

U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention (CDC)

Patient Protection and Affordable Care Act (Affordable Care Act)

State Supplemental Funding for Healthy Communities, Tobacco Prevention and Control,
Diabetes Prevention and Control, and Behavioral Risk Factor Surveillance System¹

Announcement Type: Cooperative Agreement

Funding Opportunity Number: RFA-DP09-90101SUPP10

Catalog of Federal Domestic Assistance Number: 93.520

Key Dates:

Application Deadline: September 03, 2010, 5:00 p.m. EDT on Grants.gov..

I. Funding Opportunity Description

Authority: This program is authorized under sections 301, 307, 310, and 311 of the Public Health Service Act, as amended, and the Comprehensive Smoking Education Act of 1984, Comprehensive Smokeless Tobacco Health Education Act of 1986, and the American Recovery and Reinvestment Act of 2009 (Recovery Act) [Public Law 111.5].

Eligibility: Only current recipients funded under Announcement DP09-901 may apply.

A separate supplement to 902 will be released to provide funding for Guam.

¹ Announcement DP09-901 can be accessed at the following CDC internet address:
<http://www.cdc.gov/od/pgo/funding/DP09-901.htm>

Recipient Financial Participation

Matching funds are not required.

Executive Summary

The Centers for Disease Control and Prevention (CDC) announces the availability of funds for a supplemental cooperative agreement program for chronic disease prevention and health promotion programs. Specific areas addressed through this announcement are tobacco prevention and control, and state-level technical assistance regarding policy and environmental interventions to reduce the burden of chronic diseases and chronic disease risk factors in States and communities.

Policy and environmental change planning for this supplemental tobacco control funding opportunity should include health care systems, public and private health insurers, large employers, leaders in the non-profit community, state health commissioners, local health officials, state human services agencies, and legal/policy experts.

CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) is at the forefront of the nation's efforts to promote people living healthy lives free from the devastation of chronic diseases. The mission of the Center is to lead efforts to promote health and well-being through prevention and control of chronic diseases.

Background

Chronic diseases such as cancer, heart disease and diabetes are the leading causes of death and disability in the United States, accounting for 70% of all deaths which corresponds to 1.7 million deaths each year. These diseases also cause major limitations in daily living for almost 1 out of 10 Americans or about 25 million people (www.cdc.gov/nccdphp/overview.htm). Although chronic diseases are among the most common and costly health problems, they are also among the most preventable. Adopting healthy behaviors such as avoiding tobacco use can prevent or control the devastating effects of these diseases. Strategies should address both adults and children and lead to decreased tobacco use, with a special emphasis on underserved populations.

Interventions that increase quitting can decrease premature mortality and tobacco-related health care costs in the short-term as well as in the long term. Quitting by age 30 eliminates nearly all excess risk associated with tobacco use. Tobacco users who quit before age 50, cut in half their risk of dying in the next 15 years. But tobacco use is addictive. More than 40% of tobacco users try to quit each year, but without assistance, most will relapse. The *Community Guide to Preventive Services* recommends a number of effective interventions to promote and support tobacco cessation.

Purpose

As part of the overall effort to reduce the burden of chronic diseases and chronic disease risk factors, the Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Office on Smoking and Health (OSH), announces the opportunity to apply for Affordable Care Act funds to

create additional tobacco quitters, beyond what states and jurisdictions have projected to achieve in Recovery Act funded programs.

These awards are to provide additional financial and programmatic assistance to strengthen the abilities of States, the District of Columbia, and eligible U.S. Territories that were funded under Funding Opportunity Announcement DP09-901 to move towards implementing a plan to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit each year to reduce mortality and morbidity from tobacco use, and associated health care costs. This supplemental announcement supports the “Healthy People 2010” objectives that promote tobacco cessation in adults and youth.

Availability of Funds

Approximately \$4.25 million is available to motivate tobacco users to quit through the use of policy, systems change and media efforts. The award can be used during the 24 month project period and the funding includes a \$50,000 base award and a per capita funding based on the state’s population. The table of maximum funding per state can be found in Appendix A. Receipt and amount of funding will be dependent on submission of a well-written and detailed proposal outlining specific actions to be taken and outcomes to be achieved in accordance with recipient activities in this announcement. Applicants must not request funding above the maximum amount designated for their state.

It is expected that awards will begin September 2010, and will be made for a 24-month project period. Funding estimates may vary and are subject to change.

See Appendix A State Supplemental Funding.

Use of Funds

Funds may not be used to conduct research. Surveillance and evaluation activities for the purposes of monitoring program performance are not considered research.

Cooperative agreement funds must be used to increase the number of quitters among all smokers and smokeless tobacco users through the use of policy and media efforts specifically designed to motivate quitting among all tobacco users. Tobacco users who are motivated to quit will have access to proactive quitline services which include proactive counseling and promotion/outreach through quitlines supported with Recovery Act funding. Proactive quitlines exist when a trained counselor telephones the tobacco user to provide support in initiating a quit attempt and maintaining prolonged abstinence. Funds may be used to expand and enhance a State's plan to reduce tobacco use through legislative, regulatory, and educational arenas as well as media efforts. Media campaigns designed strictly to advertise the availability of quitline services are not eligible under this award. Quitline availability should be paired with media that is designed to motivate quitting among all tobacco users, including those who may or may not seek quitline assistance.

Recipient Activities

1) Proactive Quitline Services

- Employ the effective strategies of policy, environmental, and systems change to reach additional quitters above the current number of quitters-targeted in the Recovery Act funded program.
- Ensure a focus on populations and/or communities and local areas with a disproportionate burden of tobacco use and who tend to experience disparities in access to and use of preventive and tobacco cessation services. These populations include: racial and ethnic minorities, low-income persons, the medically underserved, lesbian, gay, bisexual and transgender (LBGT) persons, persons with disabilities, persons affected by mental illness, or persons affected by substance abuse.

Performance will be measured by evidence of implementation of one or more of the effective strategies of, policy, environmental, and systems changes focusing on populations and/or neighborhoods indicated above with disproportionate burden of tobacco use; adequate progress on key output and outcome measures.

2) Health Care Policy and System Changes

Changes in policy and systems are needed to effect long-term increases in the use of proven treatments and to decrease tobacco use prevalence. State health departments can partner with health care organizations to change systems and policies in order to facilitate the cessation strategies recommended in the U S Public Health Service *Clinical Practice Guideline 2008 Update*.

Work toward ensuring that the health care delivery systems institutionalize consistent identification, documentation, and treatment of every tobacco user seen in a health care setting.

- Work toward covering treatment for tobacco use under both public and private insurance, including individual, group, and telephone counseling and all FDA-approved medications.
- Reduce costs and other barriers to treatment for underserved populations, particularly the uninsured, underinsured and populations disproportionately affected by tobacco use.
- Work toward changing health care systems so that every patient who uses tobacco is offered at least brief treatment.
- Collaborate with state Medicaid and other public and private insurance and treatment providers to promote cessation coverage benefits to tobacco users, providers, and administrators.
- Work with health care systems to increase referrals to the state quitline, including electronic and web-enabled referrals where appropriate.
- Evaluate impact of health care systems changes.

Performance will be measured by evidence of changes in identification and documentation of tobacco users within health care settings, changes in coverage of cessation treatments in public and private insurance plans, reduced cost and elimination of other barriers to treatment in public and private insurance plans covering underserved populations, increased promotion of cessation services and medications directed toward Medicaid and other insurance plans, increased electronic and web-based referrals to the quitline by health care providers, increased use of

quitline services by clients in health care systems, evaluation results of health care systems changes.

3) Use of Policy

State Health Departments are to promote, facilitate and support state and local efforts for tobacco control and prevention, including changes in public policies. Policies designed to reduce tobacco consumption and motivate tobacco users to quit, include raising the price of tobacco products and increasing smoke-free and tobacco-free environments.

Promote one or more policies to counter and curtail tobacco promotion and advertising, as allowed by Federal law include:

- Restricting or eliminating visibility of cigarettes and other tobacco products in retail outlets
- Limiting the number and/or size of tobacco product ads in retail outlets
- Posting graphic warning posters near points of sale of tobacco products
- Monitoring the retail environment to determine new tobacco products available to tobacco users to guide implementation of appropriate tobacco cessation strategies

Performance will be measured by evidence that specific implementation plans and projected outcomes are proposed for the chosen policy and environmental changes; policy and environmental changes implemented; policies implemented reach all or a substantial portion of the state's population; progress on output and outcome targets related to implementation of the policy and environmental changes; progress in the recipient's ability to reduce health disparities;

likelihood of policy and environmental changes being sustained beyond the funding period.

Policy campaign materials should include the NCI (National Cancer Institute) national Quitline portal number (1-800-QUIT NOW) or the state's tobacco quitline number. Grantees will be held accountable for approved proposed activities in work plans by monitoring the grantees activities via conference calls, site visits, and reported performance measures and required semi-annual reporting.

4) Media, Communication and Partnerships

Expand paid and earned media

- Implement communication campaigns targeting adult and young adult tobacco users that use emotional and graphic messages—including messages about the harmful effects of secondhand smoke exposure—in order to motivate quitting, obtain support for quitting by calling a quit line, and build public support for smoke free air policies. Campaigns can employ a variety of execution strategies, including television, radio, print, outdoor, and social media. The program should determine which strategy is the most cost effective for reaching their target audience.
- Revise or add to the existing community consortium or consortia committed to participating actively in the expansion, promotion, and evaluation of the state-based quitline. Partners should include voluntary health agencies, community leaders and community members, working together to promote quitting and expand sustained cessation services, including a proactive quitline.

Performance will be measured by evidence of development of additional messages with appropriate emotional and graphic quality; frequency and reach of the paid and earned media (e.g., Gross Rating Points (GRP), Targeted Rating Points (TRP)) ; revised communication plans; additional sufficient levels of partner engagement throughout the project period including the involvement of key community-based and public health partners; and evidence of the NCI 1-800-QUIT NOW Quitline portal number or the state's Quitline number in media messages and materials.

5) Monitoring and Evaluation

- Collect the designated performance and evaluation measures presented in this section and in section VI.6
- Report accurate and thorough information on the number calls to the quitline (call volume), number of tobacco users receiving a quitline service (counseling and/or medication, types of services available and eligibility requirements for each service, individual caller characteristics (i.e., demographics, tobacco use behaviors, referral source(s)), and quit rates Demonstrate access to and provide CDC with individual-level user information at intake (for user characteristics), 7-month follow-up (for calculation of quit rates) and other relevant information.
- Describe the plan to deliver emotional and graphic messages targeting adults and young adults who use tobacco. If possible, include the number of people reached by the campaign (e.g., GRP, TRP).
- Assess key outcomes including: caller satisfaction with service, utilization of services, (e.g., number of callers to the quitline, number of callers from populations and/or neighborhoods with disproportionate burden of tobacco use and number of

callers receiving counseling and/or medication, and number of tobacco users who receive a quitline service who quit (assessed at 7 month follow-up).

- Describe how current surveillance and evaluation activities will be supplemented and enhanced and demonstrate access to individual-level user information at intake (for user characteristics) and follow-up (for calculation of quit rates).
- Submit with application an evaluation description that describes how new or enhanced activities will be evaluated. You may use the CDC Framework for Evaluation (<http://www.cdc.gov/eval/framework.htm>), or otherwise include stakeholder involvement, questions developed, indicators, data sources, and use of evaluation information for decision making and program improvement.

Performance will be measured by evidence of compliance with reporting requirements, formats, and timelines for reporting Affordable Care Act output and outcome measures; intent to collect and monitor key measures indicated above including characteristics of callers, reach of services, quit attempts and successful quit attempts; use of evaluation and performance measurement findings for program modification and improvement; implementation of a supplemental written evaluation plan consistent with the CDC Framework for Program Evaluation and including both output and outcome indicators to evaluate expanded recipient activities; attendance at CDC's National Tobacco Control Program annual meeting and participation in CDC technical assistance webinars.

6) Fiscal Management

- Track and monitor expenditures Performance will be measured by evidence that the grantee has established procedures to track and report expenditures and prepare required reports.

7) Participate in CDC Training Activities

- Ensure that the Program Manager and other appropriate representatives attend CDC sponsored training related to the National Tobacco Control Program.
- Participate in CDC technical assistance webinars
- Participate in regular peer-to-peer and CDC learning opportunities.

Performance will be measured by evidence of attendance and participation in CDC sponsored training programs and peer-to-peer meetings.

CDC Activities

To assist Recipients in achieving the purpose of this award, CDC will conduct the following activities:

- 1) Provide ongoing guidance, technical assistance, training and support in the following areas:
 - a. Evidence-based and practice-based approaches
 - b. Access to the CDC Office on Smoking and Health Media Campaign Resource Center
 - c. Community mobilization and partnership development
 - d. Program sustainability and program strategies

- e. Monitoring and evaluation of service utilization and quit rates
 - f. Developing and revising tobacco strategic plans
- 2) Collaborate with NIH to enhance and expand their national quit line portal, 1-800-Quit-Now.
- 3) Provide Project Monitoring and Evaluation
- a. Provide expert resources to assist in the design, collection, analysis, and use of comparable evaluation data to assess and strengthen programs.
 - b. Provide consistency in measurement to ensure comparability across grantee programmatic activities.
 - c. Provide appropriate performance measures along with guidance on formats and timelines for semi-annual submission of required information.

Application Content

The funding opportunity announcement title and number must appear on the supplemental application. Use the information in the Program Recipient Activities and Evaluation Criteria sections to develop the application content. Your application will be evaluated on the criteria listed, so it is important to follow the criteria in laying out your program plan. Affordable Care Act funds are intended to increase utilization of your quitline. The expanded activities must be clearly stated and well documented in your Recipient Activities. The narrative, including the Executive Summary, should be no longer than 8 double-spaced pages, printed on one side, with one-inch margins and unreduced 12-point Times New Roman font. Appendices should total no more than 10 pages, excluding letters of support and the budget.

Focus the application content ONLY on the planned Recipient Activities for which you seek CDC funding. All grant recipients will be expected to demonstrate progress toward increasing the number of quitters beyond what you projected to achieve with funding from the Recovery Act program.

The applicant should provide a brief summary of their proposed activities for the 24 month project period, including measurable objectives, work plan, and timelines. The narrative should address the following items in the order listed:

- I. Program Infrastructure: Staffing, Program Management and Support
- II. Fiscal Management
- III. Media, Communication and Partnerships
- IV. Proactive Quitline Services
- V. Monitoring and Evaluation including discussion of Recovery Act performance measures and ability to collect these in the format and timelines required.
- VI. Participate in CDC Training Activities
- VII. Budget

Provide supporting documentation such as resumes, job descriptions, contract statements of work and descriptions of coalitions and committees as appropriate. All materials must be suitable for photocopying.

Evaluation Criteria

Applicants will be evaluated individually for strengths and weaknesses against the following criteria respectively and receive recommendations for improvement, where warranted:

1. Proactive Quitline Services

The extent to which the applicant describes how it will increase the number of tobacco quitters in the state or eligible jurisdiction.

2. Implementation of Policies

The extent to which the applicant describes the implementation plan on the appropriate mix of evidence-based policy strategies of broad reach and impact that support programmatic goals to motivate smokers and other tobacco users to quit.

3. Media, Communication, and Partnerships

The extent to which the applicant describes plans to deliver paid and earned emotional and graphic media messages targeted to adults and young adults who use tobacco. The extent to which the applicant includes participation of partners in the design, implementation, and evaluation of media, communication, and cessation quitline services.

5. Monitoring and Evaluation

The extent to which the applicant describes a plan to collect demographic data; in-take data and follow-up data, and reports that data to CDC on a timely basis. The extent to which the applicant describes plans to evaluate program reach, report quit rates, and the number of persons who quit and progress toward all objectives in the Recipient Activities section.

6. Participate in CDC Training Activities

The extent to which the applicant clearly describes a plan for staff to participate in CDC trainings and peer-to-peer opportunities.

7. Budget (not scored)

The budget must be clear, concise, and accurate.

V. Award Information

V.1. Type of Award: Cooperative Agreement - Supplemental

CDC's involvement in this program is listed in the Activities Section above.

Award Mechanism: U58 Chronic Disease Prevention and Control

Fiscal Year Funds: No Year Funds, Affordable Care Act

Approximate Current Fiscal Year Funding: Approximately \$4.25 Million (This amount is an estimate, and is subject to availability of funds. This includes direct and indirect costs.)

Approximate Number of Awards: 53 Awards

Approximate Total Project Period Funding: \$4.25 Million (This amount is an estimate, and is subject to availability of funds. This includes direct and indirect costs.)

Approximate Average (mean) Award: Approximately \$78,960

Floor of Individual Award: (See Appendix A)

Ceiling of Individual Award: (See Appendix A)

Anticipated Award Date: Mid September 2010

Budget Period Length: 24 months

Project Period Length: 24 months

V. 2. Cost Sharing or Matching

Cost Sharing or matching funds is not required for Affordable Care Act program funds.

V. 3. Other

Special Requirements:

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

- Late applications will be considered non-responsive. See section “VI.2. Submission Dates and Times” for more information on deadlines.
- Note: Title 2 of the United States Code Section 1611 states that an organization described in Section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting a grant, loan, or an award.

VI. Application and Submission Information

Address to Request Application Package

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

Electronic Submission:

The applicant must submit the application electronically by utilizing the forms and instructions posted for this announcement on www.Grants.gov, the official Federal agency wide E-grant Web site.

Registering your organization through www.Grants.gov is the first step in submitting applications on line. Registration information is located in the “Get Registered” screen of www.Grants.gov.

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

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

VI.1. Content and Form of Submission

A letter of intent is not applicable to this funding opportunity announcement.

Application:

A project narrative must be submitted with the application forms. All electronic narrative must be uploaded in a PDF file format when submitting via grants.gov. The narrative must be submitted in the following format:

- Maximum number of pages for
Tobacco Cessation through Quitlines, Policy, and Media – 8 pages

If any of the narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed.

- Font size: 12 point unreduced, Times New Roman
- Double spaced
- Paper size: 8.5 by 11 inches
- Page margin size: One inch
- Printed only on one side of page.
- Number all narrative pages; not to exceed the maximum number of pages.

The narrative should address activities to be conducted over the entire project period and must include the following items in the order listed.

1. The applicant should identify activities that are new to the program funded under announcement DP09-901.
2. The applicant should outline the status of any activities that are currently in progress but are intended to be expanded.
3. The applicant should describe the method of assessing the success or progress of each objective, such as:
 - a. Number and type of evidence-based strategies to implement policies and interventions

Additional information may be included in the application appendices. The appendices will not be counted toward the narrative page limit.

- Additional information submitted via Grants.gov should be uploaded in a PDF file format and should be labeled clearly with the name of the document or a clear descriptive title when uploaded into Grants.gov.
- No more than 5 electronic attachments should be uploaded per application.

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

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

VI.2. Submission Dates and Times

Note: Application submission is not concluded until successful completion of the validation process.

After submission of your application package, applicants will receive a “submission receipt” email generated by Grants.gov. Grants.gov will then generate a second e-mail message to

applicants which will either validate or reject their submitted application package. This validation process may take as long as two (2) calendar days. Applicants are strongly encouraged to check the status of their application to ensure submission of their application package is complete and no submission errors exists. To guarantee that you comply with the application deadline published in the Funding Opportunity Announcement, applicants are also strongly encouraged to allocate additional days prior to the published deadline to file their application. Non-validated applications will not be accepted after the published application deadline date.

If your application is successfully validated and subsequently retrieved by the CDC Procurement and Grants Office from the Grants.gov system, you will receive an additional e-mail. This e-mail may be delivered several days or weeks from the date of submission, depending on when the application is retrieved.

You may also monitor the processing status of your submission within the Grants.gov system by using the following steps:

1. Go to <http://www.grants.gov>
2. Click on the “Track Your Application” link on the left side navigation bar on the Grants.gov homepage.
3. Login to the system using your AOR user ID and password
4. Click on the “Check Application Status” link on the left side navigation bar.

Note: Once the CDC Procurement and Grants Office have retrieved your application from Grants.gov, you will need to contact the CDC Procurement and Grants Office directly for any subsequent status updates. Grants.gov does not participate in making any award decisions.

In the event that you do not receive a “validation” email within two (2) calendar days of application submission, please contact Grants.gov. Refer to the email message generated at the time of application submission for instructions on how to track your application or the Application User Guide, Version 3.0 page 57.

Application Deadline Date: September 03, 2010, 5:00 p.m. EDT on Grants.gov..

Applications must be submitted electronically at www.Grants.gov. Applications completed on-line through Grants.gov are considered formally submitted when the applicant organization’s Authorizing Organization Representative (AOR) electronically submits the application to www.Grants.gov. Electronic applications will be considered as having met the deadline if the application has been successfully submitted electronically by the applicant organization’s AOR to Grants.gov on or before the deadline date and time.

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

IMPORTANT NOTICE: It is the applicant's responsibility to determine that the application has been received. If you do not receive a receipt confirmation and either a validation confirmation or a rejection email message within 48 hours, please contact Grants.gov. The Grants.gov Contact Center can be reached by email at support@grants.gov, or by telephone at 1-800-518-4726. Always include your Grants.gov tracking number in all correspondence. The tracking numbers issued by Grants.gov look like GRANTXXXXXXXX.

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

VI.3. Intergovernmental Review of Applications

The application is subject to Intergovernmental Review of Federal Programs, as governed by Executive Order (EO) 12372. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) as early as possible to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following Web address to get the current SPOC list: <http://www.whitehouse.gov/omb/grants/spoc.html>

VI.4. Funding Restrictions

Restrictions, which must be taken into account while writing the budget, are as follows:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- Recipients may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment.
- Recipients may not use funding for construction.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Recipients may not use funds for Media Campaigns designed strictly to advertise the availability of quitline services under this award.
- Reimbursement of pre-award costs is not allowed.
- **Recipients may not use funds for nicotine replacement therapy (NRT).**

If requesting indirect costs in the budget, a copy of the indirect cost rate agreement is required.

If the indirect cost rate is a provisional rate, the agreement should be less than 12 months of age.

The indirect cost rate agreement should be uploaded as a PDF file with “Other Attachment Forms” when submitting via Grants.gov.

VI.5. Administrative and National Policy Requirements

- Successful applicants must comply with the administrative requirements outlined in 45 CFR Part 74 and Part 92, as appropriate. The following additional requirements apply to this project:
 - AR-9 Paperwork Reduction Act Requirements
 - AR-10 Smoke-Free Workplace Requirements
 - AR-11 Healthy People 2010
 - AR-12 Lobbying Restrictions
 - AR-14 Accounting System Requirements
 - AR-20 Conference Support
 - AR-21 Small, Minority, And Women-owned Business
 - AR 23 Compliance with 45 C.F.R. Part 87
 - AR 26 National Historic Preservation Act of 1966
 - AR-27 Conference Disclaimer and Use of Logos
 - AR-29 Compliance with E) 13513, “Federal Leadership on Reducing Text Messaging while Driving,” October 1, 2009

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

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

For more information on the Code of Federal Regulations, see the National Archives and Records Administration at the following Internet address:

<http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>

TERMS AND CONDITIONS

VI.6. Reporting Requirements

The applicant must provide a report as described below that provides the necessary information related to the output and outcome measures appropriate to the activities which they have undertaken. And in addition, they will submit a final evaluation report reflecting program outputs, outcomes, and environmental impacts within 90 days from funding conclusion. The final evaluation report should include evaluation information related to outlined recipient activities.

- Employ the effective strategies of policy, environmental, and systems change to reach additional tobacco quitters above the current number of quitters.

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

1. Financial Status Report (FSR) no more than 90 days after the end of the budget period.
2. Final performance and Financial Status reports no more than 90 days after the end of the project period.

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

Agency Contacts

CDC encourages inquiries concerning this announcement.

For programmatic assistance:

If you require further programmatic technical assistance, contact:

Monica Eischen, Team Leader

Office on Smoking and Health

National Center for Chronic Disease Prevention and Health Promotion

Centers for Disease Control and Prevention

4770 Buford Hwy, Mailstop K-50

Atlanta, GA 30341

Telephone Number: (770) 488-1072

Fax: (770) 488-1220

E-mail: mhel@cdc.gov

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

Anella Higgins, Grants Management Specialist

Procurement and Grants Office

Centers for Disease Control and Prevention 2920 Brandywine Road,

MS E-09

Atlanta, GA 30341

Telephone Number: 770-488-2936

Fax: 770/488-2777

E- mail: AHiggins@cdc.gov

For general questions, contact:

Technical Information Management Section

Department of Health and Human Services

CDC Procurement and Grants Office

2920 Brandywine Road, MS E-14

Atlanta, GA 30341

Telephone: 770-488-2700

Email: pgotim@cdc.gov

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

This funding announcement is subject to restrictions on oral conversations during the period of time commencing with the submission of a formal application by an individual or entity and ending with the award of the competitive funds. Federal officials may not participate in oral communications initiated by any person or entity concerning a pending application for a Recovery Act competitive grant or other competitive form of Federal financial assistance, whether or not the initiating party is a federally registered lobbyist. This restriction applies unless:

- (i) the communication is purely logistical;
- (ii) the communication is made at a widely attended gathering;
- (iii) the communication is to or from a Federal agency official and another Federal Government employee;

(iv) the communication is to or from a Federal agency official and an elected chief executive of a state, local or tribal government, or to or from a Federal agency official and the Presiding Officer or Majority Leader in each chamber of a state legislature; or

(v) the communication is initiated by the Federal agency official.

For additional information see http://www.whitehouse.gov/omb/assets/memoranda_fy2009/m09-24.pdf.

Appendix A - State Funding

State funding amounts were calculated with a base of \$50,000 and a per capita amount based on US Census data as of July 2009.

State	Maximum Award	State	Maximum Award
Alabama	\$73,462	Nebraska	\$58,952
Alaska	\$53,480	Nevada	\$63,169
Arizona	\$82,864	New Hampshire	\$56,600
Arkansas	\$64,397	New Jersey	\$93,387
California	\$234,164	New Mexico	\$60,013
Colorado	\$75,036	New York	\$147,367
Connecticut	\$67,530	North Carolina	\$96,741
Delaware	\$54,410	North Dakota	\$53,223
District of Columbia	\$52,988	Ohio	\$107,512
Florida	\$142,367	Oklahoma	\$68,371
Georgia	\$98,975	Oregon	\$69,062
Hawaii	\$56,453	Pennsylvania	\$112,804
Idaho	\$57,702	Puerto Rico	\$69,767
Illinois	\$114,327	Rhode Island	\$55,248
Indiana	\$82,004	South Carolina	\$72,727
Iowa	\$64,987	South Dakota	\$54,048
Kansas	\$64,045	Tennessee	\$81,372
Kentucky	\$71,495	Texas	\$173,480
Louisiana	\$72,382	Utah	\$63,874
Maine	\$56,569	Vermont	\$53,098
Maryland	\$78,398	Virgin Islands (US)	\$50,547
Massachusetts	\$82,853	Virginia	\$89,276
Michigan	\$99,675	Washington	\$83,205
Minnesota	\$76,239	West Virginia	\$59,067
Mississippi	\$64,709	Wisconsin	\$78,175
Missouri	\$64,709	Wyoming	\$52,712
Montana	\$54,858		