Frequently Asked Questions (FAQ) Document for FY24 Rape Prevention and Education (RPE) Notice of Funding Opportunity (NOFO)

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A. CDC Project Description

i. Required Strategies and Activities

1. **What information should be included in the background section?**
   Applicants must provide a description of relevant background information that includes the context of the problem.

2. **What should be included in the high-level work plan?**
   A detailed work plan should be submitted for the first year. A high-level plan where applicants estimate the work that can be completed for the remaining four years should be submitted for years 2-5. Each year in the annual performance report (APR) and continuation applications, recipients will have an opportunity to update their proposed work plans.

3. **Do the strategies and activities need to be detailed in the approach section since they will also be detailed in the work plan?**
   The strategies and activities should be detailed in the work plan. However, recipients can include a brief overview in the approach section.

4. **What is required for work plan activities in years 2-5?**
   The work plan submitted in year 1 is a living document which will be updated each year during the annual performance report (APR). The work plan submitted with the application should include detailed information for activities in year 1 and summary of activities with an estimated timeline for years 2-5, including a description of the strategies and activities to be implemented.

5. **For Strategy 3, do we have 5 years to begin implementation of 1 program/policy in each of the focus areas?**
   Recipients are required to begin implementation of a program or policy in at least one of the focus areas by the end of year one. Recipients are expected to have implemented programs or policies in each of the three focus areas by the end of year 5.

6. **The use of strategies, activities/objectives (used interchangeably), milestones, activities, and focus areas is a little confusing. Can you clarify with an example of a milestone vs. key activity vs. process measure for the workplan?**
   - The term **prevention strategy** is used and defined as a specific program, policy, or practice implemented under the RPE program.

   - An **objective** is a S.M.A.R.T. (Specific, Measurable, Achievable, Realistic, Timely) statement that describes the "who," "what," "to what extent" and "when" progress is made toward achieving stated goals and how they will be achieved. Each objective can be process- or outcomes-oriented.

- A **focus area** is one of the strategies from the Sexual Violence [Resources for Action](#) that the RPE Program focuses on.

- **Milestones** are accomplishments that demonstrate progress toward achieving each objective. They are high-level but specific enough to show your achievement (or progress) towards the objectives and associated outcomes. Milestones should be reflective of clear signs that you are completing the objectives and associated outcomes.

- **Key activities** are the major activities required to achieve the milestone. Multiple activities may be required to accomplish each milestone.

- **Process measures** go beyond monitoring activities and outputs. They are focused on measuring the *quality* of implementation or efforts rather than monitoring activities or outputs.

Example Milestones	Example Key Activities	Example Process Measures
First draft of state action plan completed	Meeting with partners to review existing state plan and identify updates needed	Level of engagement of partners in the state action plan
Data dashboard published	Meeting with data owners to identify strategies for data access	Dashboard use metrics

7. **Is the priority population no longer limited to 8 to 24 years?**
   CDC does not define specific priority populations. However, applicants should use data to identify the priority populations and communities to be served through the RPE project. Specific priority populations may vary by state. Applicants must describe in their applications how their NOFO activities, as well as their proposed programs or policy efforts, will address inequities in social and structural determinants of health to advance health equity. Recipients should work to reduce sexual violence perpetration and victimization risk factors across the entire population of focus but should place special emphasis on eliminating the health inequities that contribute to higher rates of violence victimization and perpetration.

8. **Under Populations of Focus pp. 22-25 of NOFO, there is wording around using data to inform our selection of the Populations of Focus for the NOFO. Is the expectation that before the NOFO is due we would do a comprehensive scan of all available data, analyze what it tells us, and decide on our populations? Or whatever Populations of**

Focus we choose, that choice should be based on the best available data we currently have and have already identified to support the decision? Or are you expecting us to do a comprehensive scan of all available data, analyze what it tells us and decide after the award and adjust our populations of focus at that time?

We do not expect recipients to complete a full data scan before the NOFO application is submitted, but recipients should use the data they have already been collecting/monitoring as part of CDC-RFA-CE-19-1902 to inform their decisions on population of focus. With the Data to Action Strategy, there is the expectation that recipients will identify where there are gaps in their data and have a plan to fill those and potentially adjust their population of focus later.

9. **Are RPE programs able to support microfinancing efforts with funding?**
   This strategy aims to decrease gender inequality and economic instability, which are both risk factors for SV, through community and societal-level programs and policies. Focus Area 1 includes two approaches: Strengthen Household Financial Security and Family-Friendly Policies. Microfinance programs are among the example programs under the Strengthen Household Financial Security approach. If you are considering direct funding to recipients, contact your project officer for more information.

10. **Can we fund an agency that is doing advocacy work (i.e., advocating for tax credits)? If not, what are other examples of work besides writing research-based documents and educating stakeholders?**
    Federally funded lobbying, either directly or indirectly (i.e., "grassroots" lobbying), is prohibited by law. Funds can be given to agencies doing advocacy work if the RPE funds are not being used directly/indirectly for lobbying. Contact your project officer to discuss further. See the infographic below for examples of allowable activities using CDC-appropriated funding.

State and Local Government Recipients:

Examples of Allowable Activities Using CDC-Appropriated Funding

1. Research on policy alternatives and their impact.
2. Educating the public on personal health behaviors and choices.
3. Educating the public on health issues and their public health consequences.
4. Educating the public with examples of best practices or success stories across states or localities.
5. Working with other agencies within the executive branch of their state or local governments in support of policy approaches, and on implementation of policies.
6. Working with their own state or local government's legislative body on policy approaches to health issues, as part of normal and recognized executive-legislative relationships.
7. Participation by an agency or officer of a state, local, or tribal government in policymaking and administrative processes within the executive branch of that government.

11. **Are there any funding limitations that would prohibit RPE funding to be used to support unionization efforts? It's very clear that direct lobbying is prohibited, but this falls more into community organizing, which seems in line with the economic support strategy and general purpose of RPE.**

    The objective of Focus Area 1 is to strengthen economic supports for women to reduce the risk factors associated with sexual violence victimization. The two approaches that have existing evidence are Strengthen Household Financial Security and Family-Friendly Policies. A list of approaches and examples are found on pages 15-16 of the NOFO. Please reach out to your project officer if you have any additional questions.

12. **Do applicants need to address all three NOFO focus areas on their prevention strategies?**

    Yes, the intent is to implement strategies across the three focus areas. However, states are encouraged to spread their efforts as needed within the confines of their budget, internal staff capacity and populations of focus.

13. **Do recipients have to engage in all three NOFO focus areas simultaneously?**

    Recipients do not need to start implementation of all three focus areas in year 1; However, the expectation is that they will implement approaches in all three focus areas by the end of year 5.

14. **Is there any program that addresses all Sexual Violence (SV) prevention strategy focus areas?**

    No, however you can refer to Violence Prevention in Practice for more information about the distinctions between the focus areas.

15. **For Focus Area 3, can we suggest studying protective factors in our communities? This could help build evidence around social norms. Or are we absolutely required to implement Green Dot, Bringing in the Bystander, or Coaching Boys into Men with RPE funds? Can we propose alternative curriculums identified by the community?**

    RPE CE-0027 is a programmatic NOFO. Recipients are allowed to conduct information gathering activities related to protective factors in the community to inform development and implementation of a social norms program. You are not required to implement an example program listed in the NOFO. Applicants may propose alternative programs/policies if they meet the requirements show on page 15 of the NOFO.

16. **What's the difference between the State Action Plan due 6 months after the start date and the one due at the APR?**

    The 6 months was an error in the NOFO. The final State Action Plan is due with the Annual Progress Report (APR). It is however a living document and should be updated each year.

17. **This year was the building year for the coalitions, and they are doing a capacity assessment statewide for SV data collection. How is the capacity assessment we are being asked to do different?**

   State/territory health departments may conduct or leverage an existing capacity assessment. This assessment will build on the capacity assessments previously conducted while providing more focus on Social-Ecological Model (SEM) level activities, shifting work towards the outer layers, and incorporating these findings in the State Action Plan and Evaluation Plan.

18. **If we completed a health equity capacity assessment in 2023, we will be "leveraging" the assessment throughout our workplan. Per the health equity capacity assessment requirements, should we plan to conduct an assessment every 5 years?**

   The current focus is on CE-24-0027 and the plan for the next NOFO has not been developed.

19. **Is the requirement to do a prevention capacity assessment or a health equity capacity assessment, or either/or, or both/and?**

   The requirement is to **conduct -** or **leverage an existing** - primary prevention capacity assessment with a **focus on health equity**. If a health equity capacity assessment has been conducted, the recipient is required to leverage the existing health equity capacity to enhance and expand health equity work. In addition, the recipient will need to assess other aspects of prevention capacity beyond health equity. Examples of how the capacity assessment can be used are listed on page 11 of the NOFO. We will provide more guidance and resources post-award.

20. **How do we access more concise information about evidence-based strategies that can be implemented with small amounts of money?**

   CDC will provide technical assistance (TA) upon award on community and societal level strategies and leveraging partnerships. Applicants may also refer to the number of available [Resources for Action](#) (formerly called Technical Packages).

21. **What was the reason for not including policy/programs that provide leadership opportunities for women/girls?**

   The Provide Opportunities to Empower and Support Girls and Women approach was not included in the NOFO because it focuses on individual level prevention efforts. However, recipients can implement norms change programs/policies related to gender under the Promote Social Norms that Protect Against Violence focus area and/or programs/policies that address economic gender disparities under the Strengthen Economic Supports focus area.

ii. Evaluation and Performance Measurement

22. Will CDC provide suggested or recommended indicators for all the CDC required outcomes required in the logic model?
CDC will provide technical assistance (TA) on the selection of indicators post awards. Suggested or recommended indicators also included in the NOFO can be found on the VetoViolence site: Violence Indicators Guide and Database VetoViolence(cdc.gov). Recipients can include other indicators that align with the required outcomes in the logic model.

23. How is the 5-page Evaluation Plan appendix different than the Evaluation and Performance Management Plan in the narrative? Are they to be the same? Do we just put see Appendix?
The 5-page evaluation plan is the same as the plan mentioned in the narrative, these are not separate documents. The 5-page evaluation plan should be added in the Appendix. Throughout the funding period of performance, recipients will be required to submit a more detailed Evaluation and Performance Management Plan.

24. Is there a format or description of what should be covered in the five-page Evaluation summary attachment? What is expected? At the time of application, applicants must provide a summary of their approach to the state/territory-level evaluation indicating how they plan to address evaluation and performance measurement plan requirements (up to 5 pages- included as an appendix to the application). See page 56 of the NOFO in the scoring rubric for more information on what should be addressed in the summary.

At a minimum, the summary of the evaluation plan must include:
- A brief discussion of the problem and population(s) of focus.
- A description of the process evaluation to be conducted.
- A description of the outcome evaluation to be conducted.
- Key components of the state/territory-level evaluation and evaluation questions to be addressed by the evaluations.

25. Where can I find an example of a data dissemination plan?
An example of a data dissemination plan is embedded in the informational webinar slides for the data management plan (DMP): PRA IC List (reginfo.gov).

26. When exactly are the state action plan, logic model, and final evaluation plans due?
The State Action Plan, Logic Model, and Final Evaluation Plan are all due with recipients' first Annual Progress Report (APR) which will be due approximately 120 days before the end of the first fiscal year. These are all living documents which should be updated at each subsequent APR.

III. Organizational Capacity of Recipients to Implement the Approach

27. If the State Department of Health (SHD) is working with a sub-recipient to implement the program, how much of the capacity should focus on the SHD versus the sub-recipient?
The applicant should provide information about the roles and responsibilities of both the SHD and the sub-recipient in the project staffing plan. The applicant should clearly define the tasks that each organization will be responsible for and allocate the necessary capacity accordingly. The staffing plan should also address how the SHD and sub-recipient will work together to achieve project outcomes and ensure effective communication between the two organizations. Please refer to the "Organizational Capacity of Recipients to Implement the Approach" section on page 33 of the NOFO.

28. If we are planning to put this work out to bid through a Request for Proposal (RFP) process, how should we approach describing sub-recipient capacity when we will not have these selected at the time of submission?
Describe the applicant requirements that will be listed in the RFP to ensure sub-recipients are qualified to conduct the work.

29. Would it be sufficient to partner with an organization that is working in one of these policies and support them in a "meaningful" way? Rather than having a program under the Department of Public Health (DPH)?
Yes. Also, in your application indicate how DPH will meaningfully engage with this partner.

30. Are CVs/resumes and organizational charts required?
Applicants should include CVs/resumes and organizational charts in their application. These documents are not part of the page limits imposed.

31. Is funding 1 full-time equivalent (FTE) still a requirement?
The state health department (SHD) is responsible for allocating funding for RPE FTEs. This is based on the individual SHD capacity. Having 1 FTE is not a requirement for this NOFO. However, applicants must demonstrate that they have adequate and appropriate organizational infrastructure and capacity at the state and territorial health department to lead RPE efforts and support the requirements of this cooperative agreement, including the proposed staffing plan to implement the program activities and achieve project outcomes successfully. Additionally, the applicant should describe in their project staffing plan who will have day-to-day responsibility for key tasks such as leadership of the project. This information is on page 33 of the NOFO.

32. What if we do not have a Tribal Sexual Assault (SA) coalition?
As per the NOFO (on page 14), recipients of RPE funds are not required to work with Tribal Sexual Assault Coalitions, only strongly encouraged if there is one in your state.

33. Are there a minimum number of "formal" partnerships required?

No.

B. Application and Submission Information

34. A clear list of all the documents required would be useful.

Application requirements are listed in NOFO, starting on page 45.
- **Table of Contents** (separate page; no page limit)
- **Project Abstract Summary** (BRIEF SUMMARY)
- **Budget Narrative** (no page limit)
- **Project Narrative** (max 20 pages, single spaced, 12-point font, 1-inch margins, number all pages). *Includes:*
  - Background
  - Approach
  - Strategies & Activities (to include collaborations & population(s) of focus)
  - Organizational Capacity of Applicants to Implement the Approach
  - Work Plan
- **Budget Narrative** (no page limit)
- **Evaluation Summary** (max 5 pages, include as an appendix)
- **Optional documents and federal forms** (as appropriate)

The Evaluation and Performance Measure plan could be referenced in the narrative; however, it should be included in the appendix.

35. What do we put in the application if many of these things like the state action plan, state evaluation plan and logic models are due months later?
Required application sections are outlined in the NOFO. Please see the review and selection process section (pages 45-52) of the NOFO for what to include in your application. Note that within the NOFO if something uses the term "applicant", then the expectation is that it will be expected in the application. If the term "recipient" is used, then it is something you will complete after award.

36. If no letters of support are required, will you be wanting to see the formalized partnership documents at any time or just take our word for it that we are partnered with the agencies we list?
Letters of Support are encouraged. Your assigned project officer will be monitoring progress on work plan activities, including partnerships mentioned in the application. Recipients will also report their partners during APR period.

37. Would CDC like Memorandums of Understanding (MOUs) or Letters of Support included in the application?

These items are optional and not required. Letters of Support are encouraged. If an applicant would like to submit any of these items, please include with the application.

38. **What is the maximum number of pages for the application, the NOFO says 20 for the project narrative but does not give a number for the entire application?**
Because there are no page limitations to certain sections of the application, we cannot provide a maximum number of pages for the application. Please remember to follow page limitations for each section as they are all different.

39. **Is an appendix allowed and/or required? It is not included in the list of allowable documents, but it is mentioned in the evaluation section (says something like "max of 5 pages for a summary of the evaluation approach, in an appendix").**
Yes, an appendix is allowed. One of the documents in the appendix is the 5-page evaluation plan summary submitted along with the application.

40. **Is there a list of all the Federal forms required with submission?**
- SF-424A Budget Information-Non-Construction Programs
- SF-424 Application for Federal Assistance Version 2
- SF-LLL Disclosure of Lobbying Activities
- Annual Federal Financial Report (FFR) Form (SF-425) is required and must be submitted 90 days after the end of the budget period through the Payment Management System (PMS)
- Indirect Cost Rate Agreement, if applicable

41. **Is a letter from authorized individual required?**
Please include a letter from your Authorized Organizational Representative (AOR).

42. **Is there a letter of intent date for this NOFO?**
No. We will not be requesting a letter of intent from recipients.

43. **Does the Table of Contents need to be on its own page or is it appropriate to have one space before I start the Background section?**
The Table of Contents should be a separate document.

44. **There is no scoring breakdown or specific points on the rubric in the NOFO. Will we be provided an updated rubric, or will our applications not be scored in this fashion?**
The applications will be reviewed but not scored. To meet application requirements, each section must be submitted.

C. Budget and Travel

45. **If we fall short in any of the NOFO requirements, will we not receive the grant funds, or will there be a period of technical assistance to measure up to these requirements?**

This is a five-year NOFO and CDC will provide recipients with needed assistance to meet the requirements of the NOFO.

46. **Do we need to add indirect costs to our budget?**
    If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those recipients under such a plan.

47. **Do we need to add indirect costs to our budget?**
    If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those recipients under such a plan.

48. **Where can we find our dollar amount to plan for our RPE NOFO application budget?**
    Funding Strategy: The funding is based on the state's population (50 states, D.C. and Puerto Rico) divided by the total US population, as stated in "[Violence Against Women Act] VAWA, (d)(3) BASELINE FUNDING FOR STATES, THE DISTRICT OF COLUMBIA, AND PUERTO RICO". Subject to the availability of funds, the table listed in the "Related Documents" tab on grants.gov.

49. **What are reverse site visits?**
    Reverse Site Visits (RSV) involve each recipient coming together in one location, typically on CDC campus, to provide an opportunity for recipients to connect with other recipients, CDC project and evaluation officers, and national partners. A RSV is another term for recipient meeting. The RSV is also in this case known as the annual recipients meeting and will be held in-person in California and Atlanta. The FY2024 meeting date has not been set. We are projecting Spring/Summer. RPE directors are required to attend one, but not both and they will cover the same information. Attendance for additional state health department RPE staff is optional. The agenda will include informative sessions, with plenty of time for networking and learning more about the technical assistance and other support available from RPE national partners. The RSV will also have several interactive workshops and sessions focused on topics including but not limited to planning, partnerships, implementation, health equity, adaptation, and evaluation.

50. **What are we supposed to put in travel costs? Are we to include costs to attend an in-person meeting? What if the reverse site visit is cancelled? In the past, we were told a budget revision was needed.**
    Yes, please include all planned travel in budgets. See page 11-12 in NOFO for information about required travel. CDC will attempt to notify as early as possible if there

is a cancellation of reverse site visits. Budget revisions/redirection will be necessary if there are changes to the submitted budget.

51. **Should we budget separately for the National Sexual Assault Conference (NSAC) and a recipient meeting (reverse site visit)? If so, how many individuals should we budget for on the recipient meeting?**
NSAC is an optional meeting and should be budgeted for separately. The reverse site visit only requires the RPE Directors to attend. However, each state health department decides how many staff members their budget can support for travel.

52. **Will there be third party support to attend NSAC?**
Recipients are not required to attend NSAC. The CDC does not manage third party support.

D. Other Information

52. **What do the yellow highlights in the NOFO mean?**
The Logic Model is highlighted.

53. **Is there a format or template for this monthly email on program updates to project officers (POs)?** There is currently no formal template for the monthly email; the preferred formatting should be discussed between you and your assigned PO.

54. **Are project officers (POs) going to be doing site visits this coming year?**
POs will contact their states/territories in advance if a site visit will be conducted this year.

55. **Can we have a list of all the other current/future CDC violence prevention agencies we're asked to coordinate with (coalitions, tribal coalitions, etc.)?**
Please see the collaborations section on page 22 of the NOFO.

56. **What is the impact of a government shut down on our programs? Have you all been any information/guidance to pass along to the states if the shutdown happens, will there be any special instructions and/or information for recipient's given a possible federal government shutdown?**
As of October 30, 2023, we are currently on a continuing resolution (CR). Office of Financial Resources (OFR) will provide further guidance should the status change.

57. **Is an "expected" item a requirement?**
Yes.