capacity** (not more than four pages)
 - Describe the agency or tribal government's organizational structure and how it supports the collection of data to monitor critical health-related behaviors among high school students within the applicant's jurisdiction through implementation of the YRBS.
 - Provide evidence of experience, expertise, and existing capacity in conducting scientifically credible youth risk behavior surveys, such as the YRBS, according to established sampling and data collection procedures to obtain weighted data.
 - Provide evidence of experience, expertise, and existing capacity in developing and disseminating to key stakeholders reports, fact sheets, websites, brochures, journal articles, press releases, and/or oral presentations based on weighted data from scientifically credible youth risk behavior surveys, such as the YRBS.
 - Provide evidence of experience, expertise, and existing capacity in using weighted data from scientifically credible youth risk behavior surveys, such as the YRBS, to help improve programs and policies for youth and to identify health disparities impacting youth.
 - C. **Project Management and Staffing** (not more than three pages)
 - Describe how the project will be staffed, including where the position will be located within the structure of the agency or tribal government.

- Describe the responsibilities of the staff person responsible for implementing the YRBS and summarize the credentials, knowledge, training, and experience of the staff person.
- 3) **Workplan** (not more than five pages) Provide a separate, clearly labeled Workplan. Use of the template found at http://www.cdc.gov/dash/program_mgt/801_resources.htm is recommended. The Workplan should be consistent with the principles described in the Activities section. Include goals, objectives, and activities as follows:
- Propose goals that are specific and feasible for the five-year project period and consistent with the purpose and requirements of Priority 1.
 - Propose objectives for the first annual budget period that are specific, measurable, achievable, realistic, and time-phased (SMART) and directly related to the goals, purpose, performance measures, and program requirements.
 - Describe activities that are likely to achieve the goals and requirements of Priority 1, provide a timeline, and identify the person(s)/agency responsible for each activity.
- 4) **Gantt Chart Timeline** (not more than two pages; scored under “Workplan”) Provide a separate, clearly labeled Gantt Chart. A Gantt Chart is a graphical representation of tasks as segments on a time scale. The Timeline should be reasonable, clear, and consistent with the objectives and activities identified in the applicant’s Workplan. A sample Gantt Chart may be found at http://www.cdc.gov/dash/program_mgt/801_resources.htm.
- 5) **Budget Narrative** Provide a separate, clearly labeled Budget Narrative. Include a detailed line item budget with an accompanying narrative of all operating expenses linked to the stated objectives and planned activities in the YRBS Workplan. The Budget Narrative must include the total amount of funds requested in each category for the first annual budget period (March 1, 2008 to February 28, 2009). A sample budget and narrative may be found at: <http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm> and http://www.cdc.gov/dash/program_mgt/801_resources.htm. Click on “Budget Guidance.” For additional guidance on indirect costs and contractual information, see Appendix E. For additional guidance on travel expectations see Appendix F.

- 6) **Organizational Chart** (not more than one page; scored under “Project Management and Staffing”) Provide a separate, clearly labeled Organizational Chart that clearly indicates the placement of the proposed program in the agency/tribal government and show lines of authority, communication, accountability, and reporting.
- 7) **Position Description(s)** (not more than two pages; scored under “Project Management and Staffing”) Provide a separate, clearly labeled Position Description. CDC expects Priority 1 to be staffed by one individual on a part-time basis.
- 8) **Curriculum Vitae** (not more than two pages; scored under “Project Management and Staffing”) Provide a separate, clearly labeled Curriculum Vita.
- 9) **SEA Letter of Support** (SHA applicants only; not more than one page) Provide a separate, clearly labeled Letter of Support clearly indicating that the SEA designates the SHA as the official state agency applicant for YRBS SEA funding.

Applications for Priority 2 (HIV), Priority 3 (CSHP and PANT), and Priority 4 (Asthma Management)

- 1) **Project Abstract** (not more than one page for each Priority for which you are applying)
Provide a separate, clearly labeled Project Abstract containing a summary of the proposed project suitable for dissemination to the public. Each Priority Abstract should be informative to other persons working in the same or related fields and, insofar as possible, understandable to a technically literate lay reader. Abstracts must not include any proprietary/confidential information. For each Priority abstract, include the purpose of the project and the amount of funding requested. (If you are applying for Priority 1, 2 and 4, you must submit three different abstracts – one for Priority 1, one for Priority 2 and one for Priority 4.)
- 2) **Project Narrative** (not more than 24 total pages for Priorities 2 and 4; not more than 28 total pages for Priority 3) Provide a separate, clearly labeled Project Narrative and submit it in the following order:
 - A. **Background and Need** (not more than seven pages for each Priority for which you are applying) Portions of the content for this section may be the same or similar across

different Priorities (e.g., number of schools and students in the jurisdiction, demographic analyses). However, information specific to each Priority must be included as well (e.g., sexual risk behavior data for Priority 2 and data related to asthma for Priority 4). Include the following information:

- 1) Using credible data sources and evidence, describe relevant health risks and problems affecting youth in the jurisdiction.
- 2) Identify specific youth populations at risk for health disparities to target for proposed program activities.

B. Capacity (not more than seven pages for each Priority for which you are applying)

- 1) Describe how the agency/tribal government's existing organizational structure supports programs intended to improve the health of youth, particularly related to the health issues addressed in the Priority.
- 2) Provide evidence of the capacity of the agency/tribal government to establish and maintain effective partnerships.
- 3) Describe the existing capacity of the agency/tribal government to:
 - Monitor critical health behaviors and outcomes, and monitor school policies and programs intended to promote health enhancing behaviors and outcomes among youth.
 - Provide professional development, technical assistance, policy guidance, and resources to regional education agencies/centers, local school districts, or schools to prevent health problems among school-age youth.
 - Implement effective activities to meet the needs of youth populations most at risk for the health problems addressed in the Priority.

C. Workplan Overview (not more than three pages for each Priority for which you are applying)

- 1) Describe how the Workplan addresses the requirements of the Priority and the needs described in the Background and Need section.
- 2) Describe how the Workplan activities will complement one another.
- 3) Describe how the Workplan activities will be coordinated with other programs in their agency/tribal government as well as relevant programs in other agencies.

D. Program Monitoring (not more than three pages for each Priority for which you are applying)

- 1) Describe plans to assess the accomplishments of the program. Plans should include:

- ♦ Monitoring programmatic activities through the *Indicators for School Health Programs*.
 - ♦ Assessing the impact of the program activities by monitoring the percentage of schools that are implementing specific school health policies and practices. The percentage of schools that implement specific policies and practices can be measured through *School Health Profiles* or a similar state or local questionnaire.
 - ♦ Communicating programmatic impact by developing and disseminating written success stories.
 - ♦ Documenting the use of epidemiological and student health risk behavior data and how programmatic efforts have focused on meeting the needs of populations that are disproportionately affected by the health problems addressed in the Priority.
- 2) Describe any additional evaluation activities to track progress made in developing and implementing the proposed program.
 - 3) Describe how program assessment will be used to improve program activities.
- E. Project Management and Staffing (not more than four pages for Priorities 2 and 4; not more than eight for Priority 3)
- 1) Identify at least one full-time staff position (1.0 FTE: one person devoting 100 percent of her/his time to the cooperative agreement work designated specifically for each applicable Priority) within the state or territorial **or local** education agency or tribal government equivalent with the responsibility and authority to carry out the activities identified in the Workplan. In addition, applicants for Priority 3 must identify at least one staff position (1.0 FTE: one person devoting 100 percent of her/his time to the cooperative agreement work designated specifically for this Priority) within the state or territorial health agency or tribal government equivalent devoting 100 percent of her/his time to the cooperative agreement work designated specifically for this Priority, as well as one additional staff position (1.0 FTE: one person devoting 100 percent of her/his time to the cooperative agreement work designated specifically for this Priority) within the state or territorial education agency or tribal government equivalent designated to coordinate PANT programs and support and assist with CSHP activities.
 - 2) Describe how your organizational chart delineates clear lines of authority and administration and provides clear lines of coordination for project activities.

- 3) Explain how your program staff will have the credentials, knowledge, training, and experience in working with schools and performing assigned responsibilities.
- 4) Provide a fiscal management and oversight summary for the proposed program(s) with the business office staff identified.

3) **Logic Model** (not more than two pages for each Priority for which you are applying)

Provide a separate, clearly labeled Logic Model for each Priority. The Logic Model should be reasonable, clear, and consistent with the objectives and activities identified in the applicant's Workplan and aligned with the purposes of the Priority for which the applicant is applying. Guidance for preparation of logic models is available at http://www.cdc.gov/dash/program_mgt/801_resources.htm and at www.cdc.gov/HealthyYouth/evaluation/resources.htm#4.

4) **Workplan** (not more than ten pages for each Priority for which you are applying)

Provide a separate, clearly labeled Workplan. Use of the template found at http://www.cdc.gov/dash/program_mgt/801_resources.htm is recommended. The Workplan should be consistent with the principles described in the Activities section for the Priority for which you are applying. Include goals, objectives, and activities as follows:

- Propose goals that are specific and feasible for the five-year project period and consistent with the purpose and requirements of the funding Priority.
- Propose objectives for the first annual budget period that are specific, measurable, achievable, realistic, and time-phased (SMART) and directly related to the goals, purpose, performance measures, program requirements, and data provided in the Background and Need section.
- Describe activities that are likely to achieve each of the program's objectives during the first annual budget period, and identify the person(s)/agency responsible for each activity.

5) **Gantt Chart Timeline** (not more than two pages for each Priority for which you are

applying; scored under "Workplan") Provide a separate, clearly labeled Gantt Chart Timeline. A Gantt Chart is a graphical representation of tasks as segments on a time scale. The Timeline should be reasonable, clear, and consistent with the objectives and activities identified in the applicant's Workplan. A sample Gantt Chart may be found at http://www.cdc.gov/dash/program_mgt/801_resources.htm.

- 6) **Budget Narrative** Provide a separate, clearly labeled Budget Narrative. Include a detailed line item budget for each Priority with an accompanying narrative of all operating expenses linked to the stated objectives and planned activities in the Workplan. The Budget Narrative must include the total amount of funds requested in each category for the first annual budget period (March 1, 2008 to February 28, 2009). A sample budget and narrative may be found by selecting “Budget Guidance” at: <http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm> and http://www.cdc.gov/dash/program_mgt/801_resources.htm. For additional guidance on indirect costs and contractual information, see Appendix E. For additional guidance on travel expectations see Appendix F.

- 7) **Organizational Chart(s)** (not more than one page per Organizational Chart for each Priority area for which you are applying; scored under “Project Management and Staffing”) Provide a separate, clearly labeled Organizational Chart that clearly indicates placement of the proposed program in the agency/tribal government and show lines of authority, communication, accountability, and reporting. For Priority 3, provide one Organizational Chart for the education agency/tribal government equivalent and one for the health agency/tribal government equivalent.

- 8) **Position Description(s)** (not more than two pages per Position Description for each Priority area for which you are applying; scored under “Project Management and Staffing”) Provide a separate, clearly labeled Position Description for each proposed position within each Priority.

- 9) **Curriculum Vitae** (not more than two pages per vita for each Priority area for which you are applying; scored under “Project Management and Staffing”) Provide separate, clearly labeled Curriculum Vitae for each staff person identified to fulfill each FTE position in the Workplan.

- 10) **Letters of Support** (not more than two pages per Letter; scored under “Capacity”) Provide separate, clearly labeled Letters of Support written to the applicant by consultants or outside agencies named in the Workplan. The letters (limited to 5) should describe the expertise and capacity of the consultants or outside agencies and their willingness to fulfill their proposed responsibilities specifically related to the Priority.

11) HIV Review Panel Form (use form noted below; **required for Priority 2 only**)

Provide a separate, clearly labeled HIV Review Panel Form. This form can be accessed at: http://www.cdc.gov/dash/program_mgt/801_resources.htm or by selecting CDC Form 0.1113 at http://www.cdc.gov/od/pgo/funding/grants/app_and_forms.shtm.

Applications for Priority 5 (National Professional Development)

1) **Project Abstract** (not more than one page) Provide a separate, clearly labeled Project Abstract that contains a summary of the proposed project suitable for dissemination to the public. It should be informative to other persons working in the same or related fields and, insofar as possible, understandable to a technically literate lay reader. The Abstract must not include any proprietary/confidential information. Include the purpose of the project and the amount of funding requested.

2) **Project Narrative** (not more than 24 total pages)

Provide a separate, clearly labeled Project Narrative and submit it in the following order:

A. **Background and Need** (not more than seven pages)

1) Using credible data sources and evidence, describe the professional development needs of CDC/DASH funded partners related to Priorities 2, 3, and 4 (HIV, CSHP and PANT, and asthma management).

B. **Capacity** (not more than seven pages)

- 1) Describe how the agency's existing structure supports planning, implementing, evaluating, and providing follow-up support for at least three professional development events for Priorities 2, 3, and 4.
- 2) Describe how the agency will pay expenses associated with the implementation of professional development events, including travel and per diem for participants and presenters attending program-related events.
- 3) Provide evidence of the capacity to establish and maintain effective partnerships.
- 4) Describe the agency's existing capacity to:
 - Deliver professional development events and follow-up support on events for funded partners.

- Evaluate professional development events and follow-up activities and describe the impact they have on the implementation of programs intended to improve the health of youth.

C. Workplan Overview (not more than three pages)

- 1) Describe how the Workplan addresses the requirements of the Priority and the needs described in the Background and Need section.
- 2) Describe how the Workplan activities will complement one another.
- 3) Describe how the Workplan activities will be coordinated with partners who provide professional development to SEA, SHA, TEA, TG or LEA funded partners.

D. Program Monitoring and Assessment (not more than three pages):

- 1) Describe plans to evaluate professional development events and follow-up support activities.
- 2) Describe how assessments and evaluation results will be used to improve program activities.
- 3) Describe plans to document and communicate NPD accomplishments.

E. Project Management and Staffing (not more than four pages)

- 1) Provide at least one full-time staff position (1.0 FTE: one person devoting 100 percent of her/his time to the cooperative agreement work for this Priority) within the education agency with the responsibility and authority to carry out the activities identified in the Workplan.
- 2) Describe how your organizational chart delineates clear lines of authority and administration for coordinating project activities.
- 3) Explain how your program staff will have the credentials, knowledge, training, and experience in working with schools and performing assigned responsibilities.
- 4) Provide a fiscal management and oversight summary for the proposed program with the business office staff identified.

3) **Logic Model** (not more than two pages)

Provide a separate, clearly labeled Logic Model that is reasonable, clear, and consistent with the objectives and activities identified in the applicant's Workplan and aligned with the purposes of Priority 5. Guidance for preparation of logic models is available at http://www.cdc.gov/dash/program_mgt/801_resources.htm and at www.cdc.gov/HealthyYouth/evaluation/resources.htm#4.

4) **Workplan** (not more than 10 pages)

Provide a separate, clearly labeled Workplan. Use of the template found at http://www.cdc.gov/dash/program_mgt/801_resources.htm is recommended. The Workplan should be consistent with the principles described in the Activities for which you are applying. Include goals, objectives, and activities as follows:

- Propose goals that are specific and feasible for the five-year project period and consistent with the purpose and requirements of the funding Priority.
- Propose objectives for the first annual budget period that are specific, measurable, achievable, realistic, and time-phased (SMART) and directly related to the goals, purpose, performance measures, program requirements, and data provided in the Background and Need section.
- Describe activities that are likely to achieve each of the program's objectives during the first annual budget period, and identify the person(s)/agency responsible for each activity.
- Include activities targeted to help funded partners meet the needs of youth at high risk for health disparities.

5) **Gantt Chart Timeline** (not more than two pages; scored under "Workplan") Provide a separate, clearly labeled Gantt Chart Timeline that is reasonable, clear, and consistent with the objectives and activities identified in the applicant's Workplan. A sample Gantt Chart may be found at http://www.cdc.gov/dash/program_mgt/801_resources.htm.

6) **Budget Narrative** Provide a separate, clearly labeled Budget Narrative. Include a detailed line item budget with an accompanying narrative of all operating expenses linked to the stated objectives and planned activities in the Workplan. The Budget Narrative must include the total amount of funds requested in each category for the first annual budget period (March 1, 2008 to February 28, 2009). A sample budget and narrative may be found by selecting "Budget Guidance" at: <http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>. For additional guidance on indirect costs and contractual information, see Appendix E. For additional guidance on travel expectations see Appendix F.

7) **Organizational Chart** (not more than one page; scored under "Project Management and Staffing") Provide a separate, clearly labeled Organizational Chart that clearly indicates the

placement of the proposed program in the agency and show lines of authority, communication, accountability, and reporting.

8) Position Description(s) (not more than two pages; scored under “Project Management and Staffing”) Provide a separate, clearly labeled Position Description.

9) Curriculum Vitae (not more than two pages; scored under “Project Management and Staffing”) Provide separate, clearly labeled Curriculum Vitae.

10) Letters of Support (not more than two pages per Letter; scored under “Capacity”)

Provide separate, clearly labeled Letters of Support written to the applicant by consultants or outside agencies named in the Workplan. The letters (limited to 5) should describe the expertise and capacity of the consultants or outside agencies and their willingness to fulfill their proposed responsibilities specifically related to the Priority.

The agency or organization is required to have a Dun and Bradstreet Data Universal Numbering System (DUNS) number to apply for a grant or cooperative agreement from the Federal government. The DUNS number is a nine-digit identification number, which uniquely identifies business entities. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the [Dun and Bradstreet website](#) or call 1-866-705-5711.

Additional requirements that may request submission of additional documentation with the application are listed in section “VI.2. Administrative and National Policy Requirements.”

IV.3. Submission Dates and Times

Letter of Intent (LOI) Deadline Date: October 23, 2007

Application Deadline Date: November 21, 2007

Explanation of Deadlines: Applications must be received in the CDC Procurement and Grants Office by 5:00 p.m. Eastern Time on the deadline date.

Applications must be submitted electronically at www.Grants.gov unless electronic submission is not available. Applications completed on-line through Grants.gov are considered formally submitted when the applicant organization's Authorizing Organization Representative (AOR) electronically submits the application to www.Grants.gov. Electronic applications will be considered as having met the deadline if the application has been successfully submitted electronically by the applicant organization's AOR to Grants.gov on or before the deadline date and time.

When submission of the application is done electronically through Grants.gov (<http://www.grants.gov>), the application will be electronically time/date stamped and a tracking number will be assigned, which will serve as receipt of submission. The AOR will receive an e-mail notice of receipt when HHS/CDC receives the application.

If submittal of the application is by the United States Postal Service or commercial delivery service, the applicant must ensure that the carrier will be able to guarantee delivery by the closing date and time. The applicant will be given the opportunity to submit documentation of the carrier's guarantee, if HHS/CDC receives the submission after the closing date due to: (1) carrier error, when the carrier accepted the package with a guarantee for delivery by the closing date and time; or (2) significant weather delays or natural disasters. If the documentation verifies a carrier problem, HHS/CDC will consider the submission as having been received by the deadline.

If a hard copy application is submitted, HHS/CDC will not notify the applicant upon receipt of the submission. If questions arise on the receipt of the application, the applicant should first contact the carrier. If the applicant still has questions, contact the PGOTIMS staff at (770) 488-2700. The applicant should wait two to three days after the submission deadline before calling. This will allow time for submissions to be processed and logged.

This announcement is the definitive guide on LOI and application content, submission address, and deadline. It supersedes information provided in the application instructions. If the application submission does not meet the deadline above, it will not be eligible for review. The application face page will be returned by HHS/CDC with a written explanation of the reason for

non-acceptance. The applicant will be notified the application did not meet the submission requirements.

IV.4. Intergovernmental Review of Applications

Executive Order 12372 applies to this program for State Health Agencies.

IV.5. Funding Restrictions

- Restrictions, which must be taken into account while writing the budget, are as follows:
- 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.
- The 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.
- Funds under this program announcement may not be used to conduct research projects, provide direct delivery of patient care or treatment services, or purchase or disseminate condoms.
- Although public health may have an assurance role in clinical testing and screening, funds are not to be used to provide clinical testing or screening services.
- Federal funds awarded under this program announcement may not be used to supplant state or local funds.

If requesting indirect costs in the budget, a copy of the indirect cost rate agreement is required. If the indirect cost rate is a provisional rate, the agreement should be less than 12 months of age. The indirect cost rate agreement should be uploaded as a PDF file with “Other Attachment Forms” when submitting via Grants.gov.

The recommended guidance for completing a detailed justified budget can be found on the CDC Web site, at the following Internet address:

<http://www.cdc.gov/od/pgo/funding/budgetguide.htm>.

IV.6. Other Submission Requirements

LOI Submission Address - Submit the LOI by October 23, 2007 by express mail, delivery service, fax, or E-mail to:

Elizabeth Haller, School Health Team Lead
Department of Health and Human Services
CDC/Division of Adolescent and School Health

Express Mail: 2900 Woodcock Blvd. US Mail: 4770 Buford Hwy., NE MS K-31
Chamblee, Georgia 30341 Atlanta, GA 30341 USA
Telephone: 770-488-6203
Fax: 770-488-6163 E-mail: ehaller@cdc.gov

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 the potential review workload and plan the review.

Application Submission Address:

Electronic Submission:

HHS/CDC strongly encourages applicants to submit applications electronically at www.Grants.gov. The application package can be downloaded from www.Grants.gov.

Applicants are able to complete it off-line, and then upload and submit the application via the Grants.gov Web site. E-mail submissions will not be accepted. If the applicant has technical difficulties in Grants.gov, customer service can be reached by E-mail at support@grants.gov or by phone at 1-800-518-4726 (1-800-518-GRANTS). The Customer Support Center is open from 7:00a.m. to 9:00p.m. Eastern Time, Monday through Friday.

HHS/CDC recommends that submittal of the application to Grants.gov should be prior to the closing date to resolve any unanticipated difficulties prior to the deadline. Applicants may also submit a back-up paper submission of the application. Any such paper submission must be received in accordance with the requirements for timely submission detailed in Section IV.3. of the grant announcement. The paper submission must be clearly marked: "BACK-UP FOR ELECTRONIC SUBMISSION." The paper submission must conform to all requirements for

non-electronic submissions. If both electronic and back-up paper submissions are received by the deadline, the electronic version will be considered the official submission.

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.

Paper Submission:

If electronic submission is not available, applicants should submit the original and two hard copies of the application by mail or express delivery service to:

Technical Information Management - CDC-RFA-DP08-801
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS E-14
Atlanta, GA 30341

V. Application Review Information

V.1. Criteria

Applicants are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the cooperative agreement. Measures of effectiveness must relate to the performance goals stated in the “Purpose” section of this announcement. Measures must be objective and quantitative and must measure the intended outcome. The measures of effectiveness must be submitted with the application and will be an element of evaluation.

Applications for each Priority will be individually reviewed and scored according to the criteria listed below. Page limits for each Priority are noted in the Application section above. **In any section that exceeds the page limit, only the first pages within the page limit will be reviewed.**

Criteria for Priority 1 – YRBS

1. **Project Abstract** (required; not scored)

2. **Project Narrative**

A. **Background and Need** (10 Points)

- 1) To what extent does the applicant describe the need for systematic procedures to monitor critical health-related behaviors among high school students within the applicant's jurisdiction through implementation of the YRBS? (10 points)

B. **Capacity** (40 Points)

- 1) To what extent does the applicant describe how its existing organizational structure supports the collection of data to monitor critical health-related behaviors among high school students within the applicant's jurisdiction through implementation of the YRBS? (10 points)
- 2) To what extent does the applicant provide evidence of experience, expertise, and existing capacity in:
 - a) Conducting scientifically credible youth risk behavior surveys, such as the YRBS, according to established sampling and data collection procedures to obtain weighted data? (10 points)
 - b) Developing and disseminating to key stakeholders reports, fact sheets, websites, brochures, journal articles, press releases, and/or oral presentations based on weighted data from scientifically credible youth risk behavior surveys, such as the YRBS? (10 points)
 - c) Using weighted data from scientifically credible youth risk behavior surveys, such as the YRBS, to help improve programs and policies for youth and to identify health disparities impacting youth? (10 points)

C. **Project Management and Staffing** (20 Points)

- 1) Does the applicant have at least one staff person assigned to the cooperative agreement designated specifically for this Priority within either the education or health agency with the time, responsibility, and authority to carry out the activities identified in the Workplan? (10 points)
- 2) Does the applicant provide an organizational chart, clear position descriptions and curricula vitae that indicate YRBS staff will have the credentials, knowledge, training, and experience in working with schools and performing assigned responsibilities? (10 points)

3. **Workplan** (30 points)

- ♦ To what extent does the applicant propose goals that are specific and feasible for the five-year project period and consistent with the purpose and requirements of the funding Priority? (10 points)
- ♦ To what extent does the applicant propose objectives for the first annual budget period that are specific, measurable, achievable, realistic, and time-phased (SMART) and directly related to the goals, purpose, performance measures, and requirements of the Priority? (10 points)
- ♦ To what extent does the applicant describe activities that are likely to achieve the objectives identified and provide a timeline that is reasonable, clear, and consistent with the objectives and activities? (10 points)

4. Budget Narrative (required; not scored; no page limitation)

- ♦ Does the applicant provide a detailed budget and narrative consistent with the stated objectives, planned activities, and performance measures of the project?

5. SEA Letter of Support (required only if SHA is applying; not scored)

- ♦ Does the applicant provide a Letter of Support from the SEA indicating that the SHA is the designated agency to oversee this Priority?

Criteria for Priority 2 (HIV), Priority 3 (CSHP and PANT), and Priority 4 (Asthma Management)

Criteria and scoring below apply to **each** individual Priority application.

1. Project Abstract (required; not scored)

2. Project Narrative

A. Background and Need (10 Points)

- 1) To what extent does the applicant use credible data sources and evidence to describe relevant health risks and problems? (5 points)
- 2) To what extent does the applicant identify relevant and specific youth populations at risk for health disparities to target for proposed program activities? (5 points)

B. Capacity (25 Points)

- 1) To what extent does the applicant describe how its existing organizational structure supports programs intended to improve the health of youth, particularly related to the health issues addressed in the Priority? (5 points)
- 2) To what extent does the applicant provide evidence of the capacity to establish and maintain effective partnerships via letters of support, MOUs/MOAs, or contracts from consultants and organizations demonstrating their understanding, willingness, expertise, and capacity to carry out their assigned responsibilities? (5 points)
- 3) To what extent does the applicant describe its existing capacity to:
 - Monitor critical health behaviors and outcomes, and monitor school policies and programs intended to promote health enhancing behaviors and outcomes among youth? (5 points)
 - Provide professional development, technical assistance, policy guidance, and resources to schools to prevent health problems among school-age youth? (5 points)
 - Implement effective activities to meet the needs of youth populations most at risk for the health problems addressed in the Priority? (5 points)

C. Workplan Overview (10 points)

- 1) To what extent does the Workplan address the requirements of the Priority and the needs described above? (5 points)
- 2) To what extent are the Workplan activities complementary with one another and coordinated with other programs? (5 points)

D. Program Monitoring (15 points)

- 1) To what extent does the applicant describe plans to assess the accomplishments of the program? (10 points)

This should include:

- Monitoring programmatic activities through the *Indicators for School Health Programs*.
- Assessing the impact of the program activities by monitoring the percentage of schools that are implementing specific school health policies, programs, and practices. The percent of schools that implement specific policies and practices can be measured through *School Health Profiles* or a similar state or local questionnaire.

- Communicating programmatic impact by developing and disseminating written success stories.
 - Documenting the use of epidemiological and student health risk behavior data and how programmatic efforts have focused on meeting the needs of populations that are disproportionately affected by the health problems addressed in the Priority.
- It can include additional evaluation activities to track progress made in developing and implementing the proposed program.

2) To what extent does the applicant describe how program assessment will be used to improve program activities? (5 points)

E. Project Management and Staffing (15 Points)

1) Does the applicant have at least one full-time staff position (1.0 FTE: one person devoting 100 percent of her/his time to the cooperative agreement work designated specifically for each applicable Priority) within the state or territorial education agency or tribal government equivalent with the responsibility and authority to carry out the activities identified in the Workplan? In addition, does the applicant applying for Priority 3 have at least one staff position (1.0 FTE: one person devoting 100 percent of her/his time to the cooperative agreement work designated specifically for this Priority) within the state or territorial health agency or tribal government equivalent devoting 100 percent of her/his time to the cooperative agreement work designated specifically for this Priority, as well as one additional staff position (1.0 FTE: one person devoting 100 percent of her/his time to the cooperative agreement work designated specifically for this Priority) within the state or territorial education agency or tribal government equivalent designated to coordinate PANT activities through CSHP? (5 points)

2) To what extent does the organizational chart delineate clear lines of authority and administration for coordinating project activities? (5 points)

3) To what extent does the applicant provide clear job descriptions and curricula vitae that indicate program staff will have the credentials, knowledge, training, and experience in working with schools and performing assigned responsibilities? (5 points)

4) To what extent is the fiscal management and oversight for the proposed program(s) clear and adequate, with the business office staff identified? (required; not scored)

3. Logic Model (5 points)

- To what extent does the application include a Logic Model that is reasonable, clear, and consistent with the objectives and activities identified in the applicant's Workplan and aligned with the purposes of the Priority for which the applicant is applying? (5 points)

4. Workplan (20 points)

- To what extent does the applicant propose goals that are specific and feasible for the five-year project period and consistent with the purpose and requirements of the funding Priority? (5 points)
- To what extent does the applicant propose objectives for the first annual budget period that are specific, measurable, achievable, realistic, and time-phased (SMART) and directly related to the goals, purpose, performance measures, program requirements, and data provided in the Background and Need section? (5 points)
- To what extent does the applicant describe activities that are likely to achieve the objectives identified, provide a realistic timeline, and identify the person(s)/agency responsible for each activity? (5 points)
- To what extent does the Workplan include activities targeted to help funded partners meet the needs of youth at high risk for health disparities? (5 points)

5. Budget Narrative (required; not scored; no page limitation)

- Does the applicant provide a detailed budget and narrative consistent with the stated objectives, planned activities, and performance measures of the project?

6. HIV Review Panel (required for Priority 2 only; not scored)

- Does the applicant provide HIV Review Form 0.1113?

Criteria for Priority 5 – National Professional Development

1. Project Abstract (required; not scored)

2. Project Narrative

A. Background and Need (10 points)

- 1) To what extent does the applicant use credible data sources and evidence to describe the professional development needs of funded partners? (10 points)

B. Capacity (25 points)

- 1) To what extent does the applicant describe how the agency's existing structure supports planning, implementing, and evaluating professional development events and providing follow-up technical assistance services? (5 points)
- 2) To what extent does the applicant describe how the agency will pay expenses associated with the implementation of professional development events, including travel and per diem for participants and presenters attending program-related events? (5 points)
- 3) To what extent does the applicant provide evidence of the capacity to establish and maintain effective partnerships via letters of support, MOUs/MOAs, or contracts from consultants and organizations demonstrating their understanding, willingness, expertise, and capacity to carry out their assigned responsibilities? (5 points)
- 4) To what extent does the applicant describe its existing capacity to:
 - Deliver professional development events and follow-up support on events for funded partners? (5 points)
 - Evaluate professional development events and follow-up activities and describe the impact they have on the implementation of programs intended to improve the health of youth? (5 points)

C. Workplan Overview (10 points)

- 1) To what extent does the Workplan address the requirements of the Priority and the needs described above? (5 points)
- 2) To what extent are the Workplan activities complementary with one another and coordinated with other programs? (5 points)

D. Program Monitoring (15 points)

- 1) To what extent does the applicant describe plans to evaluate professional development events and follow-up support activities? (5 points)
- 2) To what extent does the applicant describe how assessments and evaluation results will be used to improve program activities? (5 points)
- 3) To what extent does the applicant describe plans to document and communicate NPD accomplishments? (5 points)

E. Project Management and Staffing (15 points)

- 1) Does the applicant have at least one full-time staff position (1.0 FTE: one person devoting 100 percent of her/his time to the cooperative agreement work for this Priority) within the education agency with the responsibility and authority to carry out the activities identified in the Workplan? (5 points)
- 2) To what extent does the organizational chart delineate clear lines of authority and administration and for coordinating project activities? (5 points)
- 3) To what extent does the applicant provide clear job descriptions and curriculum vitae that indicate program staff will have the credentials, knowledge, training, and experience in working with schools and performing assigned responsibilities? (5 points)
- 4) To what extent is the fiscal management and oversight for the proposed program clear and adequate, with the business office staff identified? (required; not scored)

3. Logic Model (5 points)

- To what extent does the application include a Logic Model that is reasonable, clear, and consistent with the objectives and activities identified in the applicant's Workplan and aligned with the purposes of the Priority for which the applicant is applying? (5 points)

4. Workplan (20 points)

- To what extent does the applicant propose goals that are specific and feasible for the five-year project period and consistent with the purpose and requirements of the funding Priority? (5 points)
- To what extent does the applicant propose objectives for the first annual budget period that are specific, measurable, achievable, realistic, and time-phased (SMART) and directly related to the goals, purpose, performance measures, program requirements, and data provided in the Background and Need section? (5 points)
- To what extent does the applicant describe activities that are likely to achieve the objectives identified, provide a realistic timeline, and identify the person(s)/agency responsible for each activity? (5 points)
- To what extent does the Workplan include activities targeted to help funded partners meet the needs of youth at high risk for health disparities? (5 points)

5. Budget Narrative (required; not scored; no page limitation)

Does the applicant provide a detailed budget and narrative consistent with the stated objectives, planned activities, and performance measures of the project?

V.2. Review and Selection Process

Applications will be reviewed for completeness by the Procurement and Grants Office (PGO) staff and for responsiveness jointly by the CDC Division of Adolescent and School Health 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 submission requirements.

An objective review panel will evaluate eligible, complete, and responsive applications according to the criteria listed in the “V. (1) Criteria” section above. The objective review panel will consist of CDC employees from outside the funding division who will evaluate the technical merit of the application for the purpose of advising the awarding official. As part of the review process, the application will:

- Receive a written Summary Statement of the findings of the Objective Review Panel.
- Receive a vote of approval or disapproval and an approval score.
- Receive a second programmatic level review by Division senior staff.

Applications will be funded in order with scoring and ranking determined by the review panel for each funding priority. For example, applications for Priority 1 will compete only with other applications for Priority 1. CDC will provide justification for any decision to fund out of rank order.

V.3. Anticipated Award Date

March 1, 2008

VI. Award Administration Information

VI.1. Award Notices

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 and a hard copy mailed to the recipient fiscal officer identified in the application. Unsuccessful applicants will receive notification of the results of the application review by mail.

VI.2. Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 CFR Part 74 and Part 92, as appropriate. The following additional requirements apply to this project:

- AR-4 HIV/AIDS Confidentiality Provisions
- AR-5 HIV Program Review Panel Requirements
- AR-7 Executive Order 12372 Review
- AR-9 Paperwork Reduction Act Requirements
- AR-10 Smoke-Free Workplace Requirements
- AR-11 Healthy People 2010
- AR-12 Lobbying Restrictions
- AR-13 Prohibition on Use of CDC Funds for Certain Gun Control Activities
- AR-14 Accounting System Requirements
- AR-20 Conference Support
- AR-21 Small, Minority, and Women-Owned Business
- AR-23 States and Faith-Based Organizations
- AR-27 Conference Disclaimer and Use of Logos

Additional information on the requirements can be found on the CDC Web site at the following Internet address: http://www.cdc.gov/od/pgo/funding/Addtl_Reqmnts.htm.

CDC Assurances and Certifications can be found on the CDC Web site at the following Internet address: <http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>

For more information on the Code of Federal Regulations, see the National Archives and Records Administration at the following Internet address:
<http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>

Projects that involve the collection of information from ten or more individuals and funded by cooperative agreement will be subject to review and approval by the Office of Management and

Budget (OMB) under the Paperwork Reduction Act. OMB has taken the following action on your request for approval of a new information collection received on 10/20/2004 titled “Indicators of the Performance of Local and State Education Agencies in HIV Prevention and Coordinated School Health Program Activities for Adolescent and School Health Programs.” Approved without change, OMB Number 0920-0672 to expire 02/29/2008.

VI.3. Reporting Requirements

The applicant must provide CDC with an annual interim progress report via www.grants.gov:

1. The interim progress report is due no less than 90 days before the end of the budget period. The progress report will serve as the non-competing continuation application, and must contain the following elements:
 - a. Standard Form (“SF”) 424S Form.
 - b. SF-424A Budget Information-Non-Construction Programs.
 - c. Progress toward current budget period objectives and activities, including program monitoring activity.
 - d. Budget narrative for the new budget period.
 - e. Indirect Cost Rate Agreement.
 - f. Project narrative to include proposed new budget period objectives and activities.
 - g. Any additional requested information, including program monitoring information such as success stories.

Additionally, the applicant must provide CDC with an original, plus two hard copies of the following reports:

1. An annual progress report and financial status report, due no more than 90 days after the end of the annual budget period.
2. A final performance report and financial status report, due no more than 90 days after the end of the five-year project period.

These reports must be submitted to the attention of the Grants Management Specialist listed in the “VII. Agency Contacts” section of this announcement.

VII. Agency Contacts

CDC encourages inquiries concerning this announcement.

For general questions, 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

For program technical assistance, contact:

Elizabeth Haller, School Health Team Lead
Department of Health and Human Services
CDC Division of Adolescent and School Health
4770 Buford Hwy, NE MS-K31
Atlanta, Georgia 30341
Telephone: 770-488-6203
E-mail: ehaller@cdc.gov

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

Sheila Edwards, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-1644
E-mail: Sheila.Edwards@cdc.gov

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

VIII. Other Information

Other CDC funding opportunity announcements can be found on the CDC Web site, at:
www.Grants.gov.

Information on the CDC Division of Adolescent and School Health may be found at
http://www.cdc.gov/dash/program_mgt/801_resources.htm.

Applicants may access the application process and other awarding documents using the Electronic Research Administration System (eRA Commons). A one-time registration is required for interested institutions/organizations at

<http://era.nih.gov/ElectronicReceipt/preparing.htm>

Program Directors/Principal Investigators (PD/PIs) should work with their institutions/organizations to make sure they are registered in the eRA Commons.

1. [Organizational/Institutional Registration in the eRA Commons](#)

- To find out if an organization is already eRA Commons-registered, see the List of Grantee Organizations Registered in eRA at:

http://era.nih.gov/userreports/ipf_com_org_list.cfm

- Direct questions regarding the eRA Commons registration to:

eRA Commons Help Desk

Phone: 301-402-7469 or 866-504-9552 (Toll Free)

TTY: 301-451-5939

Business hours M-F 7:00 a.m. – 8:00 p.m. Eastern Time

Email commons@od.nih.gov

2. Project Director/Principal Investigator (PD/PI) Registration in the eRA Commons: Refer to the NIH eRA Commons System (COM) Users Guide at:

http://era.nih.gov/Docs/COM_UGV2630.pdf

- The individual designated as the PD/PI on the application must also be registered in the eRA Commons. It is not necessary for PDs/PIs to register with Grants.gov.
- The PD/PI must hold a PD/PI account in the eRA Commons and must be affiliated with the applicant organization. This account cannot have any other role attached to it other than the PD/PI.

- This registration/affiliation must be done by the Authorized Organization Representative/Signing Official (AOR/SO) or their designee who is already registered in the eRA Commons.
- Both the PD/PI and AOR/SO need separate accounts in the eRA Commons since both hold different roles for authorization and to view the application process.

Note that if a PD/PI is also an HHS peer-reviewer with an Individual DUNS and CCR registration, that particular DUNS number and CCR registration are for the individual reviewer only. These are different than any DUNS number and CCR registration used by an applicant organization. Individual DUNS and CCR registration should be used only for the purposes of personal reimbursement and should not be used on any grant applications submitted to the Federal Government.

Several of the steps of the registration process could take four weeks or more. Therefore, applicants should check with their business official to determine whether their organization/institution is already registered in the eRA Commons (<https://commons.era.nih.gov/commons/>). HHS/CDC strongly encourages applicants to register to utilize these helpful on-line tools when applying for funding opportunities.

Priority 2: HIV Prevention

Description of HIV Prevention

Schools can help students avoid, prevent, and reduce sexual risk behaviors that contribute to HIV infection by:

- Providing HIV prevention education that is consistent with evidence of effectiveness.
- Adopting and implementing protective policies related to infection control and universal precautions and maintaining confidentiality of HIV-infected students and staff.
- Developing and maintaining a healthy social-emotional climate that supports the prevention and reduction of sexual risk behaviors that contribute to HIV infection.
- Enabling staff to participate in professional development opportunities that provide the knowledge and skills needed to implement the actions listed above.

The content of HIV prevention education should be developed with the active involvement of parents/guardians and community members and should address the broad range of behavior exhibited by young people. Educational programs should assure that young people acquire knowledge, attitudes, and skills they will need to adopt and maintain behaviors that prevent HIV infection. Educational programs should emphasize sexual abstinence as the only 100 percent effective way to prevent HIV or other STD infection and pregnancy. Educational programs should also emphasize the importance of limiting sexual partners and using condoms consistently and correctly if people engage in sexual intercourse. Because young people are more likely to engage in sexual behaviors that can result in HIV, other STD, and pregnancy when they are using drugs or alcohol, HIV prevention education programs should provide students with the knowledge and skills necessary to avoid alcohol and drug use. Funds cannot be used to purchase or disseminate condoms or other contraceptives.

CDC recognizes that HIV prevention activities and strategies are relevant for prevention efforts that address other STD and unintended pregnancy. HIV prevention education activities and strategies should be planned, implemented, and evaluated in coordination with other school health programs. Applicants are encouraged to integrate activities and resources designed to avoid, prevent, or reduce sexual risk behaviors that contribute to HIV infection with strategies designed to avoid, prevent, or reduce other STD and unintended pregnancy.

HIV Prevention Workplan Expectations

The Workplan should:

- Be developed in collaboration with state, territorial, or local health agencies and/or tribal governments, relevant nongovernmental organizations, institutions of higher education, and other coalitions or groups that are promoting CSHP or addressing HIV prevention (including those representing teachers, parents, and students).
- Identify the complementary roles and responsibilities of state, territorial, local, or tribal government partners, specifying the contributions (e.g., funds, technical assistance, professional development, and materials development) of partners.
- Build on state and community plans.
- Demonstrate the integration of HIV prevention efforts with efforts to:
 - ✓ Implement coordinated school health programs.
 - ✓ Prevent other STD and unintended pregnancy.
 - ✓ Reduce alcohol and other drug use.
- Identify youth at greatest risk for HIV infection and focus efforts on the development and implementation of strategies to reduce risk among these youth.
- Emphasize the implementation of policies, programs, standards, curricular frameworks, curricula, instruction, resources, professional development, and supports in school that are:
 - ✓ Medically and scientifically accurate.
 - ✓ Developmentally and culturally appropriate.
 - ✓ Consistent with evidence of effectiveness, relevant CDC guidance documents, intra-agency policy making processes, state school board policy, and school and community standards and values.
 - ✓ Aligned with state or national standards for health education and CDC's *Characteristics of Effective Health Education Curricula* and other health education analysis tools (<http://www.cdc.gov/healthyYouth/SHER/characteristics/> and <http://www.cdc.gov/HealthyYouth/HECAT/>).
 - ✓ Consistent with CDC's *Six Strategies for Professional Development* (http://www.cdc.gov/dash/program_mgt/pd_resources.htm).
 - ✓ Supportive of developing and maintaining a healthy social-emotional climate in schools.

**Priority 3: Coordinated School Health Programs and Promotion of Physical Activity,
Nutrition, and Tobacco-Use Prevention (CSHP and PANT)**

Description of CSHP and PANT

A CSHP is a planned, organized set of health-related programs, policies, and services coordinated to meet the health and safety needs of K-12 students at both the school district and individual school levels. It is comprised of multiple components that can influence health and learning, which include health education; physical education; health services; nutrition services; counseling, psychological, and social services; a healthy and safe environment; family/community involvement; and staff wellness activities. For a school health program to be effective these components must work together through a coordinated approach. A successful and well-coordinated school health program is characterized by administrators, teachers, and school board members who view health protection and promotion as an essential part of the school's mission; a committee comprised of school, family, and community representatives that guides school health policies and activities; an ongoing process to develop and implement an action plan for continuous improvement; and school staff who help plan and implement a full array of school health policies, programs, and services.

School districts and schools can implement a CSHP and promote physical activity, improve nutrition, and reduce tobacco use among students by:

- Establishing and maintaining a school health council at the district level supported by a trained school health coordinator.
- Establishing and maintaining a school health team and designated leader in individual schools, supported by the district's school health council and school health coordinator.
- Using a tool such as CDC's *School Health Index* to assess school health policies and practices and develop a plan for improvement.
- Implementing strong district wellness policies.
- Providing a health-enhancing environment and accessible health promotion services for school employees.
- Providing students with health education instruction that addresses physical activity, nutrition, and a tobacco-free lifestyle and is based on proven principles for prevention and consistent with evidence of effectiveness.

- Using *Characteristics of Effective Health Education Curricula* and health education analysis tools to assess existing health education curricula K-12 (<http://www.cdc.gov/healthyYouth/SHER/characteristics/> and <http://www.cdc.gov/HealthyYouth/HECAT/>).
- Providing physical education instruction to students based on proven principles for prevention and consistent with evidence of effectiveness.
- Providing students with ample opportunities to participate in physical activity outside of physical education class (e.g., recess, activity breaks, after school programs, intramural sports, physical activity clubs, and safe opportunities to walk or bicycle to school).
- Providing students with access to nutritious and appealing school breakfast, lunch, and after school snack programs.
- Ensuring that students have access to healthy food and beverage choices wherever food and beverages are available on the school campus.
- Adopting and implementing a tobacco-free school policy that prohibits tobacco use at all times by students, staff, and visitors in school buildings, on school campuses, and in school vehicles; and prohibits tobacco advertising in school buildings, at school functions, and in school publications.
- Linking students and staff to appropriate community services for physical activity, nutrition counseling, and tobacco-use cessation.
- Developing and maintaining a healthy social-emotional climate that supports physical activity, healthy eating, and a tobacco-free lifestyle.
- Enabling staff to participate in professional development opportunities that provide the knowledge and skills needed to implement the actions listed above.

CSHP and PANT Workplan Expectations

The Workplan should:

- Be developed in collaboration with the state, territorial, or tribal government health agency, relevant nongovernmental organizations, institutions of higher education, and other coalitions or groups that are promoting CSHP, physical activity, healthy eating, and a tobacco-free lifestyle (including those representing teachers, parents, and students).
- Identify the complementary roles and responsibilities of state, territorial, or tribal government partners, specifying the contributions (e.g., funds, technical assistance, professional development, and materials development) of partners.

- Build on state, territorial, or tribal government and community plans for coordinating school health programs and promoting CSHP, physical activity, healthy eating, and a tobacco-free lifestyle among students.
- Demonstrate the integration of CSHP and physical activity, nutrition, and tobacco-use prevention strategies with efforts to address other health priorities for students (e.g., prevention of HIV, other STD, and teen pregnancy; injury and violence prevention; alcohol and other drug use prevention; asthma management; mental health promotion).
- Identify youth at greatest risk for inactivity, unhealthy dietary patterns, and tobacco use and focus efforts on the development and implementation of strategies to reduce their risk.
- Emphasize the implementation of policies, programs, standards, curricular frameworks, curricula, instruction, resources, professional development, and supports in school that are:
 - ✓ Medically and scientifically accurate.
 - ✓ Developmentally and culturally appropriate.
 - ✓ Consistent with evidence of effectiveness; CDC’s guidelines for school health programs (<http://www.cdc.gov/HealthyYouth/>), School Health Index (<https://apps.nccd.cdc.gov/shi/default.aspx>), and other relevant CDC guidance documents; intra-agency policy making processes; state, territorial, or tribal government school board policy; and school and community standards and values.
 - ✓ Aligned with state, territorial, or tribal government and national standards for health education and physical education.
 - ✓ Consistent with “Building a Healthier Future Through School Health Programs,” a chapter in CDC’s *Promising Practices in Chronic Disease Prevention and Control: A Public Health Framework for Action* (<http://www.cdc.gov/healthyyouth/publications/school-pubs.htm>).
 - ✓ Consistent with CDC’s *Six Strategies for Professional Development* (http://www.cdc.gov/dash/program_mgt/pd_resources.htm).
 - ✓ Supportive of developing and maintaining a healthy social-emotional climate in schools.

Priority 4: Asthma Management

Description of School-Based Asthma Management

Schools can reduce asthma episodes and absences among students with asthma by:

- Establishing management and support systems for asthma-friendly schools.
- Providing appropriate school health and mental health services for students with asthma.
- Providing asthma education and awareness programs for students and school staff.
- Providing a safe and healthy school environment to reduce asthma triggers.
- Providing safe, enjoyable physical education and physical activity opportunities for students with asthma.
- Coordinating school, family, and community efforts to better manage asthma symptoms and reduce school absences among students with asthma.

School-Based Asthma Management Workplan Expectations

The Workplan should:

- Be developed in collaboration with the local health agency, relevant nongovernmental organizations, institutions of higher education, medical care providers, and other coalitions or groups that are promoting asthma management among students, including those representing teachers, parents, and students.
- Identify the complementary roles and responsibilities of partners, specifying the contributions (e.g., funds, technical assistance professional development, and materials development) of partners.
- Build on local and community plans for promotion of asthma management among students.
- Demonstrate the coordination of asthma management efforts with other school health programs.
- Identify youth at greatest risk for asthma episodes and absences among students with asthma and focus efforts on the development and implementation of strategies to reduce their risk.
- Emphasize the implementation of policies, programs, curricula, curricular frameworks, standards, resources, professional development, and supports in school that are:
 - Medically and scientifically accurate.
 - Developmentally and culturally appropriate.

- Consistent with evidence of effectiveness, CDC's *Strategies for Addressing Asthma within a Coordinated School Health Program* (<http://www.cdc.gov/HealthyYouth/asthma/strategies.htm>), and other relevant CDC and NIH guidance documents, intra-agency policy making processes, state and local school board policy, and school and community standards and values.
- Aligned with state or national standards for health education and physical education.
- Consistent with CDC's *Six Strategies for Professional Development* (http://www.cdc.gov/dash/program_mgt/pd_resources.htm).
- Supportive of developing and maintaining a healthy social-emotional climate in schools.

Priority 5: National Professional Development

National Professional Development Workplan Expectations

The Workplan should:

- Demonstrate collaboration with relevant agencies, nongovernmental organizations, and other entities that are promoting activities funded by this program announcement.
- Identify the complementary roles and responsibilities of partners, specifying their contributions (e.g., funds, technical assistance, professional development, and materials development).
- Focus on the needs of DASH-funded education and health agencies and their project partners and explain how those needs will be addressed through professional development events and technical assistance.
- Describe efforts to assist funded partners in integrating activities across Priorities.
- Describe efforts to assist funded partners in identifying youth at greatest risk for HIV infection, physical inactivity, unhealthy dietary patterns, and tobacco use, as well as students with asthma at greatest risk for asthma episodes and absences, and focus efforts on the development and implementation of strategies to meet the health promotion needs of these youth.
- Emphasize implementing policies, programs, curricula, curricular frameworks, standards, resources, professional development, and supports in school that are:
 - ✓ Medically and scientifically accurate.
 - ✓ Developmentally and culturally appropriate.
 - ✓ Consistent with evidence of effectiveness, relevant CDC and other federal guidance documents, intra-agency policy making processes, state school board policy, and school and community standards and values.
 - ✓ Aligned with state and national standards for health education and physical education.
 - ✓ Consistent with “Building a Healthier Future Through School Health Programs,” a chapter in CDC’s *Promising Practices in Chronic Disease Prevention and Control: A Public Health Framework for Action* (<http://www.cdc.gov/healthyyouth/publications/school-pubs.htm>).
 - ✓ Consistent with CDC’s *Six Strategies for Professional Development* (http://www.cdc.gov/dash/program_mgt/pd_resources.htm).

- ✓ Supportive of developing and maintaining a healthy social-emotional climate in schools.
- Identify how the agency will pay expenses associated with implementing professional development events, including travel and per diem for participants and presenters attending program-related events.
- Describe the process by which the agency will plan, implement, evaluate, and provide follow-up support for at least three professional development events for Priorities 2, 3, and 4 (HIV, CSHP and PANT, and asthma management).

Additional Budget Guidance

If indirect costs are requested, a copy of the agency/tribal government's current negotiated Federal Indirect Cost Rate Agreement must be submitted.

For all contracts and consultants, provide the following information:

- Name of contractor/consultant and qualifications,
- Method of selection (if sole source, include justification),
- Period of performance,
- Scope of work (specific tasks to be completed and deliverables – however, a copy of consultant agreements should NOT be sent to CDC),
- Method of accountability (how will monitoring take place and who is responsible for supervision), and
- Itemized budget with narrative for each contract/consultant (include any indirect cost paid under the contract and indirect cost rate used).

Travel and Conference Participation Expectations

Participation in CDC-sponsored orientations, training workshops, and meetings is essential to the effective implementation of funded programs. The budget should reflect travel costs for these conferences and meetings. Required travel includes:

- **Initial Cooperative Agreement Orientation:** All staff funded under this announcement will be required to participate a cooperative agreement orientation meeting in Atlanta, GA from April 28-May 2, 2008. Applicants should budget for one five-day trip for each staff member.
- **New Hire Orientation:** All newly hired staff who do not participate in the initial cooperative agreement orientation noted above will be required to attend a cooperative agreement orientation in Atlanta, GA. CDC anticipates hosting these events with a frequency that will allow most new hires to attend within her/his first six months of employment. Applicants should budget for one five-day trip for each staff member.
- **Professional Development:** DASH expects that all staff funded under this cooperative agreement will participate in at least two CDC-sponsored national meetings/conferences for three to four days each. One of these meetings will be a periodic meeting of DASH funded partners. The second may include meetings and conferences such as the National HIV Prevention Conference or National Health Promotion Conference. Participation in at least one additional DASH-supported professional development event annually is strongly encouraged.
- **Within-jurisdiction Travel:** DASH also expects travel expenses within the applicant's jurisdiction directly related to the approved programmatic activities.
- **Participation or attendance in non-CDC sponsored professional meetings** (e.g., American School Health Association, American Public Health Association and others) may be requested but must be directly relevant to the Workplan activities. Participation may include the presentation of papers, poster sessions, or exhibits related to the project. Requests must specify how such travel will relate to the Workplan activities.