

Notice of Funding Opportunity – DP23-0020 - Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes
Application Reviewer Guide
Component A

Preparing for the Application Review:

- Read the Notice of Funding Opportunity (NOFO) Announcement. Download the document from the Related Documents section of the Grants.gov web page at: [View Opportunity | GRANTS.GOV](#). The document is named “Foa_Content_of_CDC-RFA-DP-23-0020.pdf.” The NOFO is also provided as an attachment with your applications.
- **Pages 60-63 of the NOFO** contain the Component A evaluation criteria listed below.

Quick Links to Reviewer Reference Materials:

- DP23-0020 Reviewer Training (Complete Recording): [ARM weblink](#)
- DP23-0020 Reviewer Training (Slides Only): [ARM weblink](#)
- NOFO Informational Webpage: [A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes | CDC](#).
- FAQs:
 - CDC responses to [frequently asked questions \(FAQs\)](#) from applicants are organized by topic and component using drop-down navigation.
 - FAQs organized by strategy “DP23-0020 Strategy-specific FAQs for Reviewers” are found on ARM reference webpage: [ARM weblink](#)
- Component A Funding Table: [Component A funding Table \[PDF – 180 KB\]](#)
- NOFO Informational Call (For Applicants): [A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes Call Script | CDC](#)
- Workplan Requirements:
 - Reviewer Slides #11-13
 - [Developing SMARTIE objectives](#)

Please use this email DP2320NOFO@cdc.gov for any programmatic questions that come up during your review. Put “*Reviewer Question (Component and Applicant Name)*” in the subject line and please include a telephone number where the subject matter expert may call you.

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| Section: Approach | Total Points: 40 |
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Note: In your review, make sure the project narrative, work plan and budget reflect a statewide approach [or a district-wide approach if the applicant is proposing to serve the District of Columbia (D.C.)].

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| <p>Background, Purpose, and Outcomes</p> <p>Evaluate the extent to which the applicant: Describes specifically how they will address the public health problem described in the NOFO, with emphasis on how they will achieve statewide reach, inclusive of all populations and communities in the state.</p> | <p>5 points</p> |
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| <p>Target Populations and Health Disparities</p> <p>Evaluate the extent to which the applicant: Describes how the priority population(s) of focus were identified and the rationale for selecting those population(s), considering the following factors: disproportionate incidence, prevalence, or severity of diabetes disease burden and/or social vulnerability.</p> | <p>3 points</p> |
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| <p>Collaborations</p> <p>Evaluate the extent to which the applicant: Describes how they will collaborate with organizations that have experience/expertise in:</p> <ul style="list-style-type: none"> • Reaching the selected priority populations. • Addressing system or population-level needs related to the SDOH. • Assisting the priority populations of focus in successfully engaging in the diabetes programs/services in the selected strategies. • (Non-state or District of Columbia health department applicants should describe how they will collaborate with the state or district health department to achieve statewide or district-wide reach and leverage existing partnerships and expertise.) | <p>6 points</p> |
| <p>Collaborations</p> <p>Evaluate the extent to which the applicant: Provides <u>a maximum</u> of 5 letters of collaboration from key partners that will be involved in implementing the selected strategies.</p> <p><u>At least</u> one of the letters should be from a partner with experience engaging/enrolling priority populations in DSMES and/or the National DPP lifestyle intervention.</p> <p>The letters should:</p> <ol style="list-style-type: none"> 1) summarize any prior work/accomplishments achieved with each partner (if applicable); 2) include a brief description of the work that will be accomplished by each partner, referencing back to the NOFO strategies; 3) specify the geographic area the partner will work in; and 4) discuss the partner’s role in reaching priority populations and/or reducing health disparities in that area (if applicable) in connection with work on the NOFO strategies selected. | <p>6 points</p> |
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| <p>Strategies and Activities</p> <p>Evaluate the extent to which the applicant: Provides a clear and concise narrative description of how they will implement <u>at least</u> 6 of the 13 strategies described in the</p> | |

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| <p>Component A section of the strategy list to achieve the performance measure targets and 5-year outcomes. This includes the required implementation of strategy 1 and/or strategy 5.</p> <ul style="list-style-type: none"> • Strategy 1: Strengthen self-care practices through improving access, appropriateness, and/or feasibility of diabetes self-management education and support (DSMES) services. • Strategy 5: Increasing enrollment and retention in the National Diabetes Prevention Program (National DPP) lifestyle intervention by improving access, appropriateness, and/or feasibility of the program. | <p>6 points</p> |
| <p>Note:</p> <ul style="list-style-type: none"> • Category A applicants are permitted to select more than 6 of the 13 strategies provided; they may also select both strategies 1 and 5. • Selection of a minimum of six strategies and activities should be evident in the project narrative, work plan, and budget. | |
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| <p>Note: The work plan is not included in the 25-page limit for the project narrative.</p> | |
| <p>Work Plan</p> <p>Evaluate the extent to which the applicant: Presents a work plan that describes the strategies selected and the objectives/activities and short-term performance measure baselines, targets, and data sources in alignment with NOFO outcomes.</p> <p>The work plan should:</p> <ul style="list-style-type: none"> • Include specific measurable, attainable/achievable, relevant, timebound/time based, inclusive, and equitable (SMARTIE) objectives for each strategy for the first year and supporting activities that describe the work that will be done to achieve each objective. • Specify the setting(s) and population(s) of focus and collaborative partners for work under each strategy. | <p>6 points</p> |
| <p>Work Plan</p> <p>Describes how they will tailor work/approaches to reach priority populations and enable them to be successful in accessing and participating in the diabetes-related programs/services addressed in this NOFO.</p> | <p>5 points</p> |
| <p>Provides a narrative summary of activities planned for each strategy in years 2-5. This summary should describe how work in years 2-5 will build on the year 1 objectives/activities and ultimately result in accomplishment of NOFO outcomes.</p> | <p>3 points</p> |
| <p style="text-align: center;">Section: Evaluation and Performance Measurement</p> | |
| <p>Evaluate the extent to which the applicant: Indicates how key evaluation questions, posed by CDC, will be addressed as they relate to the overall evaluation plan.</p> | <p>5 points</p> |
| | <p>6 points</p> |

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| Describes an evaluation design that is appropriate for the proposed strategies and is rigorous enough to determine whether activities have contributed to health and other outcomes. | |
| Describes data collection processes and data sources that are feasible and align with the evaluation design. | 5 points |
| Describes how a percentage of total funding will be used to provide adequate staffing and technical support for monitoring and evaluation. | 3 points |
| Describes how evaluation findings will be used for continuous program and quality improvement. | 3 points |
| Describes how the evaluation will add to the evidence base for selected strategies. | 3 points |
| Includes a preliminary Data Management Plan (DMP) describing, at a minimum, required information as outlined in the NOFO. (Not scored) | |
| Section: Applicant's Organizational Capacity to Implement the Approach | Total Points: 35 |
| Evaluate the extent to which the applicant: Describes prior experience and accomplishments working with and providing technical assistance on the selected strategies, with emphasis on the National Diabetes Prevention Program (National DPP) and/or diabetes self-management education and support (DSMES). Describes ability to collect and monitor data to document progress on selected strategies. | 12 points |
| Describes any prior experience working with the selected populations using participatory approaches or involvement and support from these groups for the work proposed. | 3 points |
| Describes experience achieving statewide reach in previous work. | 3 points |
| Provides a staffing plan that demonstrates the applicant has access to staff or contractors/consultants with relevant subject matter expertise to lead work on the selected strategies (e.g., project manager, health equity lead, diabetes subject matter expert, evaluator). The staffing plan should include the following: <ul style="list-style-type: none"> • A description of a staff member to lead the project. This individual should have previous experience with grants administration; program planning and implementation; partnership development; and staff/contractor supervision/oversight. • A description of how diabetes management/prevention expertise will be accessed. • A description of staff who will have the day-to-day responsibility for key tasks such as leadership of work on selected strategies; monitoring of the project's ongoing progress; preparation of reports; program evaluation; and communication with partners and CDC. | 6 points |

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| Describes their ability to manage the required procurement efforts, including the ability to write and award contracts efficiently, in accordance with applicable grants regulations and in a reasonable timeframe. | 3 points |
| <p>Demonstrates readiness to implement the evidence-based strategies in this NOFO by:</p> <ul style="list-style-type: none"> • Describing established working relationships with key national, state, or local partner organizations relevant to selected strategies, and including a description of outcomes or key accomplishments resulting from these partnerships (e.g., reports, publications, resource documents, tools, policy change, health impact). <p>[Partners may include groups such as state Medicaid agencies; state employee benefit agencies; CBOs; tribes or tribal organizations; professional associations (state medical society, other medical specialty associations, etc.); quality improvement organizations; ADA-recognized and ADCES-accredited DSMES services; local/regional ADA or ADCES chapters; CDC-recognized organizations delivering the National DPP lifestyle intervention, and others.]</p> | 8 points |
| Budget | Not Scored |
| <p>Evaluate the extent to which the proposed budget is reasonable and consistent with the stated objectives and planned program activities. Although not scored, applicants must ensure their proposed budget aligns with their proposed work plan and NOFO objectives.</p> <p>Note: For Component A, CDC recommended that 10-20% of funds be allocated to address system or population-level needs related to the SDOH that support the priority population(s) engaged in the selected program strategies. Staff time cannot be allocated to count toward the 10-20% recommended funding allocation.</p> <p>Examples of budget items that may support applicants' work to address system or population-level needs--depending on the priority population(s) and SDOH being addressed--include: subcontracts with partners who have expertise implementing system or population-level programs or policies to address SDOH-related needs, technology to support the implementation of programs/policies addressing SDOH-related needs, and other materials that may be necessary to implement the proposed work.</p> | |