

Notice of CDC-RFA-DP-25-0024: Advancing Public Health Actions to Prevent and Control Chronic Disease in the U.S. Territories and Freely Associated States

This cooperative agreement will support integrated, evidence-based strategies and activities to prevent and manage chronic disease in the U.S. territories and freely associated states.

For full details and to apply to this cooperative agreement, visit the [grants.gov page](#).

An informational call for this NOFO took place December 3, 2024.

[Information Call Script \(PDF\)](#)

Submit your questions to islandprogd25-0024@cdc.gov. Questions and answers will be posted [on this page](#) weekly.

Application deadline: January 15, 2025

Informational Call: Tuesday, December 3rd , 2024, at 6:00 p.m. EST

Expected award date: February 27, 2025

Expected start date: March 29, 2025

Six out of ten adults living in the United States have at least one chronic disease. The cost of managing chronic conditions is a significant portion of the nation’s health care expenses. The United States has made progress in chronic disease prevention and control over recent decades. However, similar advancements have not been made in the U.S. territories and freely associated states.

The U.S. territories and freely associated states include: American Samoa, The Commonwealth of the Northern Mariana Islands (CNMI), the Federated States of Micronesia (FSM), Guam, Puerto Rico, the Republic of the Marshall Islands (RMI), the Republic of Palau, and the U.S. Virgin Islands.

The unique challenges these islands face make addressing chronic disease particularly complex. These challenges include:

- High disease burden.
- Dispersed populations.
- Limited infrastructure.
- Diverse cultures and languages.
- Vulnerability to natural disasters.
- Strained health care systems.
- High health care costs.

This cooperative agreement will support integrated, evidence-based strategies and activities to prevent and manage chronic disease in the U.S. territories and freely associated states. This notice of funding opportunity (NOFO) aims to reduce disability and death rates associated with chronic diseases by decreasing the prevalence of modifiable risk factors that contribute to chronic diseases in these islands. Focus areas include:

- Preventing and reducing tobacco use and secondhand smoke exposure.
- Preventing and managing diabetes.

- Improving oral health disparities.

There are two components to this NOFO. The first is a required **Core Component**, which uses evidence-based strategies to promote health and reduce chronic disease. The second is an optional, competitive **Oral Health Component**, which addresses oral disease with evidence-based interventions and practices.

Submit your questions to islandprogd25-0024@cdc.gov. New FAQs will be posted here weekly.

[Expand All](#)

You will not be disqualified for submitting a higher budget; however, we will ask you to resubmit a revised budget if the funding is less than your request.

The applicant can respond to the oral health evaluation criteria like the information for the core component. The applicant must ensure their response speaks to oral health and is as detailed as possible.

Either approach would be acceptable.

Funds cannot be used for direct services.

The salary cap is \$221,900 per individual. Congress restricts the amount of direct salary paid to an individual under an HHS grant, cooperative agreement, or applicable contract to a rate no greater than Executive Level II of the 2024 Executive Schedule Pay Table

You must provide proof of your location in one of the U.S. territories or freely associated states listed on page 9 of the NOFO. You must be able to implement this program in the U.S. territory or freely associated state in which you operate and are located. Evidence of location may include documentation (letter documenting evidence of your location within one of the U.S. territories or freely associated states) showing that you are a territorial government or a bona fide agent in the U.S. territory or freely associated state. A bona fide agent is an agency or organization recognized by the state as eligible to submit an application under state eligibility in place of a state application.

If you are applying as a territorial government or bona fide agent of a jurisdiction or local government, you must attach evidence of location documentation from the state or local government. This documentation must be provided as an attachment labeled "Evidence of Location" when you submit your application via Grants.gov.

The CORE Component is mandatory for all applicants. The objectives of the Core Component are to:

- Prevent and reduce tobacco use and secondhand smoke exposure.
- Prevent and manage diabetes and diabetes-related complications.

You can find more information about the organizations/health departments funded under CDC's Comprehensive Cancer Control Program here: [Comprehensive Cancer Control Plans](#) | [NCCCCP](#) | [CDC](#). Scroll down to "NCCCCP award recipients." You must obtain a letter of support from your island's Comprehensive Cancer Control Program describing any planned collaborations related to the strategies and activities outlined in this NOFO, including joint objectives as reflected in the cancer control plan.

Yes, applicants must be from the areas listed above. According to the NOFO on page 9, you must provide proof of your location in one of these U.S. territories or freely associated states. You must be able to implement your proposed program in the U.S. territory or freely associated state in which you operate and are located.

Our plan is to host a kickoff meeting in either Year 1 or Year 2 of the NOFO. We will solidify plans with awarded recipients after award.

Yes, it is permissible to select both activities 4.1 and 5.2.

No, 5.1 or 5.2 does not have to be chosen. For Diabetes Prevention (Strategies 3 and 5), a minimum of one activity from activities 3.1 or 5.1 should be chosen. For Diabetes Management (Strategies 4 and 5), a minimum of one activity from activities 4.1 or 5.2 should be chosen.

Yes, as noted here on grants.gov ([Search Results Detail](#) | [Grants.gov](#)) the award ceiling is \$1,400,000.

Direct cost and indirect costs are included in your total budget.

Recipients should refer to the funding details of the NOFO, which is on PDF page 6 of 87. The Expected average award amount per budget period is \$475,000.

If you are not a department or Ministry of Health in the jurisdiction you are applying for, you must attach an MOA or MOU with the Department or Ministry of Health in that jurisdiction. We require specific surveillance and health system data from recipients to make sure you are meeting performance measures. Therefore, you must demonstrate that you will be able to access that data and submit it to us.

The MOU or MOA should specify that the Department or Ministry of Health will do the following:

- Provide you with access to surveillance and health system data.
- Grant you the authority to submit the data to CDC.
- Collaborate with you to make sure complete data are submitted to CDC.

No, this NOFO is intended to serve only populations living in the eight U.S. territories and freely associated states.

An evaluation plan is not required for DP25-0024 oral health component application. However, if you would like to include one, you may incorporate it within the CORE evaluation plan.

December 23, 2024

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