

Notice of Funding Opportunity (NOFO) CE-24-0027

Rape Prevention and Education

Informational Call
October 13, 2023
2:00 – 3:30 PM EST

This Season, There Are More Ways than Ever to Protect Our Health



Safe, updated vaccines – For the first time ever, vaccines and other preventive antibodies are available for all three major fall and winter respiratory viruses: flu, COVID-19, and RSV.



Widely available effective treatments – Treatments available for flu and COVID-19 can reduce the risk of severe illness, hospitalization, and death.



Rapid antigen tests – These tests, some of which can be used at home, can quickly detect viruses so there are no delays in getting treatment and taking steps to protect family and coworkers.



Everyday actions – Covering coughs and sneezes, frequent handwashing, wearing masks, improving air quality, and staying home if you are sick can help reduce the spread of respiratory viruses.

Fall/Winter 2023-2024 Vaccine Recommendations

- **COVID-19 Vaccine** - Updated COVID-19 vaccine recommended by CDC for all persons 6 months and older
- **Influenza Vaccine** - Recommended for persons 6 months and older; people 65 and older should get a higher dose or adjuvanted flu vaccine
- **RSV Vaccine for Older Adults** - Adults 60+ should talk to their medical provider to see if the vaccine is right for them
- **RSV Immunization to Protect Infants during RSV Season** - We have two ways to protect infants from RSV. Most infants will not need both.
 - **Maternal RSV vaccination** at 32-36 weeks of gestation
 - **Nirsevimab (RSV immunization):** Infants younger than 8 months entering RSV season and some older children between 8-19 months with increased risk for severe RSV

Welcome

**Notice of Funding Opportunity
(NOFO) CE-24-0027**

Rape Prevention and Education

Agenda

- RPE Introductions
- Purpose
- Eligibility & Requirements
- Collaborations
- Strategies & Activities
- Evaluation Components
- Work Plan
- CDC Monitoring & Support
- Funding Information
- FAQs
- Closing

RPE Team Presenters on Today's Webinar



Taneshia Knight
Project Officer
Team 1



Dora Ducak
Project Officer
Team 2



Tristi Bond
Project Officer
Team 2



Alexia Ng
Evaluation Fellow
Team 1

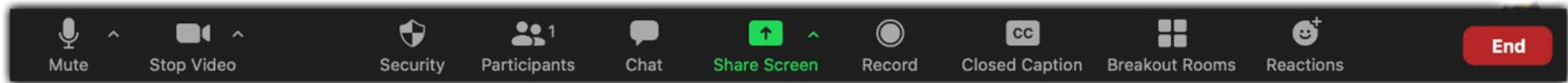
Housekeeping

- + Webinar is being recorded.
- + Slides/Recording and FAQs will be posted once they become available. These will be posted on a new SharePoint site being created; once the link to this site is created, we will share it on the Listserv.
- + Chat Box for questions and connection issues
- + There will not be a Q&A session for this webinar.



How to use Zoom

Use the tools at the bottom of the Zoom window



Unmute mic only when it is your turn to speak.



Use to turn your webcam on/off.



Use to raise your hand or view who else is in the webinar.



Join the chat discussion.



Use to share your screen if it's your turn to present and there is something to show.



Use to enable closed captions if available.



Use this to leave at any time.

Meet the Team!

CDC Sexual Violence Prevention Team 1



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Team Lead



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Project Officer



Taneshia Knight
Project Officer



Brooke Douglas
Project Officer



Brianna Williams
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Evaluation Officer



Alexia Ng
Evaluation Fellow

Sexual Violence Prevention Team, Prevention Practice and Translation Branch (PPTB),
Division of Violence Prevention (DVP), National Center for Injury Prevention and Control (NCIPC)

CDC Sexual Violence Prevention Team 2



LaTonya Tripp-Dinkins
Team Lead



Shayla Wilkinson
Project Officer



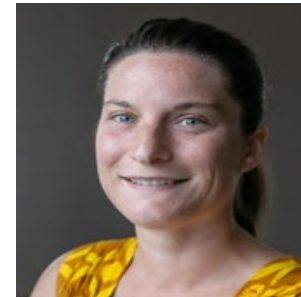
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Project Officer



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Allayna DeHond
Evaluation Officer



Emmanuel Fonseca Trujillo
Evaluation Officer

Sexual Violence Prevention Team, Prevention Practice and Translation Branch (PPTB),
Division of Violence Prevention (DVP), National Center for Injury Prevention and Control (NCIPC)

Purpose of NOFO CE-24-0027

This NOFO aims to promote health equity and prevent sexual violence by enhancing the capacity of state and territorial health departments to expand sexual violence prevention programs, practices, and policies implemented and evaluated at the community- and social level.

**Eligibility, Application Requirements,
& Organizational Capacity**

Eligibility & Recipient Requirements

- **Eligible Applicants:** State Governments
- **Additional Information:**
 - Based on the VAWA legislation.
 - States, the District of Columbia, Puerto Rico, and the U.S. Territories.
 - State health departments or their Bona Fide Agents.
 - Cost sharing or matching funds are not required for this program.

Application Requirements

- **Table of Contents** (no page limit)
- **Project Abstract Summary** (BRIEF SUMMARY)
- **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
- **Evaluation Summary** (max 5 pages, appendix)
- **Budget Narrative** (no page limit)

Organizational Capacity

Applicants must clearly describe & demonstrate their organizations' capacity within the following domains:

- General capacity
- Partnership & collaboration
- Training & technical assistance
- Sub-recipient capacity
- Sustainability & leverage
- Evaluation capacity

Collaborations





Recipients are strongly encouraged to...

1. Work with multisectoral partners and other CDC- and RPE-funded organizations
2. Collaborate with DELTA AHEAD (CE23-2301) State Domestic Violence Coalition recipients and Core State Injury Prevention Program (Core SIPP) recipients funded in their states.
3. Sustain partnerships and collaborate with non-CDC funded entities.

Overview of Strategies and Activities

**Strategy 1:
Build Infrastructure
for Sexual Violence
(SV) Prevention**

Activity 1A

To build internal capacity to facilitate and monitor implementation

Examples of capacity building activities can include:

- ***Increasing education, support, and training***
- ***Hiring, contracting, or partnering with evaluators to expand capacity***
- ***Organizing/participating in learning collaborative or coalitions***
- ***Attending/presenting at conferences***

Activity 1B

To conduct/promote trainings to build capacity of partner organizations to promote health equity

Supportive educational and capacity building activities:

- Integrating primary prevention into the education, support and TA provided to service providers and local coalitions.
- Including prevention information in the resources provided to service providers and local coalitions.

Work with and educate:

- Local-level coalitions
- Community organizations
- Service providers

Activity 1C

To conduct, or leverage, an existing primary prevention capacity assessment with a focus on health equity

Capacity assessment reflections should include:

- Current internal capacity to meet the needs of the program in advancing health equity.
- Data availability and access to additional data needs to advance health equity.
- Current capacity to provide training and TA on health equity and opportunities for improvement.
- Current distribution of program activities across the SEM.

Activity 1C

Capacity assessments can be used for various needs, including:

- To determine where gaps exist in capacity to address health equity in the implementation of SV
- To increase the use of information and data in decisions around ways to integrate health equity into programming.
- A jumping off point for discussions about health equity within organizations and with partners.
- To identify needed resources.

Activity 1D

To participate in CDC-sponsored programs and activities

Recipients are asked to participate in:

Activities supporting Implementation of NOFO:

- Attendance to the Annual Recipient's Meeting
- Participation in CDC-provided regularly scheduled technical assistance and training

Training and technical support activities:

- RPE leadership and/or regional trainings
- Sexual violence prevention and evaluation training, technical assistance, and resources



**Strategy 2:
Develop State
Action Plan**

Activity 2A

To develop or enhance existing state/territory plan with partners

The State Action Plan will describe:

1. Ways recipient and partners will prioritize primary prevention at the outer layers of the SEM
2. Ways health disparities and disproportionate burden will be addressed using data
3. Ways coordination with partners will be increased and/or maintained
4. Ways the recipient plans to leverage partnerships and resources to increase and sustain primary prevention
5. Plans for expanding the tracking and use of statewide data
6. A summary of current primary prevention program or policy strategies being implemented
7. A sustainability section that describes how RPE work will be sustained

Activity 2A

Focus areas:

- The selected strategies and corresponding focus areas and level of the SEM
- Description of the population of focus and setting
- The evidence, theory, or rationale to support each strategy
- The essential elements and complementary components
- The risk and protective factors and social determinants of health to be addressed by each strategy
- A high-level description of how the recipient or sub-recipient intends to implement the strategy

Activity 2B

To leverage multi-sector partners and resources toward SV prevention

Functions that partners could perform:

- Collaborating on program selection and implementation.
- Providing guidance on program evaluation and data use
- Providing population specific support
- Providing technical assistance in building program implementation and evaluation capacity of sub-recipients

Activity 2C

*To engage multi-sector partners including but not limited to
Sexual Assault and Tribal Coalitions*

Meaningful Engagement Examples:

- Providing technical assistance to Sexual Assault (SA) coalitions, Tribal SA coalitions, and other sexual violence (SV) partners
- Including SV partners in SV Action Planning to align SV work across the State/Territory
- Collaboration with RPE-funded SA Coalitions and Tribal Sexual Assault Coalitions
- Sharing data and making data available to SA coalitions and Tribal SA coalitions

**Strategy 3:
Implement SV
Prevention
Approaches**

Activity 3A

Identify, implement, and adapt SV prevention approaches that increase health equity through reduced disparities in targeted SDOH, with a focus on implementation at the community- and societal-levels

Focus Areas

1. Strengthen Economic Supports
2. Create Protective Environments
3. Promoting Social Norms that Protect Against Violence

Focus Area Requirements

- + Recipients must implement at least one program/policy effort in each of the **3 focus areas**. You may have more than one in each focus area. The number of program/policy efforts does not have to be equal among focus areas.



Focus Area 1: Strengthen Economic Supports

+ **Strengthen household financial security**

- Family assistance programs such as TANF and SNAP
- Tax Credits such as Earned Income Tax Credit (EITC) and Child Tax Credit
- Subsidized/Affordable childcare
- Livable wages
- Microfinance programs
- Comparable worth policies

+ **Family-friendly policies**

- Paid leave policies
- Workplace flexibility policies



Focus Area 2: Create Protective Environments

+ **Improve school climate and safety**

- Environmental approaches at the building level (e.g., Shifting Boundaries intervention program)
- School restorative justice programs

+ **Improve organizational environments**

- Proactive sexual harassment prevention policies and procedures reduce exposure to community-level risks
- Assisted housing mobility
- Low-income housing tax credits
- Alcohol-related policies

+ **Modify the physical and social environment**

- Greening activities
- Business Improvement Districts (BIDs)
- Crime Prevention Through Environmental Design



Focus Area 3: Promoting Social Norms That Protect Against Violence

+ **Bystander Approaches**

- Green Dot
- Bringing in the Bystander

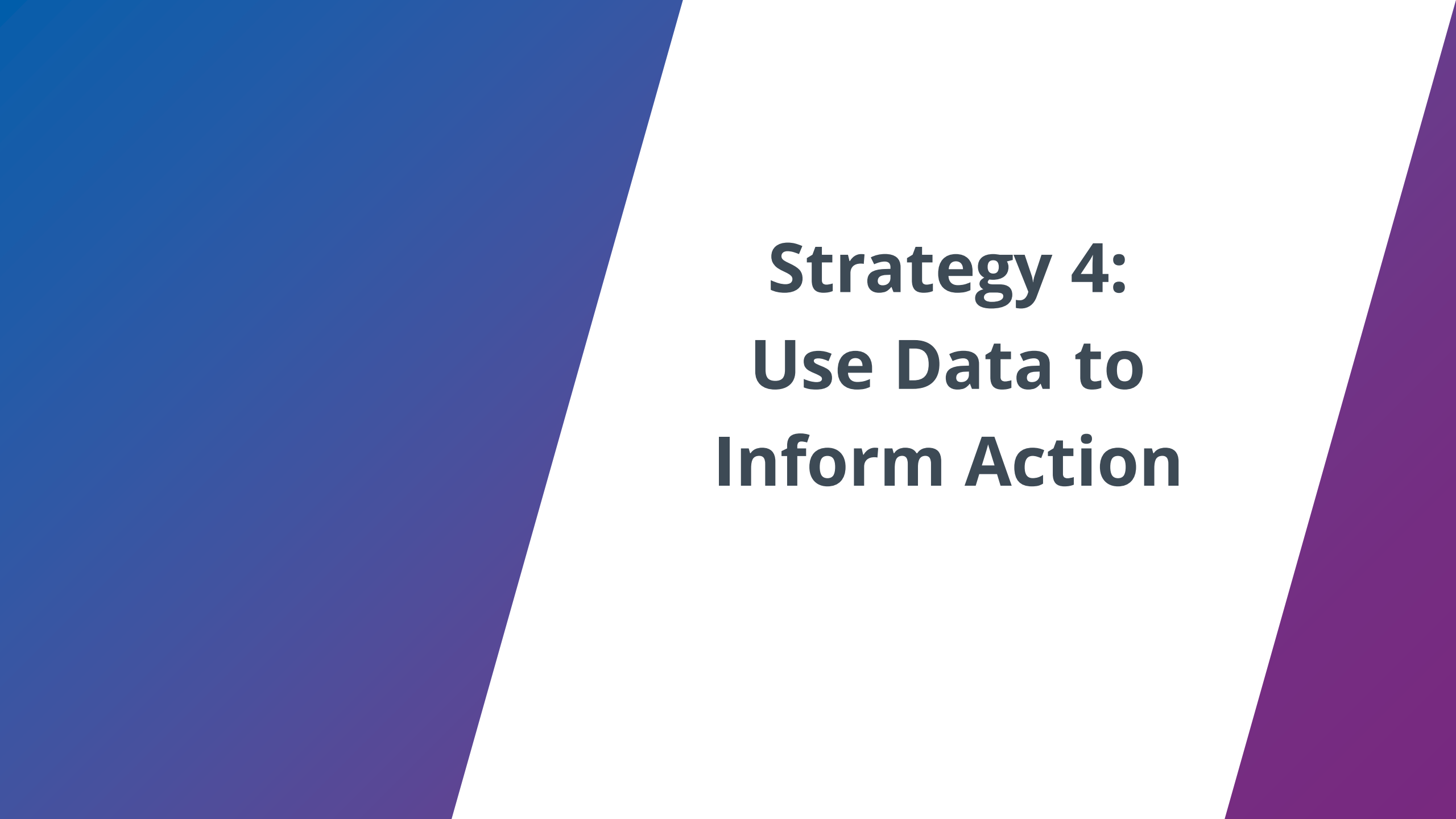
+ **Men and Boys as Allies in Prevention**

- Coaching Boys Into Men



Adaptations to Programs and Policies

- + **Recipients may determine that one or more adaptations are necessary for the purposes of:**
 - Increasing implementation feasibility given limited time and resources
 - Improving the intended community's ability to understand and engage with the program content
 - Increasing the relevancy of the program given cultural characteristics of the intended population and delivery setting



**Strategy 4:
Use Data to
Inform Action**

Activity 4A

Gather and synthesize publicly available data.

Recipients are expected to:

- Select SV indicators to track
- Select indicators that help identify how social and structural determinants of health inequities are linked with disproportionate risk of violence
- Develop a data dissemination plan

Activity 4B

Utilize state and community-level data to identify and select SV prevention strategies for populations and communities with disproportionately high rates of SV.

Recipients are required to use data to:

- Describe how health inequities are linked with disproportionate risk of violence
- Identify specific SDOH and risk/protective factors
- Explain how implementation of complementary programs and policies may influence conditions
- Describe how impacting the SDOH that influence these conditions can decrease risk for and increase protection against SV

Activity 4C

Develop and implement an equity-focused evaluation plan (in collaboration with SA coalitions & Tribal SA coalitions).

Recipients are required to use data to:

- Describe how health inequities are linked with disproportionate risk of violence
- Submit a state-level logic model within 120 days of award
- Develop and submit a **final state-level evaluation plan**
- Begin implementation of evaluation plan by the beginning of year 2
- Support sub-recipients to track implementation measures and outcomes
- Ensure sub-recipients' activities align to state action/evaluation plan
- Report progress using CDC's DVP Partners Portal.

Activity 4D

Use program monitoring and evaluation data and other available data to improve SV prevention strategy implementation.

Recipients are expected to:

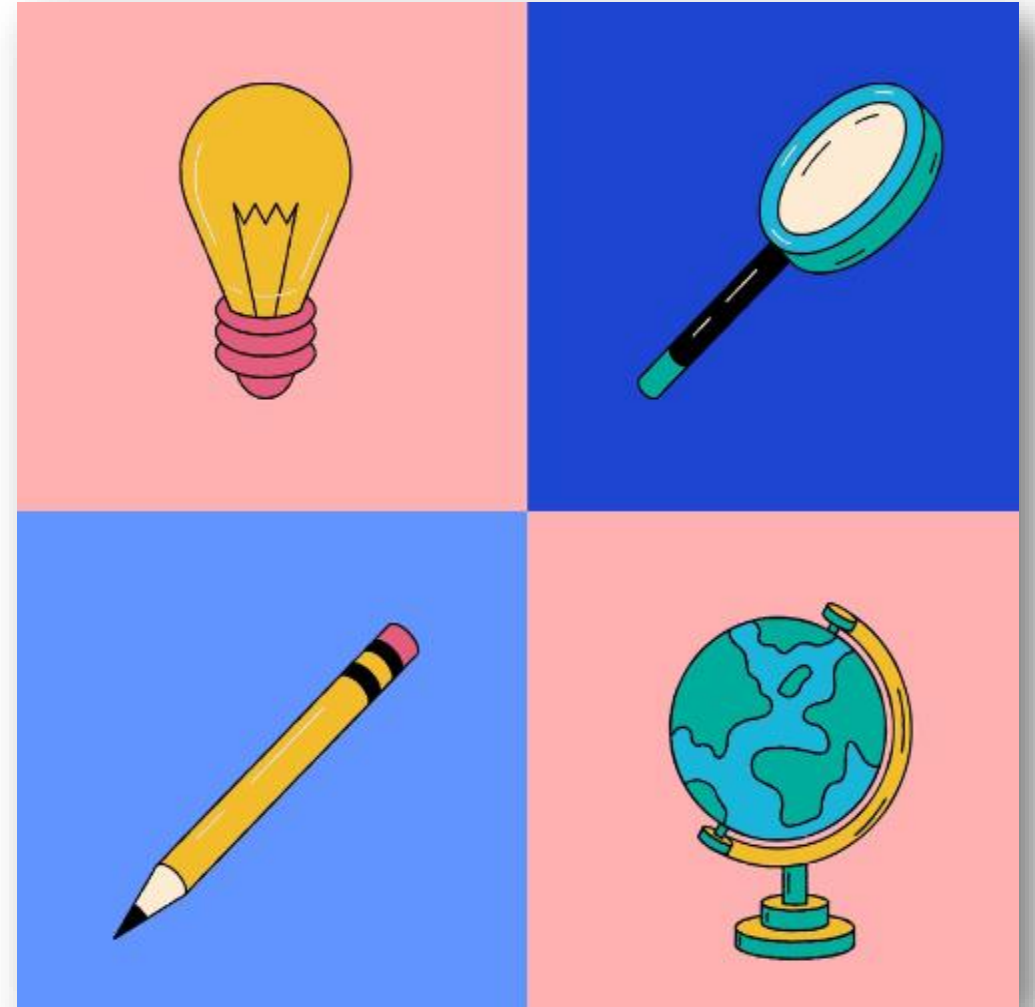
- Develop a plan for how evaluation findings and data will be used for continuous program improvement
- Engage and promote continuous program improvement practice among sub-recipients
- Share lessons learned with sub-recipients and other partners

Evaluation Components



Evaluation & Performance Measurement Plans

- + Recipients are expected to submit a final Recipient Evaluation and Performance Measurement Plan with their APR
- + This evaluation plan is due **120 days** before the end of the first fiscal year
 - Upon award, CDC will provide recipients with guidance & a template for the evaluation plan
 - CDC highly recommends that recipients utilize this template as required annual reporting templates will have a similar format



Evaluation Plan Content

- + **As part of the evaluation plan, recipients must provide a logic model that demonstrates:**
 - The overall NOFO strategies, activities, & expected outcomes
 - The overall efforts of the NOFO
 - Expected short-term, intermediate, & long-term outcomes
 - State/territory-level alignment efforts between activities & outcomes, as well as alignment between sub-recipient strategies & activities with state/territory-level outcomes
- + **Evaluation plans should also describe how recipients will track:**
 - The progress of their state/territory action plan
 - The implementation of selected prevention strategies & approaches
 - The outcomes identified in the NOFO logic model

Evaluation Questions

Recipients' evaluation plans must address:

- Accomplished short term & intermediate outcomes
- Increased internal & partner capacity
- Leveraged multi sector partnerships & resources
- Implemented strategies that address SDOH
- Achieved implementation of SV prevention strategies
- Increased use of data-driven decision-making & monitoring of trends
- Critical factors for implementing selected prevention strategies & approaches

Evaluation Indicators/Measures

- + Recipients should include specific measures for the required outcomes and included in their evaluation plan. Examples are included in the table below.

Short-Term Outcomes	Intermediate Outcomes	Example Indicators/Measures
<p>Increased capacity to implement & evaluate primary prevention of SV at the community- & societal-levels within SHDs.</p> <p>Increased capacity to promote & incorporate health equity program activities relevant to SV prevention among partners organizations.</p>	<p>Increased capacity for statewide program implementation and SV prevention</p>	<p># of new staff acquired</p> <p># of trainings conducted to build internal capacity to facilitate & monitor SV prevention strategy implementation</p> <p># of staff who have attended a training related to facilitating & monitoring SV prevention strategy implementation</p> <p># of trainings conducted to promote health equity</p>

Data Management Plan

- + Recipients must submit a **Data Management Plan with the Annual Performance Report** describing all the data to be used for the award, **including**:
 - A description of the data
 - Quality standards and data elements to be used
 - Mechanisms for, and limitations to, access to the data
 - Data standards and documentation to ensure fidelity and dissemination of data are transparent
 - Plans for archiving and long-term preservation of the data
 - Data suppression standards to ensure data dissemination does not compromise confidentiality
 - Description of how data will be securely transmitted to CDC, if applicable
- + Please refer to the [NCIPC DMP Template](#) for recipient use



Work Plan

Workplan Overview

- + The work plan is a program management tool intended to provide direction and structure for the entire program as well as each required activity.
 - As part of their application, each applicant will submit a detailed work plan for the first year of the project, as well as a high-level work plan for the subsequent years of funding
 - Post award, CDC will work with recipients to finalize the format & content of the work plan
 - Each year, recipients will submit an updated work plan as part of their APR & continuation application



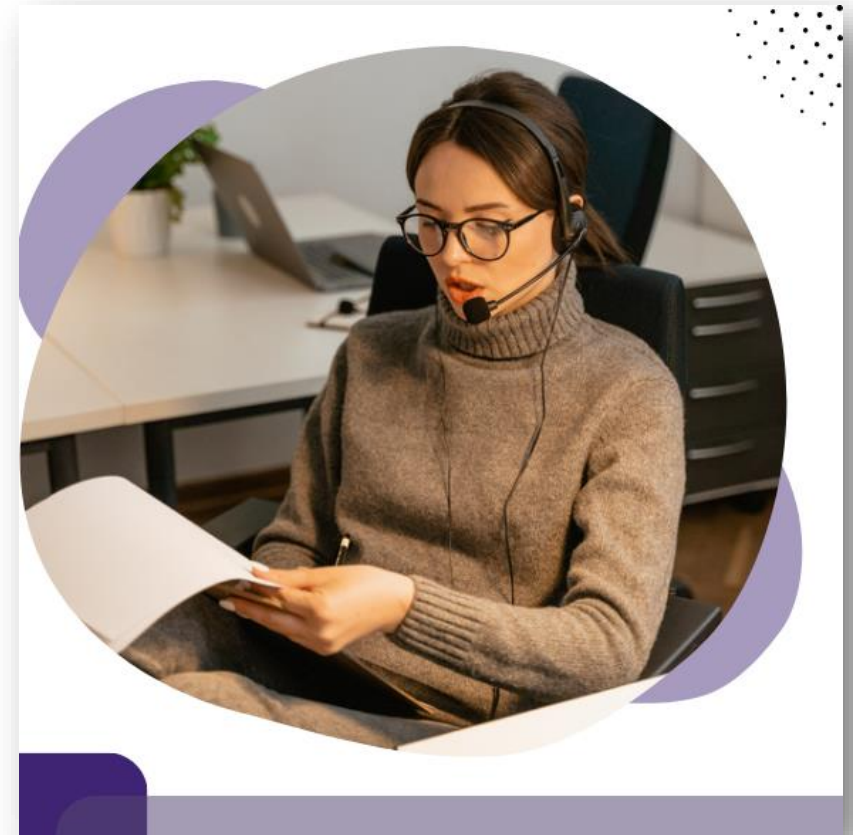
CDC Monitoring & Support to Recipients

CDC Monitoring

- + Monitoring activities include routine & ongoing communication between CDC & recipients, site visits, & recipient reporting (including work plans, performance, & financial reporting).
- + Post-award cooperative agreement monitoring & reporting activities will include, but are not limited to:
 - Participating in monthly calls with Project Officers
 - Communicating as needed (at a minimum monthly)
 - Emailing programmatic & fiscal updates prior to monthly calls
 - Participating in webinars & mandatory recipient meetings
 - Participating in national conferences
 - Reviewing APRs
 - Providing recipients with timely feedback based on monitoring, performance, & evaluation data
 - Site visits as needed

CDC Support to Recipients

- + CDC will deliver technical assistance and feedback by:
 - Providing CDC-developed tools & resources (e.g., VetoViolence, CDC Violence Prevention Resources for Action, SV Indicator Tools, RPE Evaluation Plan Guidance)
 - Providing individual technical assistance to recipients as needed
 - Reviewing & offering feedback regarding APRs, SAPs, & evaluation plans
 - Facilitating collaborative learning opportunities (e.g., webinars, collaborative meetings with state & national partners)
 - Facilitating successful evaluation of the outcomes & implementation of the collective activities in the state as described in the NOFO



Funding Information

Funding Information

- + **Total Project Funding:** \$209,950,000
- + **Total Period of Performance:** 5 years
- + **Expected Number of Awards:** 59 state and territorial health departments
- + **Funding Strategy:**
 - U.S. Virgin Islands, the Commonwealth of the Northern Mariana Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, Palau, American Samoa and Guam with approved applications will receive \$40,000
 - The 50 states, District of Columbia and Commonwealth of Puerto Rico with approved applications will receive a base of \$150,000.
 - The remainder of the funds will be allocated utilizing the percentage of each state's population (50 states, DC and Puerto Rico) divided by the total US population, as stated in Violence Against Women Act.
 - The total estimated funding for fiscal year 2024 is \$41,990,000.00.

Frequently Asked Questions



Frequently Asked Questions

1. **Is there a format or description of what should be covered in the five-page evaluation summary attachment?**

Answer: There is a description of what should be provided on page 33 in the evaluation plan section as well as in the scoring rubric on page 56.

2. **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?**

Answer: The Table of Contents should be on a separate page.

3. **Is an “expected” item a requirement?**

Answer: Yes.

Frequently Asked Questions

4. **What is the impact of the possible government shut down on our programs? Do you have any information/guidance to pass along to the states if the shutdown happens? Will there be special instructions and/or information for recipients given a possible federal government shutdown?**

Answer: We have not received any guidance, but in previous shutdowns OFR has sent a letter to recipients with guidance. At this point, business will continue as usual for recipients.

5. **Is there a letter of intent date for the new RPE NOFO?**

Answer: No. We will not be requesting a letter of intent from recipients.

Frequently Asked Questions

6. Do applicants need to address all 3 focus areas in their prevention strategies?

Answer: Yes, the intent is to have some implementation across the three focus areas. This is encouraged; however, some states might struggle with funding all 3 due to level funding amounts and are allowed to spread their efforts as needed within the confines of their budget, internal staff capacity, and populations of focus.

7. What do the yellow highlights in the NOFO mean?

Answer: The Logic Model is highlighted.

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

Answer: These items are optional. The applicant may submit if they desire to do so but are not required. Letters of Support are encouraged.

Frequently Asked Questions

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

Answer: Refer to the number of available Resources for Action (formerly called Technical Packages)

10. **Can you give an example of a milestone vs. activity vs. process measure for the workplan?**

Answer: An example of a *process measure* is the level of engagement of partners in the state action plan. A *milestone* example is a first draft of the state action plan completed. An example of a *key activity* is meeting with partners to review the existing state plan and to identify updates needed.

Frequently Asked Questions

11. Where will the annual recipients' meeting be held?

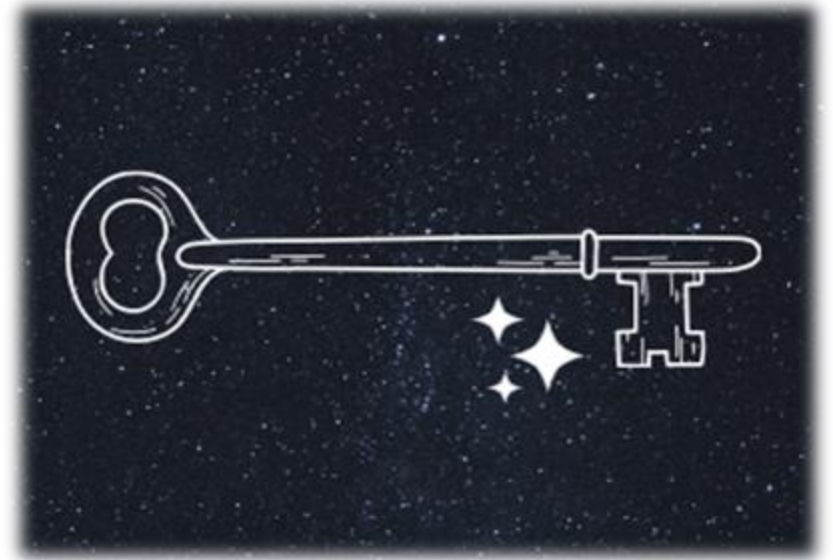
Answer: The annual recipients' meeting has not been scheduled.

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

Answer: Several of the strategies also fall under strengthen economic supports. It doesn't mean they can't do it or are not supposed to do it. However, it can be written in the application under strengthen economic supports.

Key Dates

- Letter of Intent is **NOT** required.
- Applications Due: **November 30, 2023**, by 11:59 p.m.
U.S. Eastern Standard Time
- Anticipated Notice of Award: **January 31, 2024**



Application Requirements Recap

- + **Table of Contents**
- + **Project Abstract**
- + **Project Narrative**
 - Background
 - Approach
 - Purpose
 - Outcomes
 - Strategies and Activities
 - Collaborations
 - Target Populations (i.e. Population(s) of Focus)
 - Organization Capacity
 - Work Plan
- + **Evaluation Summary**
- + **Budget Narrative**



Optional Documents/Attachments

- Letters of Support
- Organizational Chart
- Indirect Cost Rate, if applicable
- Memorandums of Agreement (MOA) or Understanding (MOU)
- Bona Fide Agent status documentation (if available)
- Map of the community data (such as census tract, zip code, and neighborhoods) relevant to the selected population
- Demographic composition of the selected areas or communities of focus
- The percent of population in the area with income at or below 100% of the federal poverty level
- SV prevalence, risk and protective factor data for selected populations demonstrating disproportionate risk for SV

Thank you!

For inquiries, please note the following contacts:

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