

Frequently Asked Questions

CDC-RFA-DD16-1602

Frequently Asked Questions (FAQs) have been compiled in response to CDC's National Centers on Health Promotion for People with Disabilities Funding Opportunity Announcement (FOA) CDC-RFA-DD16-1602. Questions will be accepted about this FOA until December 31, 2015 by 11:59 p.m. U.S. Eastern Standard Time. Please submit questions to Mary Helen Witten at muw4@cdc.gov.

FAQs as of January 6, 2016

Note: This is the final FAQ for DD16-1602.

Question: Can you please clarify what modifications were made to CDC-RFA-DD16-1602 on January 6, 2016? How have the application instructions changed?

Answer: The Executive Summary, Funding Strategy, and Award Information sections have been revised to reflect updated funding information. Category B (Healthy Athletes Program and Intellectual Disabilities) funding levels have been increased. Up to \$5,000,000 is currently available for this category; the ceiling for individual awards is now \$4,500,000. The application instructions remain the same.

FAQs as of December 22, 2015

Question: Will the funds described in the FOA as allocable to intellectual disability only be available to applicants that are sanctioned or licensed by Special Olympics to operate their Healthy Athletes program? Will proposals that describe alternative programs to advance the health, fitness and athleticism of people with I/DD also be considered?

Answer: Category B of this FOA will support up to two awards to implement, evaluate and disseminate non-research activities aimed at reducing health disparities and improving the health of athletes and people with intellectual disabilities across their lifespans. The FOA focuses on Healthy Athletes and individuals with intellectual disabilities. Applicants may propose adaptations to the Healthy Athlete model if they address the priority topics outlined in the FOA. If your organization believes that it meets these specifications and your proposal falls in line with the direction and outcomes described in the full FOA (including training healthcare professionals about the health needs of people with intellectual disabilities), you may be eligible to apply. For further details on eligibility, we encourage you to contact the Procurement and Grants Office (PGO).

Question: Do we have to be a multi-state agency to apply for this grant?

Answer: The intent of the FOA is to fund national organizations that can work with state and local organizations across the United States. This FOA will support state controlled institutions of higher education, non-government organizations and private colleges and universities that work with people with mobility limitations and/or intellectual disabilities (ID) and have national reach through a network of 15 or more state/local programs, chapters and/or affiliates across the United States.

Question: Is this considered a multi-component or single component FOA? Is the page limit 20 or 25 pages?

Answer: This is a single component FOA with a Project Narrative limit of 20 pages.

FAQs as of December 13, 2015

Question: The FOA implies that applicants need to submit an overall budget for all five years of the FOA, and a separate budget for Year 1. Do applicants only need to submit a more detailed budget for Year 1?

Answer: An overall budget should be submitted for the 5-year project period. In addition, applicants must submit a detailed budget for Year 1.

Question: The FOA describes the new Center(s) having national reach. Should an applicant interact with other states or reach out to individuals across the U.S.?

Answer: The intent of the FOA is to fund national organizations that can work with state and local organizations across the United States. This FOA will support state controlled institutions of higher education, non-government organizations and private colleges and universities that work with people with mobility limitations and/or intellectual disabilities (ID) and have national reach through a network of 15 or more state/local programs, chapters and/or affiliates across the United States.

Question: Is the intention for this project to be U.S. focused?

Answer: Yes, funding for the activities listed in the FOA are for domestic use only.

Question: Are eligible applicants only non-profit organizations? Are community-based volunteer programs, high schools, case-management programs, or medical partnerships eligible applicants?

Answer: Eligible applicants for this FOA include: Public and State controlled institutions of higher education; Native American tribal organizations (other than federally recognized tribal governments); nonprofits having a 501(c) (3) status with the IRS, other than institutions of higher education; nonprofits without 501(c) (3) status with the IRS, other than institutions of higher education; private colleges and universities. If you do not meet one of these criteria, you will be considered ineligible.

Question: Funding levels appear to be different from the original posting. Can you clarify the funding ceilings?

Answer: The available funding for Category A (Mobility Limitations) is \$1,500,000, with an individual award ceiling of \$1,500,000. The available funding for Category B (Healthy Athletes program and Intellectual Disabilities) is up to \$4,000,000, with an individual award ceiling of \$3,500,000.

Question: Can all Healthy Athletes disciplines be addressed under this FOA?

Answer: Applicants may propose work in any or all Healthy Athlete disciplines.

Question: Are applicants for Category B required to follow the Healthy Athletes Model? If an application does not include the Healthy Athlete Model, would it be considered?

Answer: Category B of this FOA will support national organizations to implement, evaluate, and disseminate non-research activities aimed at reducing health disparities and improving the health of athletes and people with intellectual disabilities across their lifespans. If your organization believes that it meets these specifications and your proposal falls in line with the direction and outcomes described in the full FOA (e.g., including training healthcare professionals about the health needs of people with intellectual disabilities), you may be eligible to apply. For further details on eligibility, we encourage you to contact the Procurement and Grants Office (PGO).

Question: Are adaptations of the Healthy Athletes Model appropriate for non-athletes?

Answer: This FOA focuses on Healthy Athletes and individuals with intellectual disabilities. Applicants may propose adaptations to the Healthy Athlete Model for non-athletes if they are justified and address the priority topics outlined in the FOA.

Question: Would doing follow-up after health promotion screening and community networking with healthcare providers constitute clinical services?

Answer: Follow-up activities after health promotion screening and community networking with healthcare providers may or may not constitute clinical services. It would depend upon the scope of the proposed follow-up activities and/or services and their related justifications. For example, data collection on whether a referral led to a visit is not considered a clinical service. Providing dental care is considered a clinical service.

Question: Can an applicant develop their own logic model based on the one in the FOA, rather than just using the one in the FOA?

Answer: Yes. The components outlined in the FOA logic model must be addressed in the application. However, as part of the evaluation plan, the applicant logic model should be specific to the proposed objectives and activities outlined in the work plan.

Question: In the logic model, are all of the short-term, intermediate, and long-term outcomes associated with both Categories A and B?

Answer: No, not all outcomes are associated with both categories. Please refer to the Project Outcomes section of the FOA, which describes the outcomes that are specific to each category.

Question: “Assess, develop, and disseminate community models, tools, and resources” is listed as an activity under Category A. Are Category B applicants also working toward the related intermediate outcome of “increased availability and use of community models, tools, and resources?”

Answer: “Assess, develop, and disseminate community models, tools, and resources” is only listed as an activity under Category A. Category B applicants are not required to address this strategy.

Question: In the logic model, “increased knowledge and awareness of health risk factors” is a short-term outcome and “increased participation in evidence-based and innovative health promotion programs” is an intermediate outcome. Are these two connected, or are they focused on different populations?

Answer: Increased knowledge of health risk factors is a short-term outcome that is related to the intermediate outcome of increased participation in evidence-based and innovative health promotion programs. The populations that these outcomes refer to is dependent on the populations that are identified by the applicant.

Question: In the logic model, “improved data collection methods” is listed as a short-term outcome. Is this outcome referring to improved data collection methods to evaluate our own program/intervention, or is this outcome referring to improved data collection methods overall for people with ID?

Answer: This can refer to both improved data collection methods to evaluate the applicant’s own program/intervention and/or improved data collection methods for people with intellectual disabilities. Please refer to the Strategies and Activities section of the logic model for example activities related to each category.

Question: In the logic model, “increased access to health care screenings and referrals for other health care services” is listed as a short-term outcome. “Increased screening for health risk factors” is listed as an intermediate outcome. How does CDC see the difference between these two?

Answer: The difference between the intended short and intermediate outcomes is the time frame and final results achieved through selected strategies. The applicant must address how they are related and accomplished within the work plan.

Question: The logic model is not one of the optional appendices. Can it be included as an appendix, or does it need to be in the 20 pages?

Answer: The logic model does not have to be included in the 20 pages. It may be referenced and discussed in the narrative and uploaded as a PDF file as an appendix.

Question: An intermediate outcome is “improved organizational capacity.” Can CDC clarify capacity to do what?

Answer: “Improved organizational capacity” is related to the applicant’s ability to implement and evaluate their proposed work plan. It is up to the applicant to describe how their organizational capacity will be improved over the 5-year project period.

Question: The FOA clearly encourages strong partnerships with National Center on Birth Defects and Developmental Disabilities (NCBDDD) awardees, but it’s unclear whether existing awardees will continue to be funded in the future. How do we address this in our applications?

Answer: Applicants should clearly describe the type(s) of partnerships and scope of work that is being proposed. Where applicable, details about specific NCBDDD partners can be provided post-award.

Question: Is there a mandated or targeted age range that CDC requires awardees to work with?

Answer: There is no mandated or targeted age range for this FOA.

Question: Does CDC want us to submit position descriptions for every position or just key personnel?

Answer: Please submit position descriptions for key personnel only.

Question: What format should be used for C.V.’s? Is the NIH Bio sketch template acceptable?

Answer: Yes, the NIH Bio sketch is acceptable.

Question: Is the work plan template part of the 20 page limit? Is there an expectation that the 20 page narrative includes a brief representation of the work plan, separate from that contained in the template? If we submit the work plan as a separate document, does it count against the page limit?

Answer: The work plan template is not part of the 20 page limit. The work plan should be referenced and discussed in the narrative. The full work plan can be uploaded as an appendix.

Question: How is the work plan printed? All tabs? Summary tab only? Just the tabs used?

Answer: Please follow the instructions within the recommended work plan template that can be found on the Disability and Health Branch website, which describes how to print the entire workbook and printing to a PDF. This will help ensure that no sections of the work plan are left out. However, only the tabs that an applicant deems relevant to their work need be completed.

Question: On the work plan, are we expected to have three PPOs for each tab, three AOs under each PPO, and 5 activities under each AO – no more, no less? Can the template be modified to add more?

Answer: The recommended work plan template should be completed by the applicant based on the scope and depth of the proposed strategies and activities. Please follow the instructions within the recommended work plan template that can be found on the Disability and Health Branch website.

Question: There are objective examples included in the work plan template for Infrastructure, Models, and Programs, but not for Training, Technical Assistance, Tools, or Dissemination. Are other examples available?

Answer: No. Examples are only provided in the first three tabs to provide further description on how to complete the recommended work plan template.

Question: In the recommended work plan template, are we entering the same measures under the Annual Objectives (AOs) as we are in the Measures tab, or are you looking for something different in the two tabs? Also, the measures don't seem to auto populate in the summary page. Do you want applicants to re-enter them there?

Answer: There is only one tab for Measures in the recommended work plan template. Thus, measures should only be entered in the Measures tab and will auto-populate in the Summary tab. There is a link under each AO that takes the applicant to the Measures tab for easy access.

Question: Is there a way to enable spell check in the recommended work plan template?

Answer: Spell check is currently not a functionality of the work plan template. Applicants may choose to draft responses in Microsoft Word to utilize spell check and then copy and paste the responses in the work plan template.

Question: Are any appendices allowed other than those specifically listed? Are reviewers required to review appendices? An organizational chart is an acceptable appendix, but it is listed as part of the scoring criteria. Is there any risk to including it in the appendix rather than as part of the 20 page narrative?

Answer: In addition to those requested in the FOA, other appendices are allowed. However, anything included in the appendix should be referenced and discussed in the narrative. Unless clearly denoted in the narrative, such as the work plan, appendices are considered supplemental documents and may not be thoroughly reviewed.

Question: Would it be permissible to put in a request for a mobile unit to reach multiple sites?

Answer: A mobile unit can be requested; however, sufficient justification must be provided for this expenditure. It may or may not be approved. Budget requests will be reviewed by PGO and program to determine which expenses will be permitted.

Question: The FOA aligns with Healthy People 2020, and there are lot of places that you are asking us to implement interactions: community, social, spiritual, and civic. Do applicants have to focus on all of these areas, or is there a minimum number of sites that we need to address?

Answer: It is up to the applicant to propose the Healthy People Objectives, numbers of interactions, and sites to be addressed by the work plan.

Question: The FOA states that funds are not available for clinical care. Are fluoride applications and preventative mouth guards for athletes considered clinical care?

Answer: Fluoride applications administered by a health care professional would be considered clinical care. These funds cannot be used for clinical care. However, the FOA is intended to help improve access to health care and related resources. Providing preventative mouth guards for athletes could be permitted but dependent on the work plan and related justification.

FAQs as of December 2, 2015

Question: Is there a page limit for the project narrative?

Answer: Yes, the project narrative is limited to 20 pages, single spaced, Calibri 12 point, and 1-inch margins. All pages should be numbered. Content beyond 20 pages will not be considered.

Question: Can an applicant submit two separate applications, such as one application for Category A and one for Category B?

Answer: No, an organization can only submit one application and must choose between either Category A or B.

Question: What health topic areas and target populations must Category A address?

Answer: Category A should address physical activity, nutrition, and healthy weight in people with mobility disabilities.

Question: What health topic areas and target populations must Category B address?

Answer: Category B should address physical activity, nutrition, healthy weight, tobacco use and exposure, hypertension, and oral health in people with ID.

Question: What is the annual award range for this FOA?

Answer: Annual awards will range between \$500,000 and \$3,500,000.

Question: Does the work plan need to be included in the narrative section of the application?

Answer: The work plan should be referenced in the narrative. However, the full work plan should be uploaded as an appendix. Applicants must name this file "Work Plan" and submit it as a PDF at www.grants.gov.

Question: What is the difference between a Project Period Objective and an Annual Objective?

Answer: The difference is the scope of the objective and time frame. A Project Period Objective describes the overarching strategy that the organization intends to complete by the end of the 5 years. An Annual Objective supports the Project Period Objective by identifying the specific intervention that the organization will accomplish by the end of the first budget year. The suggested Work Plan template developed by CDC has examples of PPOs and AOs included in the first three tabs for easy access and review.

Question: Must I register with all three systems: [grants.gov](https://www.grants.gov), Dun & Bradstreet and SAM?

Answer: Yes, an applicant must be registered with all three locations before it can submit an application at www.grants.gov. The registration process takes up to 5 business days to complete. Applicants should begin the registration process as early as possible.

Question: How will applications be rated?

Answer: All applications will be objectively reviewed following CDC agency procedures. Potential applicants can examine the evaluation criteria that will be used to rate applications in the Review and Selection Process section of the FOA. It is important that FOA instructions are followed, and the application and related appendices are accurate, complete and well defined.

Question: Are indirect costs awarded in addition to the direct costs?

Answer: No, the total costs must include both direct and indirect costs.

Question: Are the ceiling limits different for Categories A and B?

Answer: Yes, the ceiling limits are different for Categories A and B. For Category A, the ceiling for individual awards is \$1,500,000. For Category B, the ceiling for individual awards is \$3,500,000.

Question: There are a number of health promotion centers in operation. Are any funded through earlier funding cycles of this funding stream and, if so, which centers have been funded?

Answer: The program has not funded any "Health Promotion" centers under this funding stream; however, we have funded Resources Centers under previous announcements.

Question: What center will address sensory disabilities (blind, deaf)?

Answer: The priority populations for activities supported by this funding opportunity announcement are people with mobility disabilities and/or ID; however, it is possible that some individuals with mobility disabilities and/or ID will also have sensory disabilities.

Question: Will there be a cross disability center (physical, sensory, cognitive)?

Answer: Funded programs must be able to address the focal populations of people with mobility disabilities and/or ID.