

## **Talking Points for Eligibility Call for Community Transformation Grants (CTG) Funding Opportunity Announcement (FOA)**

### **Agenda in brief:**

- 1) Introduction and Welcome (5 minutes) – **Jeff McKenna**
- 2) Overview of CTG (5 minutes) – **Dr. Ursula Bauer**
- 3) Capacity Building and Implementation funding (5 minutes) – **Dr. Ursula Bauer**
- 4) Eligibility Criteria & Funding Levels (10 minutes) – **Dr. Ursula Bauer**
- 5) Letter of Intent (LOI) Requirements & Submission (5 minutes) - **Vivian Walker**
- 6) Email box and Website for additional information (5 minutes) – **Jeff McKenna**
- 7) Question and Answer (20 minutes) – **Jeff McKenna will Moderate**

### **Talking Points:**

<b>1) Introduction and Welcome (5 minutes) – Jeff McKenna</b>
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Welcome to the Community Transformation Grants conference call. This is the (first/second/third) of four calls we are hosting prior to the Letters of Intent submission due date. I am Jeff McKenna, Associate Director for Communication Science in the National Center for Chronic Disease Prevention and Health Promotion here at the Centers for Disease Control and Prevention.

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

- I will serve as the moderator for the call.
- Dr. Ursula Bauer, Director of the Chronic Disease Center, will give an overview of the Community Transformation Grants, review the major components of the Funding Opportunity Announcement, and will also review the Eligibility Criteria and Funding Levels.
- Vivian Walker, a Grants Management Officer at CDC, will discuss the Letter of Intent requirements and submission procedures.
- I will then review some key resources available to you for additional information as you prepare your Letters of Intent and eventual applications.
- We will end with time for some of your questions. Currently all lines are on mute. However, prior to the Q & A portion of the call, the operator will provide instructions

on how you can indicate that you would like to ask a question. With this in mind we suggest writing down your questions during the call, as questions will be held until the end of the CDC presentations. In the event your question is not answered on today's call, you may submit it to the CTG mailbox at [ctg@cdc.gov](mailto:ctg@cdc.gov).

- I am now going to turn it over to Dr. Bauer who will give us an overview of the Community Transformation Grants.

<b>2) Overview of CTG (5minutes) – Dr. Ursula Bauer</b>
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Thank you Jeff

In this country, chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death, disability, and health care costs, accounting for

- 70% of all deaths in the U.S. each year.
- major limitations in daily living for almost 1 of 10 Americans.
- And about three-quarters of the more than 2.5 trillion dollars our nation spends each year on medical care.

Although chronic diseases are among the most common and costly health problems, they are also among the most preventable.

The Patient Protection and Affordable Care Act of 2010 authorizes Community Transformation Grants to support evidence- and practice-based community and clinical prevention and wellness strategies that will lead to specific, measurable health outcomes to reduce chronic disease rates. The Prevention and Public Health Fund provides \$102 million to states, counties, territories, and tribes to advance public health across the lifespan and reduce health disparities. This FOA will support intensive community approaches to reduce risk factors responsible for the leading causes of death and disability and to prevent and control chronic diseases in the nation.

No one agency or organization within an area can accomplish this work on its own. A consortium of governmental agencies and nongovernmental organizations is necessary in order to achieve the goals of this program and transform our communities to support health.

The purpose of Community Transformation Grants is to create healthier communities by building capacity to implement broad evidence- and practice-based policy, environmental, programmatic, and infrastructure changes--as appropriate—in states, large counties, tribes, and territories, including rural and frontier areas; and supporting implementation of such interventions in five strategic areas that align with “Healthy

People 2020” and will achieve demonstrated progress in five performance measures outlined in the Affordable Care Act. These five performance measures are: 1) changes in weight, 2) changes in proper nutrition, 3) changes in physical activity, 4) changes in tobacco use prevalence, and 5) changes in emotional well being, as well as other program-specific measures.

This FOA specifically addresses five “Strategic Directions”:

1. Tobacco-Free Living,
2. Active Living and Healthy Eating,
3. High impact Quality Clinical and other Preventive Services,
4. Social and Emotional Wellness, and
5. Healthy and Safe Physical Environments.

Among these areas, applicants are required to work on the first three:

- Tobacco-free living,
- Active living and healthy eating,
- High impact quality clinical preventive services, specifically prevention and control of high blood pressure and high cholesterol.

All activities and strategies selected by applicants should be associated with specific measures to achieve health equity, eliminate health disparities, and improve the health of the population and population subgroups. The project period for Community Transformation Grant recipients is five years.

<b>3) Capacity Building and Implementation Funding (5 minutes) - Dr. Ursula Bauer</b>
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I am now going to talk about the two types of funding supported by the Community Transformation Grants: Capacity Building and Implementation.

Applicants will propose activities for the Capacity Building category or the Implementation category. Applicants must choose one or the other and may not apply for both categories.

Capacity Building recipients will develop the human capital, skills, partnerships, and infrastructure necessary to accomplish the work of an Implementation award. This includes:

- Establishing or strengthening a multi-sectoral coalition;
- Participating in policy, environmental, programmatic, and infrastructure training;

- Summarizing existing community health data and conducting a health needs assessment of the area, including identification of population subgroups experiencing health disparities;
- Conducting community engagement with population subgroups experiencing health disparities;
- And conducting a policy scan and documenting gaps in existing policies, environments, programs, and infrastructure.

During the funding period, using information from these activities, recipients will develop a Capacity Building Plan and work toward the development of a Community Transformation Implementation Plan. As capacity and resources allow, Capacity Building recipients may begin to implement activities in their Community Transformation Implementation Plan. Should additional funds become available during the five-year cooperative agreement, Capacity Building recipients may be awarded Implementation funds to fully implement their Community Transformation Implementation Plan once all target capacities, as agreed upon by CDC and the recipient, have been met.

The intent of the Capacity Building component of this program is to fund recipients who represent areas that have limited or no experience implementing policy, environmental, programmatic, and infrastructure changes, but are ready to develop the capacity necessary to do so.

Now, let me highlight the activities and requirements of recipients of Implementation grants.

Funding from this component of the Community Transformation Grants will be provided to highly qualified recipients with among the highest documented burdens of chronic disease and with the following experience and support in place:

- One or more active coalitions and demonstrated success or experience working with state, community, tribal, or territorial leaders, as appropriate, to implement policy, environmental, programmatic, and infrastructure change strategies;
- Demonstrated effective efforts, including documented evaluations, to reduce health disparities;
- And demonstrated ability to meet reporting requirements such as programmatic, financial, and management benchmarks as required in the FOA.

Recipients will implement policy, environmental, programmatic, and infrastructure changes aligned with the strategic directions listed in the FOA to achieve the intended outcomes, as defined in the statute and the FOA.

<p><b>4) Eligibility Criteria &amp; Funding Levels (10 minutes) – Dr. Ursula Bauer</b></p>
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Now I will review Eligibility Criteria and Funding Levels. The majority of the questions we have received to date are about eligibility. It is most helpful to think about eligibility as separate from the area to be served. These are two distinct aspects of the FOA.

1. First, all entities listed in Section III, (Eligibility Information) of the FOA are eligible to apply. These are: state and local government agencies, state and local nonprofit organizations, federally recognized American Indian tribes and Alaska Native Villages, Tribal organizations, which include Intertribal Councils and American Indian Health Boards, Urban Indian Health Programs, tribal and intertribal consortia as outlined and defined in the FOA.
2. In order to meet the objectives of the FOA, eligible applications must describe the area to be served. The area to be served must be one of the following:
  - a. Large counties, defined as those with populations of 500,000 or more according to the 2009 Census estimates
  - b. States
  - c. States minus their large counties
  - d. Tribes
  - e. Territories

So, putting it together, in order to meet the objectives of the FOA an eligible entity, described in Section III of the FOA, must submit an application that describes the area to be served, that is, one of the five areas described in the FOA that I just listed.

Let me briefly provide further descriptions of each of the seven categories of eligible entities

**The first category of eligible applicants is a State Government Agency.** This includes the health departments, ministries of health, and other governmental agencies of the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau, their bona fide agents or their equivalents, as designated by the governor, health officer, or other state executive.

**The second category is a Local Government Agency.** This includes a city, county, and district health department or other governmental department, its bona fide agent or its equivalent, as designated by the mayor, county executive, or other equivalent governmental official.

**The third category is State Nonprofit Organizations.** Proof of nonprofit status must be submitted by nonprofit organizations as an appendix with the application. You can refer to the FOA for acceptable evidence of nonprofit status.

**The fourth category is Local Nonprofit Organizations.** Proof of nonprofit status must be submitted by nonprofit organizations as an appendix with the application. See pages 51–52 of the FOA for acceptable evidence of nonprofit status.

**The fifth category is Federally Recognized American Indian Tribes and Alaska Native Villages** which includes all federally recognized American Indian Tribes and Alaska Native Villages.

**The sixth category is Tribal Organizations.** This includes Inter-tribal Councils and American Indian Health Boards meeting the definition set forth in 25 U.S.C. Section 1603(e) and are under the resolution that such organizations, councils, and boards represent the underlying Tribes.

**The seventh and final category is Urban Indian Health Programs.** They must meet the definition set forth in 25 U.S.C. Section 1603(f) or 1063(g). Applicants must provide a copy of a tribal resolution specific to this project from the tribe, or a letter of support from the Board, if a tribal organization. Urban tribal and inter-tribal consortia are eligible to apply if incorporated for the primary purpose of improving American Indian/Alaska Native health and representing such interests for the tribes, Alaska Native villages and corporations, or urban Indian communities located in its region. American Indian or Alaska Native tribes or urban communities represented may be located in one state or in multiple states.

**Each of these eligible applicants must describe in the application the area they are proposing to serve.**

**There are specific requirements for letters of support for each of the areas to be served.**

As identified in the Funding Opportunity Announcement:

- Applicants applying to serve a large county must include letters of support from ALL health departments (e.g. city and county health departments, if they exist) located within and serving all or parts of the county AND a letter of support from the state health department. This is regardless of who the applicant is.
- Applicants applying to serve an entire state or an entire state not including large counties eligible to apply on their own must include a letter of support from the state health department AND a letter of support from one or more local health departments (city or county), if local health departments exist. This is regardless of who the applicant is.
- Applicants applying to serve two or more territories must include a letter of support from each Ministry of Health serving those territories.
- In addition: In their applications, applicants are required to describe the area to be covered, including a thorough description of the exact population and descriptions of the populations to be served with special focus on populations in most need,

including in rural and frontier areas if applicable (see application content: background and need).

Let me now turn to the approximate funding levels for Community Transformation Grants.

Capacity Building awards will range from about \$50,000 to \$500,000, depending on the applicant and the area to be served.

Implementation awards will range approximately as follows:

- For states, local governments, and nonprofit organizations applying to serve large counties, states or states excluding large counties eligible to apply on their own, awards will range from about \$500,000 up to around \$10,000,000.
- For territories, awards will range from about \$100,000 to \$150,000.
- And for Tribal and American Indian/Alaska Native Consortia, awards will range from about \$100,000 to \$500,000.

CDC expects to make up to 75 awards for Community Transformation Grants, but the number of awards will depend on the preceding factors and may fall outside of this approximate range. If you do the math, you will find that \$102 million divided by 75 awards gives an average funding level of \$1.36 million per award, at the implementation level. Smaller jurisdictions would likely receive lower amounts than the average and larger areas would likely receive higher amounts than the average.

The specific amount of funding per community will be determined by proposed activities, population size, burden of disease, ability to reduce health disparities, quality of application, and likelihood of success. Multiple applicants may apply to serve the same geographic area, but CDC will fund only one application within the same geographic area. In addition, no one geographic area will be awarded both Capacity Building and Implementation funding. Because no one agency or organization can be successful in accomplishing the work of Community Transformation Grants, agencies and organizations will need to work together.

Awards will be announced and funded to begin in September 2011.

I will now turn over the line to Vivian Walker from CDC's Procurement and Grants Office to discuss the Letter of Intent requirements.

<p><b>5) Letter of Intent Requirements (5 minutes) - Vivian Walker</b></p>
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Thank you Dr. Bauer.

**Applicants are required to submit a Letter of Intent to be eligible to apply for this program. The Letter of Intent is due 21 days after the posting of the FOA on [www.grants.gov](http://www.grants.gov) which would be June 6<sup>th</sup>. Failure to submit an LOI will result in non-responsiveness and the applicant will be prohibited from applying.**

The Letter of Intent is required for the purposes of planning the competitive review process. The information contained within the Letter of Intent does not dictate the content of the application and will not have any bearing on the scoring of the application.

The Letter of Intent should include:

- Funding opportunity announcement title and number.
- Whether the application will be from a large county, tribal applicant, territory, or a state, as defined in Section III, Eligible Applicants, and which area the applicant proposes to serve.
- The name of the lead or fiduciary agency or organization, the official contact person and that person's telephone number, FAX number, mailing and email addresses.
- Clearly indicate whether the applicant intends to apply for Capacity Building or Implementation;
- A completed LOI Strategic Directions and Strategies Checklist (*Appendix G in the FOA*). This document provides information on which strategies the applicant anticipates addressing in their CTG application. This information is not binding. It will be used for objective review panel planning purposes only. Any change in the strategic directions from those outlined in the LOI and those in the final application will not be held against the applicant.
- Whether the applicant will allow the name of their organization and contact information to be provided on a Web site, which will be accessible to all applicants who submitted a Letter of Intent. This could facilitate joint work if more than one agency or organization from an area is planning to submit an application.

Applicants are encouraged to collaborate and coordinate with other potential applicants within a jurisdiction area in order to submit the strongest and most collaborative application. This can be facilitated by indicating permission for CDC to share your intention to apply in the Letter of Intent due June 6<sup>th</sup>. Those giving permission will have their organization, area applying to serve, and contact information added to the CTG website. This information will be organized by state to facilitate local connections and collaboration.

*Format:*

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

I will now turn it back to Jeff McKenna.

**6) Email Box and Website  
(2 minutes) – Jeff McKenna**

Thank you Vivian.

We would like to take a few moments to make sure you are aware of several resources that are available to you such as the website, frequently asked questions, and an email box for your additional questions.

We have established a special website for this initiative; it can be found at [www.cdc.gov/communitytransformation](http://www.cdc.gov/communitytransformation). We have posted a list of frequently asked questions and answers and we will continue to add to this list as we receive additional questions.

Once you review the website, if you have any questions that are not answered in the FAQs, please email us at the following address, which has been dedicated just for this process:

[ctg@cdc.gov](mailto:ctg@cdc.gov) Responses to the questions will be posted on the Community Transformation Grants website.

**7) Questions and Answers  
(15 minutes) – Jeff McKenna**

Before we open up the line for questions I want to describe how we will handle the questions. To the extent possible we will try to answer your questions on the call today. In the event that we are not able to provide an immediate answer, we will be positing all of the questions and answers from today's call on the Community Transformation Grants website in the coming days. You should check that website frequently for new questions and answers.

**Q: Can there be multiple applications from one state? One county?**

A: Yes, but only one will be funded. CDC will fund only one application serving the same geographic area. In addition, no one geographic area will be awarded both categories (Capacity Building and Implementation) of funding. States that contain large counties could have multiple applications from large counties and from the entire state not including counties eligible to apply on their own.

It is not possible to know which specific agencies or organizations are planning to apply for CTG funds until all Letters of Intent are received at CDC. Applicants are encouraged

to collaborate and coordinate with other potential applicants within a jurisdiction area in order to submit the strongest and most collaborative application. This can be facilitated by indicating permission for CDC to share your intention to apply in the Letter of Intent due June 6th.

Applicants applying to serve a large county must include letters of support from ALL health departments (e.g. city and county health departments, if they exist) located within and serving all or parts of the county AND a letter of support from the state health department.

Applicants applying to serve an entire state or an entire state not including large counties eligible to apply on their own must include a letter of support from the state health department AND a letter of support from one or more local health departments (city or county), if local health departments exist.

State/local chapters of national nonprofit organizations are eligible, according to the above criteria.

**Q: Is it feasible to receive funding from Community Transformation Grants to develop this proposal using a national approach with the regional members of a national organization?**

A. It is not feasible to use CTG funds for a national approach. The Community Transformation Grants are aimed at helping states and communities implement projects proven to reduce the leading causes of death and disability. Another funding opportunity will be announced at a later date providing funds for national networks of community based organizations to support the efforts of the CTG Program.

**Q: Are city governments eligible to apply?**

A: Yes, city, county, and district governmental agencies are all eligible to apply as local government agencies.

**Q: How will I be able to tell if other agencies in my jurisdiction are planning to apply?**

A. It is not possible to know if specific agencies or States are planning to apply for CTG funds until all Letters of Intent are received at CDC. Applicants are encouraged to collaborate and coordinate with other potential applicants within a jurisdiction area. This can be facilitated by indicating permission for CDC to share your intention to apply in the Letter of Intent due June 6<sup>th</sup>

**Q: Is it possible for both a state and a large county from the same state to be funded?**

A: Yes, through the approval of both a “rest of state” application and a large county application.

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

**8) Closing – Jeff McKenna**

I want to thank all of you for your time on the call today, and your interest in the Community Transformation Grants. This is an exciting and extraordinary time for chronic disease prevention and we look forward to receiving your letters of intent. I want to once again encourage you to reach out to partners and coalitions to pull together the strongest possible applications, and remind you that we can facilitate those connections if you give us permission to post your intent to apply in your letter of intent.

Finally, there will be an opportunity for pre-application conference calls after the letters of intent are submitted. There will again be repeated calls across time zones and are scheduled for June 14<sup>th</sup>, Information on those calls can be found in the FOA, and on the website, again that address is [www.cdc.gov/communitytransformation](http://www.cdc.gov/communitytransformation)

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