PPHF 2012: Community Transformation Grants (CTG) - Small Communities Programs financed solely by 2012 Prevention and Public Health Funds

The CDC has issued a funding opportunity announcement (FOA) for the Community Transformation Grants-**Small** Communities Program, funded by the FY 2012 Prevention and Public Health Fund. Approximately $70 million will be awarded to up to 50 communities.
http://www.grants.gov/search/search.do;jsessionid=RgW1PFPFQshPqDGLW5sBW8ZQTmTpXQwjMLllqTy7zJdwfc1QLpXP%21-1021879135?oppId=173114&mode=VIEW

KEY DATES

Pre-Application Support Call - June 4, 2012 10:00am-11:30am: Interested applicants in the Atlantic, Eastern, and Central time zones. This conference call can be accessed by calling 1-773-756-4793 or 1-800-857-2613, passcode: 3555436. Note other times are available based upon the different time zones. *(Page 2)*
Letter of Intent Deadline Date: June 18, 2012, 5:00pm U.S. Eastern Daylight Savings Time via express mail or delivery service.
Application Deadline Date: July 31, 2012, 5:00pm Eastern Daylight Savings Time via grants.gov
Grant Duration: Two Years
Anticipated Award Date: September 30, 2012

GRANT AT-A-GLANCE

Number of Grants to be Awarded: Up to 50 communities
Approximate Current Fiscal Year Funding: $70 million for the full two-year project period.

Eligible applicants: governmental agencies and non-governmental organizations that include, but are not limited to, school districts, local housing authorities, local transportation authorities, health departments, planning and economic development agencies, non-profit and community based organizations, area aging agencies, and cooperative extension agencies (educational programs within land grant universities). They also include federally-recognized American Indian Tribes and Alaska Native Villages and tribal organizations, including Intertribal Councils and American Indian Health Boards. *(Page 29)*

Approximate Average Award: The size of awards will vary with size of the intervention population, the scale and complexity of the proposed activities, the number of ACA (Affordable Care Act) outcome measures to be addressed by the project, and the needs of each community. Award amounts will range from $1 per capita to $10 per capita (based on the size of the proposed intervention population as well as the number and complexity of the proposed strategies and outcomes) per year, with the minimum award being $200,000 for the 2 year project period for intervention populations of up to 100,000 and a smaller number of strategies and outcome measures. The strongest applications will be those that reach larger populations up to 500,000. For tribes, the strongest applications will be those that serve a large proportion of or all tribal members. Larger awards will go to applicants serving larger populations (up to 500,000) and selecting all five outcome measures. The average award will likely be in the range of $2.5 million for two years, commensurate with intervention population size, the scale,

comprehensiveness and complexity of the interventions to be implemented, and the number of CTG outcomes to be addressed. *(Page 28)*

Funding at $750,000 or more per year: Recipients funded at $750,000 or more per year must provide at least 50 percent of the total grant funding to local community entities, including governmental agencies or non-governmental organizations to ensure local participation, support and effective implementation of the program. *(Page 13)*

Funding only one application serving the same intervention population per geographic region: CDC will fund only one application serving the same intervention population per geographic area. A funded entity is responsible for implementing the program only within the geographic area and intervention population specified in the application. *(Page 28)*

DETAILED GENERAL GRANT INFORMATION

The Community Transformation Grant (CTG) program supports State and local governmental agencies and community-based organizations in the implementation, evaluation, and dissemination of evidence-based community health activities in order to reduce chronic disease rates, prevent the development of secondary conditions, address health disparities, and develop a stronger evidence-base of effective prevention programming. The overarching purpose of this program is to prevent heart attack, stroke, cancer, diabetes and other leading chronic disease-related causes of death or disability through a variety of "policy, environmental, programmatic, and, as appropriate, infrastructure" interventions to promote healthier lifestyles. (42 U.S.C. 300u–13). *(Pages 3, 6-7)*

Solving the nation's chronic disease problems requires the work of multiple sectors to create environments that support health and healthful behaviors. When all sectors are working toward common prevention priorities, improvements in health can be amplified and accelerated. *(Pages 6-7)* **Applicants must identify the following in their application:**

- The specific geographic area to be served or the subpopulation within a larger geographic area;
- The specific intervention population to be reached by the program, not to exceed 500,000 people. An intervention population is defined as the specific group that will receive the benefit of the interventions.
- The number of people to be reached with the funded interventions;
- Documented differential health burden of the selected intervention population;
- The specific health improvements that will result from this program, from among the five outcome measures established in the Affordable Care Act of 2010: changes in weight, proper nutrition, physical activity, tobacco use, and emotional wellbeing and overall mental health. The outcomes of the program must align with the following long-term performance objectives:
  Long term objective: Reduce death and disability due to tobacco use by 5% among the target population.
  Long term objective: Reduce the rate of obesity through nutrition and physical activity interventions by 5% in the implementation area.
  Long term objective: Reduce death and disability due to heart disease and stroke by 5% in the implementation area.

Leadership Committee Advise on Implementation of the Grant: A minimum of 5 multi-sectoral leaders such as county executives, mayors or tribal leaders, state, city, or county officials; public health directors; school superintendents; business association or corporation leaders or philanthropic leaders; Federally Qualified Health Centers (FQHCs); hospital and health systems directors; boards of health and health officers; public health leaders; representatives from other sectors including agriculture, transportation and planning; or other community leaders; as well as individuals that represent rural and frontier areas, as applicable, and the intervention population. For Tribal applicants, the community leaders should represent multi-sectoral tribal enterprises, programs and populations sufficient to produce successful results. *(pages 14-16)*

LOGISTICS – BEING PREPARED TO SUBMIT A GRANT

Required Registrations

Registering your organization through www.Grants.gov, the official agency-wide E-grant website, is the first step in submitting an application online. Registration information is located on the "Get Registered" screen of www.Grants.gov. Please visit www.Grants.gov at least 30 days prior to submitting your application to familiarize yourself with the registration and submission processes. The "one-time" registration process will take three to five days to complete. However, the Grants.gov registration process also requires that you register your organization with the Central Contractor Registry (CCR). The CCR registration can require an additional one to two days to complete. You are required to maintain a current registration in CCR. *(Page 31)*

Central Contractor Registration and Universal Identifier Requirements

All applicant organizations must obtain a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number as the Universal Identifier when applying for Federal grants or cooperative agreements. *(Pages 31-32)*

LETTER OF INTENT DETAILED INFORMATION

Letter of Intent Deadline Date: June 18, 2012, 5:00pm U.S. Eastern Daylight Savings Time via express mail or delivery service.

The LOI should be no more than two pages (8.5 x 11), double-spaced, printed on one side, with one-inch margins, written in English (avoiding jargon), and unreduced 12-point font. A sample LOI template with the required elements included is provided in Appendix F. (Page 36)

Applicants are required to submit a Letter of Intent (LOI) to be eligible to apply for this program. Failure to submit a LOI will result in non-responsiveness and the applicant will be prohibited from applying. Electronic submissions via email, fax, CD or thumbdrives are NOT ACCEPTABLE. (Page 36)

Submit the LOI by express mail or delivery service to:
Vivian Walker, Grants Management Officer - FOA DP12-1216PPHF12
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Rd, MS E-09
Atlanta, GA 30341

SUBMISSION OF GRANT

Electronic Submission of Application: Applications must be submitted electronically at www.Grants.gov. Electronic applications will be considered as having met the deadline if the application has been successfully made available to CDC for processing from Grants.gov on the deadline date. *(Pages 47-48)*