



[BOLD Public Health Programs | CDC-RFA-DP23-0010 | CDC Frequently Asked Questions](#)

Updated January 18, 2023

- 1. Question: How do I know if my organization should apply for Component 1 or Component 2?**  
**Answer:** Potential applicants for this NOFO should carefully review the “Additional Information on Eligibility” section for both Component 1 and Component 2 in the NOFO, as well as the information in the “Review and Selection Process” section that describes how your applications will be reviewed.
- 2. Question: It is understood that an organization may apply for either Component 1 or Component 2. However, is there a limit to the number of submissions per Component (e.g., two Component A proposals from one organization)?**  
**Answer:** An applicant may only submit one application for Component 1 or Component 2. Each applicant must include their Unique Entity Identifier (UEI) number. Only one application per UEI number will be accepted. Furthermore, applicants may only apply for Component 1 or 2, but not both.
- 3. Question: If we applied for the Component 2 and are not funded, would we automatically be considered for the Component 1 option?**  
**Answer:** No. If you apply for a Component 2 award and are deemed ineligible or are not funded, your application will not be automatically considered for Component 1.
- 4. Question: Can my organization be the primary applicant on one application and a subcontract on other applications?**  
**Answer:** Yes. An applicant can apply as primary recipient for only one award. An applicant may, however, be subcontracted on one or more other applications.
- 1. Question: Is the annual funding for each component for direct cost or total cost?**  
**Answer:** The estimated annual funding for each component is for the total cost (direct and indirect).
- 2. Question: What level of funding should I request?**  
**Answer:** The anticipated estimated annual funding for year 1 for Component 1 is \$250,000 and Component 2 is \$450,000. Applications over \$350,000 for Component 1 or \$600,000 for Component 2 will be deemed non-responsive and will not be reviewed.
- 3. Question: Are there limitations on indirect costs in this funding application? Is there a cap rate on indirect costs?**  
**Answer:** There is not a cap on the Indirect cost. The specific rate is dependent upon your organization and the final negotiated rate. If your organization has a negotiated rate agreement with a Federal Cognizant Agency, please use the rate that has been established.
- 4. Question: Can you clarify whether travel would be required yearly for two individuals to visit CDC or just at the onset (year one) of the grant**  
**Answer:** Annual travel for two individuals to CDC or to a CDC directed meeting is required by this NOFO.
- 5. Question: Can we include staffing in the budget proposal?**  
**Answer:** You can include staffing in your budget.

- 6. Question: Do you prefer that we provide you with only a 12-month budget, or provide you with our three-year proposed budget?**

**Answer:** A detailed budget is only required for budget period 1. An applicant will need to provide an estimated funding amount for years 2-5. For guidance on completing a detailed budget, see Budget Preparation Guidelines

at: <https://www.cdc.gov/grants/applying/application-resources.html>. This website also gives you other useful information for applying for a NOFO.

- 7. Question: Are we allowed to budget money for BRFSS for CDC caregiver or cognitive decline optional modules?**

**Answer:** Yes, you can budget for BRFSS optional modules for caregiving and/or subjective cognitive decline.

- 8. Question: Can you clarify the exact dates for the five-year funding period of this NOFO?**

**Answer:** The anticipated start date for the awards under this mechanism is September 30, 2023. However, the actual award date may be earlier. Upon initiation, each budget year is 12 months long. While the anticipated project period is 5 years, CDC will continue to award funding annually based on the availability of funds.

- 9. Question: Can funds be used to purchase promotional items?**

**Answer:** Applicants should review the [HHS Grants Policy Statement \[PDF – 1.3MB\]](#) on the HHS website. It provides specific details on allowable costs on pages II-30 through II-43.

- 1. Question: Can you recommend assessment or measurement tool(s) for any of the required performance measures?**

**Answer:** CDC does not have recommended tools for the purpose of this NOFO. Applicants are encouraged to seek out and use assessments and tools that are appropriate for their goals.

- 2. Question: For each of the required strategies and long-term outcomes, are there recommended/validated assessment or measurement tools for assessing baseline and improvements over time for each?**

**Answer:** CDC does not have recommended tools for the purpose of this NOFO. Applicants are encouraged to seek out and use assessments and tools that are appropriate for their goals.

- 1. Question: Regarding the Letter of Intent: if submitting a Letter of Intent, do you have to do the required registration first?**

**Answer:** No, the registrations are not required prior to submitting a Letter of Intent. Required registrations must be completed prior to submission of the application.

- 2. Question: If we're working with other organizations, and we are the lead, is there one lead applicant (not the other organizations that may be applying with you?) Are you allowed to have more than one primary recipient?**

**Answer:** No, there may only be one primary applicant for an application. The primary applicant will submit the application.

- 3. Question: Can we use funds from this NOFO for research activities?**

**Answer: No,** this NOFO is only for non-research activities. If research is proposed, the application will not be considered. Please refer to Announcement Type on page 1 of the NOFO.

- 4. Question: Is there a preferred template for the Resumes/CVs (e.g., NIH Biosketch template)?**

**Answer:** There is no preferred template for resumes or CVs.

- 5. Question: Is there a limit on the number of Co-PIs allowed?**

**Answer:** There is no limit to the number of Co-PIs allowed.

- 6. Question: Is there an opportunity for those submitting a grant application to have a preview conducted by the CDC? By preview I mean review of our DRAFT application and provide**

feedback and/or suggestions. If this is an option when would the preview DRAFT application need to be submitted by?

**Answer:** CDC will not review a draft of an application prior to official submission.

7. **Question: I am having technical problems registering and inputting information into Grants.gov. Can you help?**

**Answer:** For assistance with technical difficulties with the Grants.gov system, please contact: GRANTS.GOV Applicant Support  
1-800-518-4726

[support@grants.gov](mailto:support@grants.gov)

8. **Question: Is there a preferred template for the Report on Programmatic, Budgetary, and Commitment Overlap?**

**Answer:** No, there is no preferred template. However, please see CDC Budget Preparation Guidelines for additional information <https://www.cdc.gov/grants/documents/Budget-Preparation-Guidance.pdf> [PDF – 415KB]

9. **Question: In addition to the PD/PI(s), does the Report on Programmatic, Budgetary, and Commitment Overlap include information on current awards and pending applications submitted to another funding source in the same fiscal year by other senior/key personnel, such as Co-Investigators and Consortium PIs?**

**Answer:** This is applicable to the current awards and should not exceed 100 percent on all federal funding as the percentage of effort for all key personnel, such as Co Investigators and Consortium PIs.

10. **Question: Do the formatting requirements of single-spacing, 12-point font, and 1-inch margins, and page numbering apply to the combined Letters of Support attachment?**

**Answer:** There is no requirement in the NOFO for spacing, font, margins, or page numbers for the Letters of Support.

11. **Question: Is the evaluation and performance measurement plan (EPMP) to be included within the 20-page limit?**

**Answer:** The Evaluation and Performance Measurement Plan is not included in the 20-page limit. This page limit is for the Project Narrative (including the work plan).

12. **Question: Are charts or maps showing the target population allowed within the 20-page limit?**

**Answer:** Charts or maps are allowed within the 20-page limit.

13. **Question: Do you have a template for the “staffing plan”?**

**Answer:** There is no template for the staffing plan.

14. **Question: In our application we are going to list an agency that we plan to contract with if we are granted these award funds. I have read through the grant application a number of times and read through the *Budget Preparation Guidelines* Office of Financial Resources. I am wondering if CDC, for the purpose of this grant application, would consider the community-based organization (CBO) we are going to contract with a Consultant? I know there is an area on the *Budget Preparation Guidelines* that outlines the Consultant Costs. If you don't consider the CBO a consultant, how would you like us to represent them in our budgets?**

**Answer:** A Contract is defined as a written agreement between a recipient and a third party to acquire commercial goods or services. A Consultant is defined as an individual who provides professional advice or services for a fee, but normally not as an employee of the engaging party. The term “consultant” also includes a firm that provides paid professional advice or services. Your organization needs to determine which category this falls under within the organization’s approved structure.

15. **Question: How do we complete Form SF–LLL if we are a nonprofit and don't engage a lobbyist nor will a lobbyist be associated with the grant?**

**Answer:** By signing the application, you are validating that the grantee will not be using any funds for lobbying activities. The SF-LLL form only needs to be completed if you are going to engage in lobbying.

16. **Question: Regarding formatting requirements, is there a preferred font type (e.g., Times New Roman)? Also, can page numbers appear in the 1-inch margin?**

**Answer:** Please refer to the “Other Information”. Text should be single spaced, 12-point font, 1-inch margins, and number all pages. Page numbers can be in the margin.

17. **Question: Should the attachments: Resume/CV, Letters of Support, CDC Assurances and Certifications, and Risk Assessment Questionnaire, be uploaded via the “Other Attachments Form?” If not, how should they be uploaded?**

**Answer:** Please refer to the “Other Information” for more information on attachments applicants can upload as PDF files as part of their application at [www.grants.gov](http://www.grants.gov).

18. **Question: Do you allow those applying for this funding to schedule a phone call to get clarification on questions?**

**Answer:** All questions must be submitted through the NOFO email. If you have additional questions after receiving a response, please submit a follow-up email for clarification. All questions and answers are posted on the [cdc.gov/aging](http://cdc.gov/aging) FAQ page.

19. **Question: Is there a preferred style for citations/references, and are footnotes allowable? If footnotes are not allowable, does the reference list count toward the 25-page narrative page limit?**

**Answer:** There is no preferred style for citations/references but if you are using references, please use a consistent standard style throughout (e.g., AMA, APA, etc.). Footnotes may be used. The reference list will not count toward the 25-page limit for the project narrative.

20. **Question: Is there a page limit for Budget Narrative document?**

**Answer:** No

21. **Question: The NOFO mentioned, “CDC programs may require more frequent reporting of performance measures than annually in the APR. If this is the case, CDC programs must specify reporting frequency, data fields, and format for recipients at the beginning of the award period.” Can you tell me if there will be more frequent reports required — such as quarterly or semi-annual progress reports? That would help us better gauge the administrative management burden would we need to anticipate and plan for**

**Answer:** At this time, CDC has not determined further reporting requirements other than what is listed in the NOFO.

1. **Question: Should the year 1 work plan be in table format with all the elements of the one-year plan? Should the year 1 work plan have specific SMART objectives? Can you elaborate on what is intended in the year 1 workplan?**

**Answer:** A sample work plan is included in the Work Plan section of the NOFO. As a part of your NOFO application, you may choose to use the sample work plan for the required year 1 work plan. CDC will provide feedback and technical assistance to recipients to finalize the work plan post-award.

2. **Question: Should the high-level work plan for subsequent years be in table format with all the elements of the one-year plan or a more general narrative? Should the high-level work plan also have specific SMART objectives? Can you elaborate on what is intended in the high-level workplan?**

**Answer:** The high-level work plan for subsequent years should provide enough detail to allow your proposed approach for the 5-year project period to be adequately evaluated.

1. **Question: When is the informational call for the CDC-RFA-DP:23-0010 (NOFO)?**

**Answer:** The 60-minute informational call will take place on ZOOM at 12:30PM EST on January 25, 2023 date.

Zoom Meeting ID [161 494 8218](https://zoom.us/j/1614948218), Passcode: [BOLD2023!](https://zoom.us/j/1614948218?pwd=WWpCRIZQMEtUcXMyZHJwdVRwU3lIQQT09) or at this invite link:

<https://cdc.zoomgov.com/j/1614948218?pwd=WWpCRIZQMEtUcXMyZHJwdVRwU3lIQQT09>

## Glossary

**Activities:** The actual events or actions that take place as a part of the program.

**Administrative and National Policy Requirements, Additional Requirements (ARs):** Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed in the NOFO.

To view brief descriptions of relevant provisions, see <https://www.cdc.gov/grants/additional-requirements/index.html>. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

**Approved but Unfunded:** Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.

**Assistance Listings:** A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.

**Assistance Listings Number:** A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency

**Award:** Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.

**Budget Period or Budget Year:** The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.

**Carryover:** Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.

**Competing Continuation Award:** A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established period of performance (i.e., extends the “life” of the award).

**Continuous Quality Improvement:** A system that seeks to improve the provision of services with an emphasis on future results.

**Contracts:** An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.

**Cooperative Agreement:** A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.

**Cost Sharing or Matching:** Refers to program costs not borne by the Federal Government but by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.

**Direct Assistance:** A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. <https://www.cdc.gov/grants/additional-requirements/index.html>.

**Evaluation (program evaluation):** The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.

**Evaluation Plan:** A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The NOFO evaluation plan is used to describe how the recipient and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.

**Federal Funding Accountability and Transparency Act of 2006 (FFATA):** Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at [www.USAspending.gov](http://www.USAspending.gov).

**Fiscal Year:** The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.

**Grant:** A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person

or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

**Grants.gov:** A “storefront” web portal for electronic data collection (forms and reports) for federal grant-making agencies at [www.grants.gov](http://www.grants.gov).

**Grants Management Officer (GMO):** The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.

**Grants Management Specialist (GMS):** A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.

**Health Disparities:** Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.

**Health Equity:** Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.

**Health Inequities:** Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.

**Healthy People 2030:** National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.

**Inclusion:** Both the meaningful involvement of a community’s members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.

**Indirect Costs:** Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.

**Letter of Intent (LOI):** A preliminary, non-binding indication of an organization’s intent to submit an application.

**Lobbying:** Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

**Logic Model:** A visual representation showing the sequence of related events connecting the activities of a program with the programs' desired outcomes and results.

**Maintenance of Effort:** A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.

**Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA):** Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.

**Nonprofit Organization:** Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher education, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).

**Notice of Award (NoA):** The official document, signed (or the electronic equivalent of signature) by a Grants Management Officer that: (1) notifies the recipient of the award of a grant; (2) contains or references all the terms and conditions of the grant and Federal funding limits and obligations; and (3) provides the documentary basis for recording the obligation of Federal funds in the HHS accounting system.

**Objective Review:** A process that involves the thorough and consistent examination of applications based on an unbiased evaluation of scientific or technical merit or other relevant aspects of the proposal. The review is intended to provide advice to the persons responsible for making award decisions.

**Outcome:** The results of program operations or activities; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced morbidity and mortality.

**Performance Measurement:** The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted

(process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A “program” may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.

**Period of Performance – formerly known as the project period:** The time during which the recipient may incur obligations to carry out the work authorized under the Federal award. The start and end dates of the period of performance must be included in the Federal award.

**Period of Performance Outcome:** An outcome that will occur by the end of the period of performance.

**Plain Writing Act of 2010:** Plain Writing Act of 2010, Public Law 111-274 requires federal agencies to communicate with the public in plain language to make information more accessible and understandable by intended users, especially people with limited health literacy skills or limited English proficiency. The Plain Writing Act is available at [www.plainlanguage.gov](http://www.plainlanguage.gov).

**Program Strategies:** Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).

**Program Official:** Person responsible for developing the NOFO; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.

**Period of performance – formerly known as the project period:** The time during which the recipient may incur obligations to carry out the work authorized under the Federal award. The start and end dates of the period of performance must be included in the Federal award.

**Period of performance Outcome:** An outcome that will occur by the end of the NOFO’s funding period.

**Public Health Accreditation Board (PHAB):** A nonprofit organization that works to promote and protect the health of the public by advancing the quality and performance of public health departments in the U.S. through national public health department accreditation <http://www.phaboard.org>.

**Social Determinants of Health:** Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

**Statute:** An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.

**Statutory Authority:** Authority provided by legal statute that establishes a federal financial assistance program or award.

**System for Award Management (SAM):** The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies’ finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM

stores organizational information, allowing [www.grants.gov](http://www.grants.gov) to verify identity and pre-fill organizational information on grant applications.

**Technical Assistance:** Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.

**Work Plan:** The summary of period of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

**ADRD Topics** for this NOFO include and are not limited to brain health, cognitive aging, dementia risk reduction, early detection and diagnosis, linkages to treatment, care, and services, prevention and management of comorbidities leading to preventable hospitalizations and poor health outcomes, and caregiving for persons with dementia.

**Alzheimer's Disease** is an irreversible, progressive brain disorder and the most common cause of dementia. Early symptoms include difficulty with memory and thinking. As the disease progresses, symptoms include impaired communication and judgment, confusion, behavior changes, and challenges with basic bodily functions. Symptoms usually develop slowly and get worse over time, becoming severe enough to interfere with daily tasks.

**Alzheimer's disease and related dementias (ADRD)** include Alzheimer's disease as well as frontotemporal degeneration (FTD), Lewy body dementia (LBD), vascular contributions to cognitive impairment and dementia (VCID), and mixed etiology dementias (MED).

**Alzheimer's disease and related dementias (ADRD) Jurisdiction Strategic Plans** are created through a jurisdiction-wide, comprehensive and collaborative effort that includes a wide variety dementia stakeholders. An ADRD strategic plan helps to coordinate and support the work of private, non-profit, public entities, and other stakeholders throughout the jurisdiction. The ADRD strategic plan is intended to help the jurisdiction leverage limited resources and set priorities for action, with a focus on supportive, population based, policies, systems, and environments that will support widespread impact and address the needs identified by the jurisdiction effort. The recommendations and strategies of the plan are meant to be accomplished through the joint efforts of private organizations, non-profit entities, state, tribal and local government agencies, as well as interested stakeholders and individuals.

**Balanced Approach** is a principle applied to the ADRD Strategic Plan. It requires including goals and actions that address all 4 domains of the Road Map at least once as well as each of the prevention levels at least once.

**[Behavioral Risk Factor Surveillance System \(BRFSS\)](#)** is the nation's premier system of health-related telephone surveys that collects state-level data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. BRFSS collects data in all 50 states as well as the District of Columbia and three U.S. territories. BRFSS completes more than 400,000 adult interviews each year, making it the largest continuously conducted health survey system in the world. The BRFSS includes two optional modules related to the activities in this NOFO- Cognitive Decline and Caregiving.

**Brain Health** is a concept that involves making the most of the brain's capacity and helping to reduce some risks that occur with aging. Brain health refers to the ability to draw on the strengths of the brain to remember, learn, play, concentrate, and maintain a clear, active mind.

**[Building Our Largest Dementia \(BOLD\) Infrastructure for Alzheimer's Act](#)** (P.L. 115-406) is a law that creates an Alzheimer's public health infrastructure across the country to implement effective Alzheimer's interventions focused on public health issues such as increasing early detection and diagnosis, reducing risk, and preventing avoidable hospitalizations. The BOLD Infrastructure for Alzheimer's Act will accomplish this by establishing Alzheimer's and Related Dementias Public Health Centers of Excellence, providing funding to state, local, and tribal public health departments, and increasing data analysis and timely reporting.

**Caregiving for persons with dementia** is unpaid help provided by spouses, partners, adult children, other relatives, and friends to persons living with dementia. Caregivers for persons with dementia often assist with activities of daily living such as personal care, household management, medication and healthcare management, and coordination of financial matters.

**Coalition** For the purposes of this program, a jurisdiction coalition is defined as a formal arrangement for cooperation and collaboration among a diverse cross-section of groups or sectors across the entire jurisdiction. Each group retains its identity and agrees to work together toward a common goal(s).

**Cognition** is the mental function involved in attention, thinking, understanding, learning, remembering, solving problems, and making decisions. Cognition is a fundamental aspect of an individual's ability to engage in activities, accomplish goals, and successfully negotiate the world. It can be viewed along a continuum—from optimal functioning to mild cognitive impairment to Alzheimer's and severe dementia.

**Cognitive Impairment** is trouble remembering, learning new things, concentrating, or making decisions that affect everyday life.

**[Community-Clinical Linkages](#)** (CCL) are connections between community and clinical sectors that aim to improve health within a community. CCLs are an effective, evidence-based approach to preventing and managing chronic diseases such as ADRD.

**Dementia** is an umbrella term for a particular group of symptoms, including difficulties with memory, language, problem-solving, and other thinking skills that are severe enough to interfere with daily life. Alzheimer's disease is the most common cause of dementia. Other causes include vascular dementia, dementia with Lewy bodies, and frontotemporal dementia. Often, dementia can be caused by multiple types and is referred to as mixed dementia.

**[Healthy Brain Initiative \(HBI\)](#)** envisions a nation in which public health embraces brain health and caregiving as vital components of health that are included in public health efforts. To advance public health activities in brain health, cognitive impairment, and caregiving, [State and Local Public Health Partnerships to Address Dementia: The 2018—2023 Road Map \[PDF – 19MB\]](#) was released in 2018 and the [Road Map for Indian Country \[PDF – 10MB\]](#) was released in 2019.

**Implementation Plan** a detailed description of the specific strategies, objectives, actions, and champions that are needed to **implement** the jurisdiction ADRD Strategic Plan goals.

**Intellectual and Developmental Disabilities (IDD)** are disorders that are usually present at birth and that negatively affect the trajectory of the individual's physical, intellectual, and/or emotional development. Many of these conditions affect multiple body parts or systems. Intellectual disability starts any time before a child turns 18 and is characterized by problems with both: (1) Intellectual functioning or intelligence, which include the ability to learn, reason, problem solve, and other skills; and (2) Adaptive behavior, which includes everyday social and life skills. The term "developmental disabilities" is a broader category of often lifelong disability that can be intellectual, physical, or both.

**Jurisdiction** is the entire political/geographical boundary of the state, political subdivision of a state, or Indian [American Indian/Alaska Native] tribes and tribal organization for which the applicant represents.

[\*\*National Alzheimer's Project Act \(NAPA\)\*\*](#) creates an important opportunity to build upon and leverage Department of Health and Human Services (HHS) programs and other federal efforts to help change the trajectory of Alzheimer's disease and related dementias (ADRD). The law calls for a National Plan for ADRD with input from a public-private Advisory Council on Alzheimer's Research, Care and Services. The Advisory Council makes recommendations to HHS for priority actions to expand, coordinate, and condense programs in order to improve the health outcomes of people with ADRD and reduce the financial burden of these conditions on those with the diseases, their families, and society.

**Prevention Levels** are opportunities for public health intervention that include primary (e.g., dementia risk reduction), secondary (e.g., early detection and diagnosis; linkages to treatment, care, and services), and tertiary (e.g., prevention and management of comorbidities leading to preventable hospitalizations and poor health outcomes; caregiving for persons with dementia) prevention.

**Primary Prevention** is intervening before health effects or conditions occur. For the purpose of this NOFO, this means dementia risk reduction activities such as altering risky behaviors like poor eating habits or tobacco use or preventing and managing certain chronic conditions such as high blood pressure.

**Provider** includes any individual who **promotes, protects, and improves the health of individuals and communities. This includes health care providers, first responders, paid caregivers, and others who provide care or services to people living with dementia and/or their caregivers.**

**Public Health Approach**, for this NOFO, focuses on improving the health of entire populations across the lifespan, including dementia risk reduction, early detection and diagnosis, prevention and management of comorbidities leading to preventable hospitalizations, community-clinical linkages, referral to services, and caregiving for persons with dementia. It also includes building coordinated systems that bind together jurisdiction efforts for ADRD and caregiving for persons with dementia.

**Risk Reduction** (see Primary Prevention) is a comprehensive approach to your brain and cognitive wellness through healthy behaviors and preventing and managing certain chronic conditions that may elevate your risk for dementia.

**Road Map Series** (RM Series) refers to the Healthy Brain Initiative's (HBI) series of Road Map documents and supporting materials. These can be found at [www.cdc.gov/aging](http://www.cdc.gov/aging), and include [the State and Local Public Health Partnerships to Address Dementia, The 2018-2023 Road Map \[PDF – 19MB\]](#) and the [Road Map for Indian Country \[PDF – 10MB\]](#) and all related supporting materials such as RM implementation and dissemination guides, topic specific [Issue Maps](#), 1 pagers and supporting messaging. The Road Map Series prepares all communities to act quickly and strategically by stimulating changes in policies, systems, and environments and can be incorporated efficiently into existing public health initiatives.

**RM domains** refers to 4 of 10 essential services of public health used as a framework for the [State and Local Public Health Partnerships to Address Dementia: The 2018-2023 Road Map](#), as well as future updates. These domains include Educate and Empower (E), Develop Policies and Mobilize Partnerships (P), Assure a Competent Workforce (W), and Monitor and Evaluate (E).

**Secondary Prevention** is detecting diseases in the earliest stages before the onset of more severe symptoms. For the purpose of this NOFO, this means early detection and diagnosis of cognitive impairment and ADRD and linkages to treatment, care, and services.

**Strategic Plan** is a jurisdiction level document that lays out a range of goals, objectives, and strategies, including new initiatives to address ADRD.

**Subjective Cognitive Decline (SCD)** is the self-reported experience of worsening or more frequent confusion or memory loss in the past year. It is a form of cognitive impairment and is an early indicator of possible future Alzheimer's disease and related dementias.

**Sustainability** is the capacity for program activities and resources to continue after the conclusion of the period of performance.

**Tertiary Prevention** includes managing disease post diagnosis to minimize negative health and quality of life effects. For the purpose of this NOFO, this means prevention and management of comorbidities leading to preventable hospitalizations and poor health outcomes, and caregiving for people with dementia.