



**U.S. Department of  
Health and Human Services**  
Centers for Disease  
Control and Prevention

National Center for Injury Prevention and Control (NCIPC)  
Division of Violence Prevention (DVP)








Notice of Funding Opportunity  
**Application due April 16, 2024 - 11:59 p.m. ET**



# Rape Prevention and Education: Enhancing Capacity for Sexual Violence Prevention among Tribal Sexual Assault Coalitions

Opportunity number: CDC-RFA-CE-24-0120

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# Before you begin

If you believe you are a good candidate for this funding opportunity, secure your [SAM.gov](#) and [Grants.gov](#) registrations now. If you are already registered, make sure your registration is active and up-to-date.

## **SAM.gov registration (this can take several weeks)**

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI).

[See Step 2: Get Ready to Apply](#)

## **Grants.gov registration (this can take several days)**

You must have an active Grants.gov registration. Doing so requires a Login.gov registration as well.

[See Step 2: Get Ready to Apply](#)

## **Apply by April 16, 2024**

Applications are due by 11:59 p.m. Eastern Time on April 16, 2024.



# Step 1: Review the Opportunity

## In this step

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# Basic information

## Centers for Disease Control and Prevention (CDC)

National Center for Injury Prevention and Control (NCIPC)

Division of Violence Prevention (DVP)

## Preventing sexual violence through evidence-based public health approaches

## Summary

The purpose of this NOFO is to prevent sexual violence (SV) perpetration and victimization by increasing protective factors and decreasing risk factors. We aim to achieve this through a public health approach of implementing and evaluating comprehensive strategies based on the best available evidence and Indigenous Knowledge.

We will fund up to 10 Tribal Sexual Assault (SA) Coalitions (Tribal SA Coalitions) to implement and evaluate evidence-informed and Indigenous Knowledge-informed strategies that address Indigenous Determinants of Health (IDOH) across Indian Country.

Our goal is to help you advance health equity through prevention efforts. To do so, we require you to:

- Build infrastructure to support SV prevention activities
- Develop a Tribal SV Primary Prevention Action Plan

- Use data to inform action
- Implement SV prevention strategies that advance health equity to prevent SV
- Foster meaningful engagement and coordination with State/Territory/Tribal Health Departments and SA Coalitions

The strategies and activities are expected to:

- Result in increased implementation of SV primary prevention strategies and programs that work to reach communities with increased risk for violence.
- Help Tribal SA Coalitions strengthen and build the infrastructure to decrease SV perpetration and victimization rates in tribal communities.
- Reduce disparities in SV by addressing associated inequities in IDOH.



Have questions? See [Contacts & Support](#).

## Key facts

Opportunity Name: Rape Prevention and Education: Enhancing Capacity for Sexual Violence Prevention among Tribal Sexual Assault Coalitions

Opportunity Number: CDC-RFA-CE-24-0120

Federal Assistance Listing: 93.136

## Key dates

Informational webinar: March 1, 2024, at 2 p.m. EST

Application deadline: April 16, 2024

Expected award date: May 30, 2024

Expected start date: June 30, 2024

## Funding details

Type: Grant

Expected total program funding over the performance period:  
\$3,600,000

Expected total program funding per budget period: \$900,000

Expected awards: Up to 10

Maximum funding per applicant per budget period: \$90,000

We plan to award projects using four 12-month budget periods for a 4-year period of performance (48 months).

The number of awards is subject to available funds and program priorities.



To help you find what you need, this NOFO uses internal links. In Adobe Reader, you can go back to where you were by pressing Alt + Left Arrow (Windows) or Command + Left Arrow (Mac).

## Eligibility

### Who can apply

### Eligible applicants

Only these types of entities may apply:

- Tribal Sexual Assault Coalitions

### Other required qualifying factors

Under the Violence Against Women Act (2022) and 34 U.S.C. 12291, only designated Tribal Sexual Assault Coalitions are eligible to apply. See the definition in the [Overview](#) section.

Other Program Eligibility:

- Tribal Sexual Assault Coalition applicants: You must state that you are a Tribal Sexual Assault Coalition and include your coalition's name in the project abstract. If you do not state it and include it in the project abstract, we will deem your application nonresponsive and not review it.

## Cost sharing and matching funds

This program has no cost-sharing requirement or matching funds requirement. If you choose to include cost-sharing funds as a contribution to the award, we won't consider it during review of your application. If you receive an award, voluntary cost-sharing funds will be a requirement of your award and you will need to report on them.

# Program description

## Background

### Overview

The [Violence Against Women Act \(VAWA\) Reauthorization Act of 2022](#) authorizes CDC funding to sexual assault coalitions to coordinate and provide prevention activities, assisting prevention programs, and collaborating and coordinating with applicable federal, state, Tribal, and local entities engaged in SV prevention.

The Rape Prevention and Education (RPE) Program within CDC works to prevent sexual violence by providing funding to all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Tribal Sexual Assault Coalitions.

American Indian and Alaska Native (AI/AN) peoples have experienced historical trauma and unequally experience sexual violence, adverse childhood experiences (ACEs), and systemic inequities. These disparities highlight the need to address IDOH. Preventing SV is crucial for addressing many mental and physical health issues that affect AI/AN communities.

Advancing health equity requires ongoing societal efforts to:

- Address injustices
- Overcome obstacles to health and health care access
- Eliminate preventable health inequities

- Address root causes that disproportionately disadvantage individuals and communities

Community and societal-level prevention strategies are key in reducing SV and creating lasting change. These strategies focus on settings that increase or shield against the risk for violence as shown in the outer levels of the [Social-Ecological Model](#) (SEM). The SEM provides a basis for understanding the way risk and protective factors at one level relate with those at another level.

### Related work

This NOFO builds on previous accomplishments and lessons learned from the [Rape Prevention and Education Program](#), as well as the following funding opportunities and guidance documents but not limited to:

- CDC-RFA-CE-23-0006 Rape Prevention and Education: Assessing Coalition Capacity to Advance Primary Prevention
- CDC-RFA-CE19-1902 Rape Prevention and Education: Using the Best Available Evidence for Sexual Violence Prevention
- [Adverse Childhood Experiences \(ACEs\)](#)
- [Social Determinants of Health at CDC](#)
- [Violence Prevention in Practice - VetoViolence - CDC](#)
- [Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence](#)

For more information, visit [Violence Prevention](#) on the CDC website.

## Purpose

We will fund up to 10 Tribal SA Coalitions to prevent sexual violence through primary prevention at the community and societal levels. This NOFO helps advance health equity in SV prevention efforts. It will also foster meaningful engagement and coordination among State/Territory/Tribal Health Departments and State SA Coalitions.

We will require you to work on SV prevention through community and societal level approaches that address IDOH. This will be done through:

- Building infrastructure to support SV prevention activities
- Developing and enhancing a Tribal SV Primary Prevention Action Plan
- Implementing SV prevention strategies that advance health equity
- Using data to inform action
- Fostering meaningful engagement and coordination with State/Territory/Tribal Health Departments and SA Coalitions

## Approach

### Overview

The following logic model includes the strategies and activities required under this NOFO. It also includes the program's expected outcomes. The following outcomes indicated by an asterisk (\*) are those we expect you to achieve during the 4-year period of performance.

Outcomes are the results that you intend to achieve and usually show the intended direction of change, such as increase or decrease.

Not all outcomes apply to all strategies. The table shows how they apply. You will use these outcomes as a guide for developing performance measures.

### Program logic model

The logic model shows the strategies and activities of the program along with the outcomes we expect over time. We will require you to report on the following outcomes indicated by an asterisk (\*).



Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-Term Outcomes
<p><b>Strategy 1.</b> Assess Capacity for Primary Prevention of Sexual Violence (Year 1)</p> <ul style="list-style-type: none"> <li>Activity 1.1: Complete a primary prevention capacity assessment.</li> </ul> <p><b>Strategy 2.</b> Develop a Tribal Sexual Violence Primary Prevention Action Plan (Year 2)</p> <ul style="list-style-type: none"> <li>Activity 2.1 Develop a Tribal Sexual Violence Primary Prevention Action Plan</li> </ul> <p><b>Strategy 3.</b> Implement Primary Prevention Action Plan and Evaluate Progress (Years 2-4)</p> <ul style="list-style-type: none"> <li>Activity 3.1 Build Capacity</li> <li>Activity 3.2 Strengthen Partnerships/Collaborations</li> <li>Activity 3.3: Implement SV Prevention Programs/Policies/Practices</li> <li>Activity 3.4: Increase access to and use of data for program improvement and evaluation.</li> </ul>	<ul style="list-style-type: none"> <li>1.1 Increased understanding of current capacity to implement and evaluate primary prevention of SV in Indian Country*</li> <li>1.3 Increased awareness of data available to support understanding of inequities within tribal populations and communities with disproportionately high rates of SV*</li> <li>2.1 Increased partner and tribal community awareness of efforts to prevent SV and the disproportionate burden of SV*</li> <li>2.2 Increased efforts to align the needs of tribal populations with SV prevention strategies that advance health equity and reduce inequities in IDOH*</li> </ul>	<ul style="list-style-type: none"> <li>3.1 Increased capacity for program implementation and SV prevention across Indian Country*</li> <li>3.2 Increased partner coordination and collaboration among partners support to implement, evaluate, and adapt SV prevention strategies in Indian Country*</li> <li>3.3 Increased implementation of primary prevention strategies among tribal communities and populations with disproportionately high rates of SV that seek to prevent SV by addressing IDOH*</li> <li>3.4 Increased access to data to understand inequities within tribal populations and communities with disproportionately high rates of SV*</li> <li>3.5 Increased use of data for decision making to reduce inequities impacting tribal populations and communities with disproportionately high rates of SV*</li> </ul>	<ul style="list-style-type: none"> <li>Increased reach of prevention strategies that impact tribal communities and populations with disproportionately high rates of SV</li> <li>Increase in protective factors and decrease in risk factors associated with SV</li> </ul> <p>IMPACT:</p> <ul style="list-style-type: none"> <li>Decrease in rates of SV, particularly in communities disproportionately burdened with high rates of SV</li> <li>Improved health outcomes for people experiencing disparities and inequities related to SV</li> </ul>

## Required strategies & activities

See application instructions: [Strategies and Activities](#)

See merit review criteria: [Background and Approach](#)

This section elaborates on the strategies and activities described in the logic model and provides details about our expectations of you to implement the NOFO.

We designed these strategies to increase the sustainability of the program beyond the performance period. We selected them for their potential to advance health equity.

We expect you to use the public health approach to implement programs, policies, and practices. [Click here for more information on the public health approach.](#)

Applications may also use Indigenous Knowledge methods and approaches. Indigenous Knowledge is “a body of observations, oral and written knowledge, innovations, practices, and beliefs developed by Tribes and Indigenous Peoples through interaction and experience with the environment, and related practices, if not yet rigorously evaluated, are considered innovative community-based strategies. Indigenous Knowledge is based in ethical foundations often grounded in social, spiritual, cultural, and natural systems that are frequently intertwined and inseparable, offering a holistic perspective” (Prabhakar & Mallory, 2022)<sup>[1]</sup>.

You must implement all of the following Strategies and Activities. In your application, you will address how you will do so.

## Strategy 1: Assess capacity for primary prevention of sexual violence (Year 1)

Activity 1.1 Complete a primary prevention capacity assessment

### Recipients **without an existing primary prevention capacity assessment**

During the first year of this NOFO we require you to conduct a primary prevention capacity assessment to determine current capacity to enhance and expand primary prevention and health equity work. The assessment must include:

- Approval and support for the plan from tribal leadership
- Current capacity and infrastructure to implement primary SV prevention
- Current SV prevention approaches using Indigenous Knowledge, tribal data, the Indian Way, or Traditional Knowledge
- Available data to monitor trends, track SV outcomes and changes in specific IDOH, and inform SV prevention efforts
- Current partnerships and resources

Working with and gathering information from your tribal communities is crucial. You may choose to facilitate and host a Gathering of Native Americans (GONA) or Gathering of Alaska Natives (GOAN) as part of your capacity assessment to identify risk and protective factors, encourage storytelling, foster a sense of community empowerment, and promote cultural activities & rituals.

Upon award, CDC will provide further guidance for conducting a primary prevention capacity assessment with a focus on health equity.

### All recipients

We will require you to submit a summary of your complete primary prevention capacity assessment approximately 18 months post award. Upon award, we will provide further guidance for completing and submitting this summary.

## Strategy 2: Develop a tribal sexual violence primary prevention action plan (Year 2)

### Activity 2.1 Develop a tribal sexual violence primary prevention action plan

Upon completion of Strategy 1, based on established recommendations from your primary prevention capacity assessment, you will develop a Tribal Sexual Violence Primary Prevention Action Plan to help strategically and intentionally plan, prioritize, and establish a comprehensive approach to SV prevention based on Indigenous Knowledge to prevent SV.

The first draft of your Tribal Sexual Violence Primary Prevention Action Plan is due by the end of year 2. This is a living document that you will update at least annually throughout the funding cycle.

You must include the following components in your plan:

- The ways you will leverage the findings from your primary prevention capacity assessment to increase

infrastructure and capacity for SV primary prevention and health equity efforts

- The ways you will increase or maintain coordination with partners and state and territorial health departments and sexual assault coalitions working to prevent SV
- The ways that you and your partners will prioritize primary prevention at the outer layers of the SEM
- The ways you will address health inequities and disproportionate burden using tribal data, the Indian Way, Traditional knowledge, or Indigenous Knowledge
- A sustainability section that describes how you will sustain RPE work
- Approval and support for the plan from tribal leadership
- Include your plan for all activities in Strategy 3 (see the following)

## Strategy 3: Implement primary prevention action plan and evaluate progress (Years 2-4)

### Activity 3.1 Build capacity

We expect you to continually build your internal capacity to facilitate, implement, and evaluate SV prevention efforts and to achieve the required strategies and activities.

You should leverage the findings from your capacity assessment to build your organizations' infrastructure and capacity for SV primary prevention and health equity work. Examples of how you can leverage the capacity assessment include:

- Identifying where gaps exist in capacity to provide primary prevention and address health equity
- Developing recommendations to fill gaps in capacity that will help improve primary prevention
- Identifying and tailoring Indigenous Knowledge practices for tribal communities to prevent sexual violence and advance health equity
- Sharing findings and recommendations
- Using the findings, recommendations, and relevant data sources to inform discussions about SV prevention and health equity
- Using the findings, recommendations, and relevant data sources to inform decision making around:
  - Program priorities
  - Allocating resources and staffing
  - Training and professional development needs
  - Strengthening partnerships
  - Enhancing evaluation
  - Integrating health equity into SV prevention programming

### Activity 3.2 Strengthen partnerships/collaborations

We encourage you to work with other RPE-funded recipients and SV organizations as well as other tribal, local, state, and national partners to build capacity for SV prevention in tribal communities. Some examples of how you can meaningfully engage with SV collaborators include:

- Providing technical assistance to SV partners
- Including SV partners in SV Action Planning to align SV work across the Tribe(s)
- Collaborating with RPE-funded SHDs and State/Territorial/Tribal SA Coalitions

You should identify potential public and private partnerships that can help to implement and evaluate your programs.

Once you identify potential partners, establish partnerships. You might do this through mechanisms such as contracts, consultations, or memorandums of understanding. Some examples of functions that partners could perform include:

- Facilitating the GONA/GOAN
- Collaborating on program selection and implementation
- Providing guidance on program evaluation and data use
- Providing population-specific support
- Providing technical assistance to build sub-recipients' program implementation and evaluation capacity

### Activity 3.3: Implement SV prevention programs, policies, and practices

By the end of the grant period, you must implement at least one SV primary prevention program, practice, or policy in one of the following three focus areas. We encourage you to propose Indigenous Knowledge programs, practices, or policies relevant to your communities. Select program, practice, or policy efforts that meet the following criteria:

- Fits within one of the focus areas of this NOFO
- Addresses risk and protective factors for SV
- Describe the link between the theory of your program, practice, or policy effort and targeted outcomes addressing SV
- Is feasible to implement and evaluate

### SV prevention strategy focus areas

We based the specific focus areas for the SV prevention strategies and approaches of interest on guidance from [CDC's VetoViolence Violence Prevention in Practice tool](#).

Communities can use these resources to prioritize their efforts on activities with the greatest potential to reduce multiple forms of violence. You are encouraged to propose additional approaches within the three Focus Areas that are inclusive of Indigenous Knowledge and support from the communities you plan to work with.

**Table: NOFO Focus Areas**

Focus Area	Description	Approaches
Strengthen Economic Supports	<p>Employment, stable housing, financial stability, and food security are important protective factors for women’s risk of SV victimization.</p> <p>Policies and programs that work to improve financial stability can also reduce the risk factors associated with SV victimization.</p>	<p><a href="#">Strengthen household financial security</a></p> <p><a href="#">Family-friendly policies</a></p>
Create Protective Environments	<p>SV prevention should include strategies that change community characteristics, so they are safe, healthy, and protective.</p> <p>Community- and societal-level prevention strategies go beyond changing individuals and focus on modifying community structures, social norms, environment, and policies.</p>	<p><a href="#">Improving school climate and safety</a></p> <p><a href="#">Improve organizational environments</a></p> <p><a href="#">Reduce exposure to community-level risks</a></p> <p><a href="#">Modify the physical and social environment</a></p>
Promoting Social Norms That Protect Against Violence	<p>Approaches that focus on changing the social norms (group-level beliefs and expectations of members behavior) related to the acceptance of violence and restrictive gender norms of priority groups have the potential to reduce rates of SV perpetration and victimization.</p>	<p><a href="#">Bystander approaches</a></p> <p><a href="#">Men and boys as allies in prevention</a></p>

### Activity 3.4: Increase access to and use of data for program improvement and evaluation

We expect you to identify and gather data on community- or tribal-level SV indicators to monitor, track, and inform your SV prevention efforts.

#### Indicators

Indicators, for the purpose of this NOFO, are measures or risk factors with links to SV. We encourage you to select indicators for which there are publicly accessible data that can measure SV outcomes. These may include SV outcomes, risk and protective factors, IDOH, or conditions that can be associated with SV rates. We expect indicators to link back to the outcome evaluation component of the evaluation plan. As publicly accessible data may not be available for all indicators of interest, you should seek to build your data collection capacity.

#### Risk factors

Risk factors are associated with a greater likelihood of SV perpetration or victimization. They are contributing factors and might not be direct causes. A combination of individual, relational, community, and societal factors contribute to the risk of becoming a person who perpetrates SV.

Understanding these factors can help identify various opportunities for prevention.

Some examples of risk factors include:

- Historical trauma
- Acculturation

- Community violence
- Violent programming
- Harmful norms around masculinity and femininity
- Social norms that support aggression toward others
- Diminished economic opportunities or high unemployment rates
- Alcohol and drug misuse

#### Protective factors

Protective factors may lessen the likelihood of sexual violence victimization or perpetration. These factors can exist at individual, relational, community, and societal levels.

Some examples of protective factors include:

- Social support
- Cultural identification
- Spirituality
- Connection to family and kinship ties
- Shared sense of collective community and community pride

#### Tracking and monitoring indicators

After identifying indicators, develop a plan to track and monitor trends in SV outcomes, risk and protective factors, and IDOH. Specify:

- Selected indicators
- Data sources
- Data collection methods

- Timing of data collection
- Who is responsible for data collection

Data identified and gathered should inform your SV prevention efforts by helping you understand how IDOH inequities link with disproportionate risk of violence within their intended communities.

We recommend you use guidance provided by CDC and support or consultations with CDC or CDC-supported technical assistance providers to support these data gathering activities. You may use existing guidance on selecting indicators from the [VetoViolence Violence Indicator Guide & Database](#).

**We require you to develop and implement an RPE indigenous evaluation plan.** You can find more information on the specifics of the evaluation plan in the [Data, Monitoring, & Evaluation](#) section.

## Outcomes

**See application instructions:** [Outcomes](#)

**See merit review criteria:** [Background and Approach](#)

You must achieve the bolded outcomes in the [logic model](#) within the period of performance.

- You must achieve the short-term outcomes within the first two years of the project.
- You must achieve the intermediate outcomes within three to four years from award.

- Use the provided outcomes as a guide to align your activities and expand on these outcomes. You may add more outcomes specific to your activities and community context. When expanding and adjusting an outcome to better fit your program activities, indicate specific details such as connections and relationships among community partners, SHDs, State/Territorial SA Coalitions, and other Tribal SA Coalitions and local level activities, and specific risk and protective factors.

## Focus populations

**See application instructions:** [Focus Populations and Health Disparities](#)

**See merit review criteria:** [Background and Approach](#)

You will use data to identify priority populations, communities, and environments that experience inequities and are at greater risk for SV perpetration or victimization.

Some sources of evidence may include:

- A map of the community data, such as tribal census tract, zip code, on and off tribal land, relevant to the selected population
- Demographic makeup of the selected areas or communities of focus
- Population with income at or below 100% of the federal poverty level
- SV prevalence, risk, and protective factor data for selected populations showing disproportionate risk for SV



- [My Tribal Area Data Tool](#) from the U.S. Census Bureau
- [The Office of Minority Health and Health Equity](#)
- [Minority Health Related to AI/AN Populations](#)
- [National Intimate Partner and Sexual Violence Survey](#) (NISVS)
- [Youth Risk Behavior Surveillance System](#) (YRBSS)

## Health disparities

The goal of health equity is for everyone to have a fair and just opportunity to attain their highest level of health. Health inequities are systematic differences in the health status of different population groups. They often occur when populations do not have the ability to influence the forces and systems affecting their daily lives.

Indigenous Determinants of Health (IDOH) include social, physical, spiritual, mental, emotional, transgenerational, and other factors that affect a wide range of health, functioning, and quality-of-life outcomes and risk for Indigenous Peoples (Riveros et al., 2023)<sup>[2]</sup>.

You will work to reduce SV perpetration and victimization risk factors across the entire population of focus. In your work, place special emphasis on eliminating health inequities that contribute to higher rates of violence victimization and perpetration among some groups. Additionally, focus on increasing protective factors among your population of focus.

Resources to help communities address IDOH:

- [Promoting health equity; a resource to help communities address social determinants of health](#)

- [Health of American Indian and Alaska Native Population](#)
- [Indigenous Social Determinants of Health](#)

Additional resources will be provided post-award.

## Organizational capacity

**See application instructions:** [Organizational capacity](#)

**See merit review criteria:** [Organizational capacity](#)

Your organization must:

- Have experience working with tribal nation(s)
- Describe organizational infrastructure and capacity to implement and evaluate SV prevention programming in Indian County
- Describe your staffing plan including:
  - Key staff who will work on this grant and their responsibilities for the grant (provide resumes for key staff in your [Attachments](#))
  - The role of any partner organizations or contracted organizations that will have a major role in this grant
  - Staff availability to attend CDC-sponsored virtual trainings, meetings, and events
  - You will also include an organizational chart in your [Attachments](#)
- Have experience developing and maintaining multi-sectoral partnerships, including approaches for engagement

- Have experience implementing sexual violence prevention and/or response strategies and activities
- Have the capacity to develop and implement an evaluation plan in collaboration with the RPE-funded State and Territorial Health Department and SA Coalition (if applicable)

## Collaborations

This NOFO supports meaningful engagement, coordination, and capacity building across tribal organizations and partners. We encourage you to work with partners with expertise in SV and health equity/IDOH, including but not limited to:

- Rape crisis centers
- Tribal organizations
- CDC-funded technical assistance providers for capacity building technical assistance and training
- University or academic institutions
- Indian Health Service
- Tribal Governments
- Tribal departments of health and behavioral health departments
- Tribal culture departments and language programs, such as the Administration for Native Americans Language Preservation Programs
- Tribal schools or local school systems

- Other federally funded Tribal programs, such as Tribal Extension Programs, Food Distribution on Indian Reservations, and Supplemental Nutrition Assistance (SNAP Ed) Programs
- SAMHSA Native Connections Programs

You should also partner with other CDC-funded programs. We have several existing programs that have served AI/AN populations. We list a few as follows:

- [DELTA AHEAD](#)
- [Rape Prevention and Education \(CDC-RFA-CE-24-0027\)](#)
- [Rape Prevention and Education \(CDC-RFA-CE-24-0068\)](#)
- [Essentials for Childhood \(EfC\): Preventing Adverse Childhood Experiences through Data to Action](#)
- [Preventing Violence Affecting Young Lives \(PREVAYL\)](#)
- [National Centers of Excellence in Youth Violence Prevention \(YVPC\)](#)
- [National Violent Death Reporting System \(NVDRS\)](#)
- [Advancing Violence Epidemiology in Real Time \(AVERT\) / Firearm Injury Surveillance Through Emergency Rooms \(FASTER\)](#)
- [Core State Injury Prevention Program](#) (Core SIPP)
- [Injury Control Research Centers](#) (ICRCs)

Once funded, we encourage you to participate in national opportunities for sharing program experiences with other recipients.

# Data, monitoring, & evaluation

See application instructions: [Evaluation & Performance Measurement Plan](#)

See merit review criteria: [Evaluation & Performance Measurement](#)

## CDC strategy

We expect you to conduct an evaluation of the required strategies and activities and progress made toward NOFO outcomes in years 2-4 of the project period.

The evaluation plan must propose methods to answer the following evaluation questions:

- To what extent has the Coalition accomplished the short term and intermediate outcomes in the NOFO logic model?
- Which factors are critical for implementing selected SV prevention strategies and approaches in Indian Country?
- To what extent has the Coalition leveraged multi sector partnerships and resources toward SV prevention?
- To what extent was the Coalition able to address IDOH and health equity and how they relate to SV into their SV prevention planning, implementation, and evaluation?
- To what extent has the Coalition increased use of data-driven decision-making throughout Indian country as well as monitoring of trends, related to SV prevention and IDOH?

In your evaluation:

- Focus on the use of available AI/AN data to develop the evaluation plan
- Identify and track indicators that address community and tribal-level risk and protective factors for SV that align with the prevention strategies and approaches you are implementing.

Upon award:

- We will provide any needed support to finalize your evaluation plan and provide feedback on identified indicators and data sources. Specific indicators do not need to be proposed in your application.
- We will provide you with guidance and a template for the evaluation plan.
- You will be required to report annually on the selected performance measures, evaluation findings, and NOFO activities.
- Each year, we will review your submitted indicators to better understand program impact in addition to performance monitoring and continuous program improvement.

## Example indicators

Following are the draft indicators you may choose to report on after award. We will provide any support needed to refine and finalize indicators before we require you to submit any data.

**Table: Draft indicators**

Outcomes	Possible Indicators
<p><b>Capacity</b></p> <ul style="list-style-type: none"> <li>• Short term: Increased understanding of current capacity to implement and evaluate primary prevention of SV in Indian Country</li> <li>• Intermediate: Increased capacity for program implementation and SV prevention across Indian Country</li> </ul>	<ul style="list-style-type: none"> <li>• # of new staff acquired</li> <li>• # of current staff</li> <li>• % of staff retained</li> <li>• # of trainings conducted to build internal capacity to facilitate and monitor SV prevention strategy implementation</li> <li>• # of trainings conducted to advance health equity</li> <li>• # of staff who have attended a training/workshop related to primary prevention</li> <li>• # of staff who have participated in a CDC-sponsored program or activity</li> </ul>
<p><b>Partnerships</b></p> <ul style="list-style-type: none"> <li>• Short term: Increased partner and tribal community awareness of efforts to prevent SV and the disproportionate burden of SV</li> <li>• Intermediate: Increased partner coordination and collaboration among partners support to implement, evaluate, and adapt SV prevention strategies in Indian Country</li> </ul>	<ul style="list-style-type: none"> <li>• # and type of partners (sectors)</li> <li>• # and type of partners (new vs. established)</li> <li>• # and types of methods used to engage partners</li> <li>• # and types of partners engaged in primary prevention efforts</li> </ul>
<p><b>Data Use</b></p> <ul style="list-style-type: none"> <li>• Short term: Increased awareness of data available to support understanding of inequities within tribal populations and communities with disproportionately high rates of SV</li> <li>• Intermediate: Increased access to data to understand inequities within tribal populations and communities with disproportionately high rates of SV</li> </ul>	<ul style="list-style-type: none"> <li>• Types of data used to identify and select prevention strategies.</li> <li>• Types of data used to identify priority populations.</li> <li>• Types of data used to identify inequities</li> <li>• Types of data used to improve SV strategy implementation</li> <li>• Types of data used to monitor SV strategy implementation</li> </ul>

Outcomes	Possible Indicators
<ul style="list-style-type: none"> <li>Intermediate: Increased use of data for decision making to reduce inequities impacting tribal populations and communities with disproportionately high rates of SV</li> </ul>	<ul style="list-style-type: none"> <li># and types of data used to track SV outcomes</li> <li># and types of data used to track changes in IDOH</li> <li># and types of data sharing agreements with partners</li> <li># and types of partners engaged in evaluation plan development</li> </ul>
<p><b>Implementation</b></p> <ul style="list-style-type: none"> <li>Short term: Increase efforts to align the needs of tribal populations with SV prevention strategies that advance health equity and reduce inequities in IDOH</li> <li>Intermediate: Increased implementation of primary prevention strategies among tribal communities and populations with disproportionately high rates of SV that seek to prevent SV by addressing IDOH</li> </ul>	<ul style="list-style-type: none"> <li># of individuals from high-burden communities/ populations reached</li> <li>Types of high-burden communities reached</li> <li># and type of strategies addressing IDOH identified, implemented, or adapted</li> <li># and type of community-level risk factors addressed</li> <li># and type of community-level protective factors addressed</li> <li>Prevalence of community-level risk factors</li> <li>Prevalence of community-level protective factors</li> </ul>

## Evaluation & performance measurement plan

You must provide an evaluation and performance measurement plan. The evaluation plan will be due one year after award. This evaluation plan should be updated regularly throughout the NOFO as you make changes to your programmatic and evaluation activities. You will be required to submit an updated evaluation plan every year with your Annual Performance Report.

Include the following elements.

### Methods

You must provide a logic model that demonstrates the overall efforts of the NOFO and include the selected strategies and approaches, as well as expected short-term, intermediate, and long-term outcomes.

Describe:

- How you will:
  - Identify and collect indicators
  - Respond to the evaluation questions
  - Use evaluation findings for continuous program quality improvement
  - Discuss how findings will contribute to reducing or eliminating health inequities, if relevant
  - Incorporate evaluation and performance measurement into planning, implementation, and reporting of project activities

- How key program partners will participate in the evaluation and performance measurement process
- How you will share evaluation findings with communities and populations of interest in a way that meets their needs

### Data management

For all public health data you plan to collect, describe:

- The data you plan to collect and available data sources
- The feasibility of collecting appropriate evaluation and performance data
- A data management plan (DMP) that includes:
  - The data you will collect or generate
  - If there are reasons why you cannot share data collected or generated under this award with CDC. These could include legal, regulatory, policy, or technical concerns
  - Who can access data and how you will protect it
  - Data standards that ensure released data have documentation that describes collection methods, what the data represent, and data limitations
  - Archival and long-term data preservation plans
  - How you will update the Data Management Plan (DMP) as new information is available over the life of the project. You will provide updates to the DMP in annual reports. For more information about CDC's

policy on the DMP, see [Data Management and Access Requirement](#) at CDC's website

- Other relevant data information, such as performance measures you propose.

For a definition of “public health data” and other key information, see [AR 25: Data Management and Access](#) on our website.

## Evaluation activities

You must:

- Describe the process and outcome evaluations.
- Describe key evaluation questions addressed by these evaluations.
- Describe other information such as measures and data sources.

You will submit a summary describing your plans for evaluation of this NOFO with your application. You must submit the full Evaluation and Performance Measurement Plan one year after award. See [Reporting](#).

## Work Plan

**See application instructions:** [Work Plan](#)

**See merit review criteria:** [Background & Approach](#)

In your Project Narrative, you must provide a work plan for your project. The work plan connects your period of performance outcomes, strategies and activities, and measures. It provides more detail on how you will measure outcomes and processes.

At the time of application, you will submit one work plan, which includes specific details for the first year of the project and a **high-level** overview that estimates the work that will be completed for the remaining three years of the NOFO. Each year when you submit your Annual Performance Report and continuation application, you will have an opportunity to update your proposed work plan.

Additionally, the work plan must describe any anticipated challenges to successfully completing NOFO activities and how you plan to address those challenges.

## Table: Sample work plan

**Strategy #:** (Corresponds to Logic Model Strategy) \_\_\_\_\_

Activity #: (Corresponds to Logic Model Activity)			
Milestone Description Provide a concise statement of the milestone	Key Activities Provide a brief description of activities that will be conducted to complete the milestone	Start Date Anticipated milestone start date	End Date Anticipated milestone end date

## Paperwork Reduction Act

Any activities involving information collections from 10 or more individuals or organizations, may require you to follow the Paperwork Reduction Act (PRA). This requires review and approval by the White House Office of Management and Budget. For further information about CDC's requirements under PRA see [CDC Paperwork Reduction Act Compliance](#). Collections include items like surveys and questionnaires.



# Funding policies & limitations

## General guidance

- Your budget is arranged in eight categories: salaries and wages, fringe benefits, consultant costs, equipment, supplies, travel, other, and contractual.
- You may use funds only for reasonable program purposes consistent with the award, its terms and conditions, and federal laws and regulations that apply to the award. Pose questions about this determination to the grants management specialist.
- Generally, you may not use funds to purchase furniture or equipment. Clearly identify and justify any such proposed spending in the budget.
- If needed, you may use funds to meet national standards or seek health department accreditation or reaccreditation through the [Public Health Accreditation Board](#) (PHAB). This allowability applies only to state, Tribal, local, and territorial government agencies within the US and its territories. Include the proposed activities and a description of the connection to national standards or accreditation achievement in the budget narrative.
- Policy Analysis is an allowable activity using federal funds. Allowable activities include:

- Reviewing literature and conducting an environmental scan to identify gaps and describe policy options
- Assessing policy options according to health impact or other impact on preventing sexual violence, feasibility, and economic and budgetary impacts

- According to the HHS Policy Statement, Severance Pay is allowable only to the extent that such payments are:
  - Required by law
  - Included in an employer employee agreement
  - Part of an established policy effectively constituting an implied agreement on the part of the organization or meet the circumstances of the particular employment

Consult the applicable cost principles regarding the different treatment of severance pay in regular and mass termination situations.

## Unallowable costs

You may not use funds for:

- Research
- Clinical care except as allowed by law
- Pre-award costs unless CDC gives you prior written approval
- Other than for normal and recognized executive-legislative relationships:

- Publicity or propaganda purposes, including preparing, distributing, or using any material designed to support or defeat the enactment of legislation before any legislative body
- The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See [Guidance on Lobbying for CDC Recipients](#)
- Reimbursement of pre-award costs generally is not allowed unless the CDC provides written approval to the recipient.
- You must adhere to Congressional legislation (Section 393B of the Public Health Service Act [42 U.S.C. 280b-1b]). The legislation stipulates the following:
  - You may not use more than five percent of the amount received for each fiscal year for administrative expenses. This five percent limitation is in lieu of, and replaces, the indirect cost rate. You can still submit and use an IDC rate if after calculations the total IDC is no more than five percent of total received in the fiscal year.
  - You may not use more than two percent of the amount received for each fiscal year for surveillance studies or prevalence studies.
  - You must use amounts provided to you to supplement, and not supplant Preventive Health and

Health Services Block grant, other federal, state, and local public funds expended to provide the activities described above.

- You may not use funds to provide direct counseling, treatment, or advocacy services to victims or perpetrators of sexual violence, except for hotlines.
- You may not use funds for media or awareness campaigns that exclusively promote awareness of where to receive victim services.

## Indirect costs

Indirect costs are those for a common or joint purpose across more than one project and that cannot be easily separated by project. Learn more at [45 CFR 75.414](#), Indirect Costs and [CDC Budget Preparation Guidelines](#).

To charge indirect costs you can select one of two methods:

**Method 1 – Approved rate.** You currently have an indirect cost rate approved by your cognizant federal agency.

Justification: Provide a summary of the rate. Enclose a copy of the current approved rate agreement in the [Attachments](#).

**Method 2 – De minimis rate.** Per [45 CFR 75.414\(f\)](#), if you have never received a negotiated indirect cost rate, you may elect to charge a de minimis rate. If you are awaiting approval of an indirect cost proposal, you may also use the de minimis rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs.

This rate is 10% of modified total direct costs (MTDC). See [45 CFR 75.2](#) for the definition of MTDC. You can use this rate indefinitely.

See Other Indirect Cost Policies for indirect costs limitations specific to this NOFO.

## Other indirect cost policies

- Under this program, you may charge indirect costs. However, because of statutory limits, the total of direct and indirect administrative costs cannot exceed 5% of the amount awarded.
- As described in [45 CFR 75.403\(d\)](#), you must consistently charge items as either indirect or direct costs and may not double charge.
- Indirect costs may include the cost of collecting, managing, sharing, and preserving data.

## National public health priorities and strategies

### Healthy People 2030

This funding opportunity aims to reduce various forms of violence and abuse, including sexual violence. The outcomes align with Healthy People 2030 developmental goals and include reducing violent victimization of minors and young adults. See [Healthy People 2030](#).

- [Reduce intimate partner violence — IVP-D04](#)
- [Reduce contact sexual violence — IVP-D05](#)

- [Reduce adolescent sexual violence by anyone — IVP-17](#)
- [Reduce sexual or physical adolescent dating violence — IVP-18](#)
- [Reduce the number of young adults who report 3 or more adverse childhood experiences — IVPD03](#)

This NOFO aligns with the National Health Initiatives, Strategies & Action Plans. Specifically:

- [HHS Equity Action Plan](#)
- [Tribal Behavioral Health Agenda](#)
- [National Plan to End Gender-Based Violence](#)
- [National Center for Injury Prevention and Control's Research Priorities](#)

## Statutory authority

This award is authorized under the Violence Against Women Act Reauthorization Act of 2022, Section 393A of the Public Health Service Act [42 U.S.C. 280b-1b] and (d)(4).



# Step 2: Get Ready to Apply

## In this step

Get registered

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# Get registered

While you can review the requirements and get started on developing your application before your registrations are complete, you must be registered in both SAM.gov and Grants.gov to apply.

## SAM.gov

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier. SAM.gov registration can take several weeks. Begin that process today.

To register, go to [SAM.gov Entity Registration](#) and click Get Started. From the same page, you can also click on the Entity Registration Checklist for the information you will need to register.

## Grants.gov

You must also have an active account with [Grants.gov](#). You can see step-by-step instructions at the Grants.gov [Quick Start Guide for Applicants](#).

**Need Help? See [Contacts and Support](#).**

## Find the application package

The application package has all the forms you need to apply. You can find it online. Go to [Grants Search at Grants.gov](#) and search for opportunity number CDC-RFA-CE-24-0120.

To get updates on changes to this NOFO, click Subscribe from the View Grant Opportunity page for this NOFO on Grants.gov.

## Help applying

For help on the application process and tips for preparing your application see [How to Apply](#) on our website. For other questions, see [Contacts and Support](#).

## Join the webinar

Join us for an informational webinar on March 1, 2024, at 2 p.m. EST.

Link: <https://cdc.zoomgov.com/meeting/register/vJltd-qqqDssGC5H12i4rWKY6t7pD08xocA>



# Step 3:

# Prepare Your Application

## In this step

Application contents & format [31](#)

# Application contents & format

Applications include five main elements. This section includes guidance on each. Make sure you include each of these:

Element	Submission Form
<a href="#">Project Abstract</a>	Use the Project Abstract Summary form
<a href="#">Project Narrative</a>	Use the Project Narrative Attachment form
<a href="#">Budget Narrative Justification</a>	Use the Budget Narrative Attachment form
<a href="#">Attachments</a>	Insert each in the Other Attachments form
<a href="#">Required Forms</a>	Upload using each required form.

We will provide instructions on document formats in the following sections. If you don't provide required documents, your application is incomplete. See [Initial Review](#) to understand how this affects your application.

## Required format for project abstract, project narrative, and budget narrative

Font: Calibri

Format: PDF

Size: 12-point font

Footnotes and text in graphics may be 10-point.

Spacing: Single-spaced

Margins: 1-inch

Include page numbers

## Project abstract

Page Limit: 1

File name: Project Abstract Summary

Provide a self-contained summary of your proposed project, including the purpose and outcomes. Do not include any proprietary or confidential information. We use this information when we receive public information requests about funded projects.

## Project narrative

Page Limit: 20

File name: Project Narrative

Your project narrative must use the following exact headings, subheadings, and order. See [Merit Review Criteria](#) to

understand how reviewers will evaluate your Project Narrative.

## Background

**See Program Description:** [Background](#)

Describe the problem you plan to address. Be specific to your population and geographic area.

## Approach

### Strategies and activities

**See program description:** [Required strategies and activities](#)

Describe how you will conduct and/or leverage an existing primary prevention capacity assessment with a focus on health equity.

Describe how you will develop a Tribal Sexual Violence Primary Prevention Action Plan.

Describe how you will implement your Tribal Sexual Violence Primary Prevention Action Plan. Include:

- How you plan to build internal program capacity to facilitate and monitor implementation of SV prevention programming through staffing, partnerships, and training
- How you will identify and leverage multi-sector partners and resources towards SV prevention
- How you will increase access to and use of data for program monitoring and improvement

- How you will identify and implement at least one SV prevention approach in at least one of the focus areas

## Outcomes

**See program description:** [Approach](#)

Using the [logic model](#), identify the outcomes you expect to achieve or make progress on by the end of the period of performance.

## Evaluation and performance measurement plan

**See program description:** [Data, monitoring, & evaluation](#)

You must provide a summary of your plans for evaluation of this NOFO. This should describe how you will fulfill the requirements in [Data, Evaluation, and Performance Measurement](#).

At the time of application, you must provide a summary of your approach to the RPE Indigenous evaluation indicating how you plan to address requirements for the [evaluation and performance measurement](#). We intend the summary of the evaluation approach to help you prepare for developing an evaluation plan.

At a minimum, the summary of the evaluation plan must include:

- A description of the process and outcome evaluation to be conducted.



- Key components of the indigenous evaluation and evaluation questions to be addressed by the evaluations.

Upon award, we will provide further guidance, templates, and support to help you develop and submit a draft an Indigenous evaluation plan and logic model one-year after award.

## Work plan

**See program description:** [Work plan](#)

Include a work plan using the requirements in [Work plan](#).

## Focus populations and health disparities

**See program description:** [Focus populations](#)

For focus populations, describe:

- How you will identify your focus population using Indigenous Knowledge methods or data, including relevant sources.
- How you will address inequities based on sociodemographic characteristics.
- How you will address inequities facing your selected population(s) and communities of focus.
- How you will make your programs accessible and available to ALL participants.

For health disparities, describe:

- How your activities and proposed programs or policy efforts will address inequities in IDOH.

- How you will use data to identify populations at risk for SV due to inequitable access to the conditions needed for health and safety.

## Organizational capacity

**See program description:** [Organizational capacity](#)

Describe how you will address the organizational capacity requirements in Organizational capacity.

You must provide attachments that support this section including:

- [Resumes and job descriptions](#)
- [Organization chart](#)

## Collaborations

Describe how you will build partnerships with other RPE-funded SA Coalitions, SHDs, and CDC-funded technical assistance providers.

Address how you will sustain partnerships needed for the success of your project.

Describe key partners who will help develop the Tribal Sexual Violence Primary Prevention Action Plan.

Explain how you will address the Collaboration requirements in [Collaborations](#).

## Budget narrative

Page limit: None

File name: Budget narrative

The budget narrative supports the information you provide in Standard Form 424-A. See [Standard Forms](#).

As you develop your budget, consider If the costs are reasonable and consistent with your project's purpose and activities. CDC will review and must approve costs prior to award.

The budget narrative must explain and justify the costs in your budget. Provide the basis you used to calculate costs. It must follow this format:

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment
- Supplies
- Travel
- Other categories
- Contractual costs
- Total direct costs (total of all items above)
- Total indirect costs

See [Funding policies & limitations](#) for policies you must follow. Ensure that you follow [Budget Preparation Guidelines](#).

## Attachments

You will upload attachments in Grants.gov using the Other Attachments Form. When adding the attachments to the form, you can upload PDF, Word, or Excel formats.

### Table of contents

Provide a detailed table of contents for your entire submission that includes all the documents in the application and headings in the "Project Narrative" section. There is no page limit.

File name: Table of Contents

### Tribal Support Letter (optional)

If helpful, submit a Tribal Support Letter for each of the tribes you will be working with.

The signed letter of support from the tribe/village leadership can:

- Be signed by the leadership of the Tribe(s)/Village(s),
- Be written on official Tribal/Village letterhead. The letter or letterhead must specifically mention the name of the Tribal Sexual Assault Coalition that is applying on behalf of the Tribe(s)/Village(s).
- Specifically state that the Tribe(s)/Village(s) authorizes the named Tribal Sexual Assault Coalition to submit the application on its behalf.
- Clearly express the intention of the Tribe(s)/Village(s) to actively participate in the CDC-RFA-CE-24-0120 Rape

Prevention and Education funding opportunity along with the named Tribal Sexual Assault Coalition.

- Include the name, title, and signature of the tribal leader(s) endorsing the application. The leadership may vary by Tribe/Village and may include the Tribal/Village Council, President, or other designated executive leader.
- This letter of support should be titled “Tribal Support Letter” and uploaded as an “other attachments/ mandatory other attachments” with the application at [Grants.gov](https://www.grants.gov).

File name: Tribal Support Letter

## Indirect cost agreement

If you include indirect costs in your budget using an approved rate, include a copy of your current agreement approved by your [cognizant agency for indirect costs](#). If you use the de minimis rate, you do not need to submit this attachment.

File name: Indirect cost agreement

## Proof of nonprofit status

If your organization is a nonprofit, you need to attach proof. We will accept any of the following:

- A copy of a current tax exemption certificate from the IRS.
- A letter from your state’s tax department, attorney general, or another state official saying that your group is a nonprofit and that none of your net earnings go to private shareholders or others.

- A certified copy of your certificate of incorporation. This document must show that your group is a non-profit.
- Any of the above for a parent organization. Also include a statement signed by an official of the parent group that your organization is a nonprofit affiliate.

File name: Nonprofit status

## Resumes and job descriptions

For key personnel that will be working directly on this NOFO, attach brief resumes for positions that are filled. If a position isn’t filled, attach the job description with qualifications and plans to hire.

File name: Resumes and job descriptions

## Organization chart

Provide an organization chart that describes your structure. Include any relevant information to help understand how parts of your structure apply to your proposed project.

File name: Organization Chart

## Duplication of efforts

You must provide this attachment only if you have submitted a similar request for a grant, cooperative agreement, or contract to another funding source in the same fiscal year and it may result in any of the following types of overlap:

## Programmatic

- They are substantially the same project, or
- A specific objective and the project design for accomplishing it are the same or closely related.

## Budgetary

- You request duplicate or equivalent budget items that already are provided by another source or requested in the other submission.

## Commitment

- Given all current and potential funding sources, an individual's time commitment exceeds 100 percent, which is not allowed.

We will discuss the overlap with you and resolve the issue before award.

File name: Report on overlap

## Standard forms

You will need to complete some standard forms. Upload the following standard forms at Grants.gov. You can find them in the NOFO [application package](#).

Forms	Submission Requirement
Application for Federal Assistance (SF-424)	With application
Budget Information for Non-Construction Programs (SF-424A)	With application
Disclosure of Lobbying Activities (SF-LLL)	If applicable, with the application or before award



# Step 4:

## Learn About Review and Award

### In this step

Application review	<a href="#">38</a>
Award notices	<a href="#">42</a>

# Application review

## Initial review

We review each application to make sure it meets responsiveness requirements. These are the basic requirements you must meet to move forward in the competition. We won't consider an application that:

- Is from an organization that doesn't meet eligibility criteria. See requirements in [Eligibility](#).
- Is submitted after the [deadline](#).
- The application proposes research activities. See [45 CFR 75.2](#) for the definition of research.
- If you don't follow page limit or formatting requirements, we may remove pages from your application to solve for any unfairness.

## Merit review

A panel reviews all applications that pass the initial review. The members use the following criteria.

**Table: Criteria and total points**

Criterion	Total number of points = 100
1. Background and Approach	40 points
2. Organizational Capacity	40 points
3. Evaluation and Performance Measurement	20 points

## Criteria

### Background & Approach (Maximum points: 40)

Ensure that responses are consistent with the following Program Description requirement sections.

Evaluate the extent to which the applicant provides:	Consistent with:
Relevant background information that includes the context of the problem in the applicant's jurisdiction.	<a href="#">Background</a>
How their application will address the public health problem as described in the CDC background section.	<a href="#">Background</a>
Outcomes they expect to achieve by the end of the period of performance that are consistent with the period of performance outcomes in the program's logic model.	<a href="#">Approach, logic model</a>
A clear and concise description of the activities they plan to implement and how they plan to implement them.	<a href="#">Required Strategies &amp; Activities</a>
How they will consider and address health inequities in designing and implementing their strategies and activities.	<a href="#">Focus Populations, Health Disparities</a>
A work plan that is aligned with the strategies, activities, outcomes, and performance measures in the approach and is consistent with the content and format proposed by CDC.	<a href="#">Work Plan</a>

## Organizational capacity (Maximum points: 40)

Ensure that responses are consistent with the Program Description section Organizational Capacity generally, including any of the following subsections or required attachments.

Evaluate the extent to which the applicant describes:	Consistent with:
How their organization has established, or will establish, strategic multi-sectoral partnerships related to violence prevention	<a href="#">Organizational Capacity</a>
Experience using a public health approach to planning and implementation.	<a href="#">Organizational Capacity</a>
Experience developing and maintaining partnerships, including approaches for engagement.	<a href="#">Organizational Capacity</a>
Experience identifying and using data and other sources of information to inform planning, implementation, and evaluation.	<a href="#">Organizational Capacity</a>
Experience implementing violence prevention and/or response strategies and activities in collaboration with partners.	<a href="#">Organizational Capacity</a>
Experience with budget management and administration capacity to establish financial procedures and track, monitor, and report expenditures.	<a href="#">Organizational Capacity</a>
Ability to virtually attend CDC-sponsored trainings, meetings and events and other training opportunities recommended by CDC.	<a href="#">Organizational Capacity</a>
A staffing plan sufficient to achieve the project outcomes and that clearly defines staff roles. Provides an organizational chart that supports the structure.	<a href="#">Resumes and Job Descriptions</a> <a href="#">Organization Chart</a>
How they intend to collaborate with partners to develop recommendations and action steps.	<a href="#">Collaborations</a>



## Evaluation and performance measurement (Maximum points: 20)

Ensure that responses are consistent with the Program description's Data, Evaluation, and Performance Measurement section generally, including any of the following subsections.

Evaluate the extent to which the applicant describes:	Consistent with:
How they plan to monitor and evaluate the success of the goals and objectives of the work plan.	<a href="#">Methods</a>
A data management plan that includes data, access, standards, long-term and archiving plans, collection methods, data limitations. This includes how they will update the plan throughout an award.	<a href="#">Data Management</a>

## Risk review

Before making an award, we review the risk that you will not prudently manage federal funds. As part of that review, we need to make sure you've handled any past federal awards well and demonstrated sound business practices. We use SAM.gov [Responsibility / Qualification](#) to check this history for all awards likely to be over \$250K. We also check Exclusions.

You can comment on your organization's information in SAM.gov. We'll consider your comments before deciding about your level of risk.

We may ask for additional information prior to award based on the results of the risk review.

If we find a significant risk, we may choose not to fund your application or to place specific conditions on the award.

For more details, see [45 CFR 75.205](#).

## Selection process

We will fund applications in order by score and rank determined by the review panel.

When making funding decisions, we consider:

- Merit review results. These are key in making decisions but are not the only factor.
- The results of the risk review.

We may:

- Fund application out of the rank order developed in merit review to achieve geographic diversity.
- Fund applications in whole or in part.
- Fund applications at a lower amount than requested.
- Decide not to allow a prime recipient to subaward if they may not be able to monitor and manage subrecipients properly.
- Choose to fund no applications under this NOFO.

Our ability to make awards depends on available appropriations.

## Award notices

If you are successful, we will email a Notice of Award (NoA) to your authorized official.

We will email you or write you a letter if your application is disqualified or unsuccessful.

The NoA is the only official award document. The NoA tells you about the amount of the award, important dates, and the terms and conditions you need to follow. Until you receive the NoA, you don't have permission to start work.

Once you draw down funds, you have accepted all terms and conditions of the award.

If you want to know more about NoA contents, go to [Understanding Your Notice of Award](#) at CDC's website.



# Step 5: Submit Your Application

## In this step

Application submission & deadlines	<a href="#">44</a>
Application checklist	<a href="#">45</a>

# Application submission & deadlines

See [Find the application package](#) to make sure you have everything you need.

You must obtain a UEI number associated with your organization's physical location. Some organizations may have multiple UEI numbers. Use the UEI number associated with the location of the organization receiving the federal funds.

Make sure you are current with SAM.gov and UEI requirements before applying for the award. See [Get registered](#). You will have to maintain your registration throughout the life of any award.

## Deadlines

### Application

Due on April 16, 2024, at 11:59 p.m. ET.

Grants.gov creates a date and time record when it receives the application. If you submit the same application more than once, we will accept the last on-time submission.

The grants management officer may extend an application due date based on emergency situations such as documented

natural disasters or a verifiable widespread disruption of electric or mail service.

## Submission methods

### Grants.gov

You must submit your application through Grants.gov.

For instructions on how to submit in Grants.gov, see the [Quick Start Guide for Applicants](#). Make sure that your application passes the Grants.gov validation checks or we may not get it. Do not encrypt, zip, or password protect any files. The link above will also help you learn how to create PDFs. See [Contacts & support](#) if you need help.

## Other submissions

### Intergovernmental review

This NOFO is not subject to executive order 12372, Intergovernmental Review of Federal Programs. No action is needed.

### Mandatory disclosure

You must submit any information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. See Mandatory Disclosures, [45 CFR 75.113](#).

Send written disclosures to the Office of Inspector General at [grantdisclosures@oig.hhs.gov](mailto:grantdisclosures@oig.hhs.gov).

# Application checklist

Make sure that you have everything you need to apply:

Component	How to Upload	Page limit
<input type="checkbox"/> <a href="#">Project Abstract</a>	Use the Project Abstract Summary Form.	1 page
<input type="checkbox"/> <a href="#">Project Narrative</a>	Use the Project Narrative Attachment form.	20 pages
<input type="checkbox"/> <a href="#">Budget Narrative</a>	Use the Budget Narrative Attachment form.	None
<a href="#">Attachments</a>	Insert each in a single Other Attachments form.	
<input type="checkbox"/> Table of Contents		None
<input type="checkbox"/> Tribal Support Letter (Optional)		None
<input type="checkbox"/> Indirect Costs Agreement		None
<input type="checkbox"/> Proof of Nonprofit Status		None
<input type="checkbox"/> Resumes and Job Descriptions		None
<input type="checkbox"/> Organization Chart		None
<input type="checkbox"/> Duplication of Efforts (if applicable)		None
<a href="#">Standard Forms</a> (3 total)	Upload using each required form.	
<input type="checkbox"/> Application for Federal Assistance (SF-424)		None
<input type="checkbox"/> Budget Information for Non-Construction Programs (SF-424A)		None
<input type="checkbox"/> Disclosure of Lobbying Activities (SF-LLL)		None



## Step 6:

# Learn What Happens After Award

### In this step

Post-award requirements & administration [47](#)

# Post-award requirements & administration

We adopt by reference all materials included in the links within this NOFO.

## Administrative & national policy requirements

There are important rules you need to read and know if you get an award. You must follow:

- All terms and conditions in the Notice of Award. The NoA includes the requirements of this NOFO.
- The rules listed [45 CFR part 75](#), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards.
- The HHS [Grants Policy Statement](#) (GPS). This document has policies relevant to your award. If there are any

exceptions to the GPS, they'll be listed in your Notice of Award.

- All federal statutes and regulations relevant to federal financial assistance, including the cited authority in this award, the funding authority used for this award, and those provisions in the [HHS Administrative and National Policy Requirements](#).
- If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance ([HHS-690](#)). To learn more, see the [HHS Office for Civil Rights website](#).
- The following [CDC's Additional Requirements](#) (AR) apply to this NOFO's awards: 1, 2, 3, 9, 10, 11, 12, 13, 14, 16, 17, 21, 22, 24, 25, 26, 28, 29, 30, 31, 32, 33, 37.

## Reporting

If you are successful, you will have to submit financial, programmatic, and performance reports. These include:

**Table: Reporting**

Report	Description	When
Recipient Evaluation & Performance Measurement Plan	<ul style="list-style-type: none"> <li>Includes measures and targets</li> <li>Shows how data are collected and used (Data Management Plan)</li> </ul>	1 year into award
Summary of completed Primary Prevention Capacity Assessment	<ul style="list-style-type: none"> <li>Summary of results and recommendations from Primary Prevention Capacity Assessment</li> </ul>	Approximately 18 months into award
Tribal Sexual Violence Primary Prevention Action Plan	<ul style="list-style-type: none"> <li>Describes how you will plan, prioritize, and establish a comprehensive approach to SV prevention based on Indigenous Knowledge to prevent SV</li> <li>Includes plans for all Strategy 3 activities</li> </ul>	2 years into award
Annual Performance Report (APR)	<ul style="list-style-type: none"> <li>Serves as yearly continuation application</li> <li>Includes performance measures, successes, challenges</li> <li>Updates work plan</li> <li>How CDC could help overcome challenges</li> <li>Includes budget for the next 12-month budget period</li> </ul>	No later than 120 days before the end of each budget period.
Federal Financial Report	<ul style="list-style-type: none"> <li>Includes funds authorized and disbursed during the budget period</li> <li>Indicates exact balance of unobligated funds and other financial information</li> </ul>	90 days after the end of each budget period
Final Performance Report	<ul style="list-style-type: none"> <li>Includes information similar to the APR</li> </ul>	120 days after the end of the period of performance
Final Financial Report	<ul style="list-style-type: none"> <li>Includes information in Federal Financial Report</li> </ul>	120 days after the end of the period of performance



To learn more about these reporting requirements, see [Reporting](#) on the CDC website.

## CDC award monitoring

Monitoring activities include:

- Routine and ongoing communication between CDC and recipients
- Site visits
- Recipient reporting, including work plans, performance reporting, and financial reporting (including annual reports through the end of the period of performance)

We expect to include the following in post-award monitoring:

- Tracking recipient progress in achieving the outcomes
- Ensuring the adequacy of your systems to hold information and generate data reports
- Establishing a process for monitoring continuous program improvement over time
- Creating an environment that fosters integrity in performance and results

We may also include the following activities:

- Ensuring that work plans are feasible based on the budget
- Ensuring that work plans are consistent with award intent
- Ensuring that you are performing at a level to achieve outcomes on time

- Working with you to adjust your work plan based on outcome achievement, evaluation results, and changing budgets
- Monitoring programmatic and financial performance measures to ensure satisfactory performance levels
- Reviewing annual APRs providing you with timely feedback
- Participating in national conferences (such as NSAC)
- Participating in relevant meetings, committees, conference calls, and working groups related to the cooperative agreement requirements to achieve outcomes
- Other activities that assist CDC staff to identify, notify, and manage risk, including high-risk recipients

We expect you to participate in CDC's Annual Meeting, site visits, communities of practice, monitoring meetings or conference calls, technical assistance, or training events such as webinars provided through the Violence Prevention Technical Assistance Center (VPTAC), and other check-ins.

We will conduct a recurring review by telephone call or video conference to ensure your compliance with using the funding for the approved activities and to identify additional technical assistance needs. You will email programmatic and fiscal updates to your assigned project officer before these regularly scheduled conference calls.

You are also expected to participate in CDC's initiative-level evaluation of this NOFO. The purpose of the initiative-level evaluation is to observe and document the progress,

achievements, and lessons learned of recipients as they work toward NOFO activities and outcomes through implementing and evaluating SV primary prevention approaches. Through the duration of the NOFO, recipients are required to participate in the CDC-requested evaluation activities. Initiative-level evaluation activities may include but are not limited to focus groups, surveys, and interviews.

## Nondiscrimination & assurance

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance ([HHS-690](#)). To learn more, see the [Laws and Regulations Enforced by the HHS Office for Civil Rights](#).



# Contacts & support

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# Agency contacts

## Program & eligibility

Latonya Tripp-Dinkins, [uas8@cdc.gov](mailto:uas8@cdc.gov), 404-956-2782

## Financial & budget

Tajsha LaShore, [okx5@cdc.gov](mailto:okx5@cdc.gov), 404-498-5696

## Review process & application status

Latonya Tripp-Dinkins, [uas8@cdc.gov](mailto:uas8@cdc.gov), 404-956-2782

## Grants.gov

Grants.gov provides 24/7 support. You can call 1-800-518-4726 or email [support@grants.gov](mailto:support@grants.gov). Hold on to your ticket number.

## SAM.gov

If you need help, you can call 866-606-8220 or live chat with the [Federal Service Desk](#).

# Reference websites

- [U.S. Department of Health and Human Services \(HHS\)](#)
- [Grants Dictionary of Terms](#)
- [CDC Grants: How to Apply](#)
- [CDC Grants: Already Have a CDC Grant?](#)
- [Grants.gov Accessibility Information](#)
- [Code of Federal Regulations \(CFR\)](#)
- [United States Code \(U.S.C.\)](#)
- [VetoViolence](#)
- [CDC's VetoViolence Violence Prevention in Practice tool](#)
- [Social-Ecological Model](#)
- [Social Determinants of Health at CDC](#)
- [Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence](#)
- [Violence Prevention](#) on the CDC website.
- [My Tribal Area Data Tool](#) from the U.S. Census Bureau
- [The Office of Minority Health and Health Equity](#)
- [Minority Health Related to AI/AN Populations](#)
- [National Intimate Partner and Sexual Violence Survey \(NISVS\)](#)
- [Youth Risk Behavior Surveillance System \(YRBSS\)](#)
- [Promoting health equity; a resource to help communities address social determinants of health](#)
- [Health of American Indian and Alaska Native Population](#)
- [Indigenous Social Determinants of Health](#)
- [Indigenous determinants of health in the 2030 Agenda for Sustainable Development](#)
- [Indigenous Knowledge](#)

# Endnotes

Select the endnote number to jump to the related section in the document.

[1] Prabhakar, A., & Mallory, B. (2022). Guidance for Federal Departments and Agencies on Indigenous Knowledge. Retrieved from [whitehouse.gov/wp-content/uploads/2022/12/OSTP-CEQ-IK-Guidance.pdf](https://www.whitehouse.gov/wp-content/uploads/2022/12/OSTP-CEQ-IK-Guidance.pdf)

[2] Riveros, S. F. C., McGlade, H., & Roth, G. (2023). Indigenous determinants of health in the 2030 Agenda for Sustainable Development. [nihb.org/resources/IDH%20UNPFII%20Report%20-%202023.pdf](https://www.nihb.org/resources/IDH%20UNPFII%20Report%20-%202023.pdf)