



## REQUEST FOR APPLICATION

# Leveraging Existing Strategies to Advance Health Equity in Cardiovascular Disease Prevention Efforts

**\*Applications are due by COB on October 27, 2021**

## SUMMARY INFORMATION

**Project Title:** Leveraging Existing Strategies to Advance Health Equity in Cardiovascular Disease Prevention Efforts

**Proposal Due Date and Time:** October 27, 2021 by COB

**Selection Announcement Date:** November 10, 2021

**Source of Funding:** Centers for Disease Control and Prevention

**Maximum Funding Amount:** up to \$20,000 per awardee

**Estimated Period of Performance:** December 2021 – June 2022

**Point of Contact for Questions Regarding this Application:** Johanna Segovia; [jsegovia@naccho.org](mailto:jsegovia@naccho.org)

**Special condition of this award:** See appendices A-C

## BACKGROUND

The National Association of County and City Health Officials (NACCHO) is the voice of nearly 3,000 local health departments (LHDs) across the country. These city, county, metropolitan, district, and tribal departments work to protect and improve the health of all people and all communities. NACCHO provides resources to help LHD leaders develop public health policies and programs to ensure that communities have access to the vital programs and services people need to keep them protected from disease and disaster. Additionally, NACCHO advocates on behalf of LHDs with federal policymakers for adequate resources, appropriate public health legislation, and sensible policies to address the myriad of challenges facing communities.

NACCHO supports community-level efforts to address chronic conditions that critically impact the community's health and well-being. Every year, more than 1.5 million people in the U.S. suffer from heart attacks and stroke and more than 655,000 deaths occur from cardiovascular disease (CVD).<sup>1</sup> CVD costs the U.S. hundreds of billions of dollars annually and is the greatest contributor to racial disparities in life expectancy.<sup>2, 3</sup> In the U.S., racial and ethnic minority groups are disproportionately affected by CVD and poor health outcomes due to health inequities and disparities.<sup>4</sup> Additionally, the COVID-19 pandemic has contributed to a decline in people seeking medical care for heart attacks and stroke by 23% and 20%, respectively.<sup>5</sup> Moreover, hypertension, or high blood pressure, is dangerous and far too common. It is the major preventable risk factor for heart disease and stroke – two of the leading causes of death in the United States. Nearly half of US adults have hypertension, but only about 1 in 4 has it under control (<130/80 mmHg). More concerning is that progress in hypertension control has stalled and racial and geographic disparities persist. Greater hypertension control is possible, but we must increase our efforts, explore new interventions, and expand our partnerships with different sectors to make a difference. The U.S. Surgeon General recently released the [Call to Action to Control Hypertension](#), that outlines goals and proven strategies to improve hypertension control across the country. Hypertension control is a national, public health priority where the health disparities to treat and control hypertension can be influenced at multiple levels, from individual patient level to the local community environment.<sup>4</sup> There is a need for not only expanding evidence-based practices that are effective, feasible, sustainable, and transferable across diverse populations in the U.S., but

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<sup>1</sup> Virani SS, Alonso A, Benjamin EJ, Bittencourt MS, Callaway CW, Carson AP, et al. Heart disease and stroke statistics—2020 update: a report from the American Heart Association. *Circulation*. 2020;141(9):e139–e596.

<sup>2</sup> Fryar CD, Chen T-C, Li X. Prevalence of uncontrolled risk factors for cardiovascular disease: United States, 1999–2010. NCHS data brief, no. 103. Hyattsville, MD: National Center for Health Statistics; 2012. Accessed May 9, 2019.

<sup>3</sup> Centers for Disease Control and Prevention. [Underlying Cause of Death, 1999–2018](#). CDC WONDER Online Database. Atlanta, GA: Centers for Disease Control and Prevention; 2018.

<sup>4</sup> U.S. Department of Health and Human Services. The Surgeon General's Call to Action to Control Hypertension. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General; 2020.

<sup>5</sup> Lange SJ, Ritchey MD, Goodman AB, et al. Potential Indirect Effects of the COVID-19 Pandemic on Use of Emergency Departments for Acute Life-Threatening Conditions — United States, January–May 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:795–800. DOI: <http://dx.doi.org/10.15585/mmwr.mm6925e2>

also address the health inequities and disparities that contribute to the disparate outcomes of cardiovascular disease.

## FUNDING OVERVIEW

With support from the Centers for Disease Control and Prevention (CDC), NACCHO is pleased to announce an open funding opportunity for local health departments and their community partner to reduce risk factors for cardiovascular disease by addressing health inequities and disparities. The purpose is to enhance existing evidence-based strategies and interventions that address health inequities and disparities to improve cardiovascular health in disproportionately affected groups. These evidence-based strategies should support the advancements of health equity and eliminating health disparities within different sectors working collectively (*i.e. local health departments and their community partner*). Examples of evidence-based strategies can be found in the [Best Practices Guide for Cardiovascular Disease Prevention Programs](#). Furthermore, the [Surgeon General's Call to Action to Control Hypertension](#) provides examples of evidence-based interventions to control hypertension while also achieving health equity across all population groups. NACCHO and CDC will provide tools and resources, technical assistance, and subject matter expertise throughout the project period.

NACCHO will issue awards in the form of fixed priced contracts up to \$20,000 to two (2) local health departments and their community partner to complete the required activities. Application and attachments must be submitted via email to [chronicdisease@naccho.org](mailto:chronicdisease@naccho.org) no later than **October 27, 2021 by COB**.

NOTE: NACCHO will host an informational webinar for interested applicants on **October 07, 2021 at 1:00pm EST**. A recording of the webinar will be available on the [NACCHO Cardiovascular Health webpage](#). The purpose of the webinar was to discuss this funding opportunity and respond to any questions.

NACCHO understands that many public health activities have been modified due to the COVID-19 pandemic. This project will support local health departments to complete the required activities virtually or other reasonable methods to accommodate for COVID-19 guidelines.

## ELIGIBILITY AND CONTRACT TERMS

This is an open application to local health departments and their community partner with existing evidence-based strategies to reduce risk factors for heart disease and stroke by addressing health inequities and disparities. Applicants must have a current cardiovascular disease prevention program in place.

Selected applicants will enter into a contract with NACCHO to complete the deliverables specified in the application. Due to the relatively short timeframe of the project, agreement to contract with NACCHO under its standard contract terms and conditions is a requirement for selected sites. Refer to Appendix A and the application form for contract terms language. **No modifications to the terms or contract language will be made. Agencies that cannot agree to NACCHO's contract language should not apply for this opportunity.** In addition, selected sites should be able to return a signed contract to NACCHO within approximately 30 calendar days of receiving it and will be asked to verify this in the application.

NACCHO will disburse funds according to completion of the deliverables specified in the application. NACCHO will provide two payment schedules of \$10,000 each (\$20,000) upon receipt of completed deliverables. Please note: NACCHO reserves the right to make changes to the project timeline and payment schedule if necessary.

Multiple applications from an organization are not allowable. However, organizations or agencies have the ability to submit joint applications for this funding opportunity.

## PROJECT DELIVERABLES AND EXPECTATIONS

This project seeks to enhance LHD efforts to prevent cardiovascular disease and implement evidence-based strategies listed in the [Best Practices Strategies for CVD Prevention Programs](#) and the [Surgeon General's Call to Action to Control Hypertension](#) while advancing health equity. Required project activities and deliverables are listed below. **Please review Appendix B: Scope of Work for deliverable and invoice breakdown.**

### **Project Deliverables for First Invoice Period (January 2022):**

- Designate a Team Lead to serve as a primary point-of-contact for NACCHO throughout the project process;
- Participate in a kick-off call with NACCHO and CDC in December 2021 (exact date TBD); and
- Provide a **CVD Prevention Project work plan** ([template provided](#)) that includes the implementation of up to two of the [Best Practices Strategies for Cardiovascular Disease Prevention Programs](#) that align with the following strategies and how the CVD prevention program will advance health equity and eliminate health disparities:
  - [Team-Based Care](#)
  - [Collaborative Practice Agreements](#)
  - [Self-Measured Blood Pressure](#)
  - [Self-Management and Education](#)
  - [Reducing Medication Costs](#)
  - [Clinical Decision Support](#)
  - [Integrating Community Health Workers](#)
  - [Medication Therapy Management](#)

### **Project Deliverables for Second Invoice Period (June 2022):**

- Participate in close-out project call with NACCHO and CDC;
- Participate in creation of success story with support from NACCHO using template provided; and
- Prepare webinar presentation materials for Cardiovascular Health Community of Practice Webinar

## SELECTION CRITERIA

Applications will be reviewed by NACCHO and CDC based on the following criteria:

- ***Community Need and Capacity:*** Municipality has high chronic disease burden, and the grantee site has the capacity to implement one or more strategies described in the Best Practices Guide for CVD Prevention Programs with a focus on health equity advancement.
- ***Organization Collaborations:*** Grantee has a history of community/multi-sector partnerships to support efforts.
- ***Readiness to Implement:*** Grantee is currently implementing evidence-based strategies or interventions to improve cardiovascular health.
- ***Ability to Demonstrate Measurable Outcomes:*** LHD has means to measure and validate the impact of implementing an evidence-based strategy in their municipality.
- ***Inclusion of Health Equity and Eliminating Health Disparities:*** Grantee demonstrates authentic community engagement and equity-building strategies and with a focus on representatives of or serving priority populations (Black/African American, Hispanic/Latinx, American Indian and Alaskan Native, and low-income).
- Completeness in answering the questions.
- Letter(s) of Support from key partner organization.
- Demonstration of overall commitment to the project.
- Submission of all required information and documents.

Funding will be provided to sites who demonstrate a readiness to increase health equity while advancing cardiovascular disease prevention, treatment, and control efforts. Successful applicants will identify what their community is doing well in cardiovascular health and why the cardiovascular health work should be expanded and/or improved to include the advancement of health equity and eliminate health disparities.

NACCHO reserves the right to select grantees based on strategy selection, geographic preference, or random selection in the event that there is a high volume of applicants.

## TIMELINE

Please note the following deadlines and events for this application:

Event	Date
Release RFA	September 22, 2021
Informational Webinar	October 07, 2021
Application Period Closes	October 27, 2021 by COB
Kick-off Webinar	December 2021 (Exact date TBD)
Submit Work Plan	December 2021
CoP Webinar	May 2022
Closeout Call	June 2022
Submit Project Success Story and Webinar materials	June 2022

## SUBMISSION INSTRUCTIONS

Review the requirements and expectations outlined in the RFA and in the application. Submit the application form as a Word document. The components of the application form must not exceed the indicated word limit; and should use single-spaced, Times New Roman, 12-point font, with 1” margins. Applicants must read NACCHO’s standard contract (Appendix A) and provide a copy to the individual with signing authority for the LHD (or entity that would be contracting with NACCHO, e.g., city government), including any relevant financial or legal offices for advanced consideration. Selected LHDs must agree to the contract language and be able to sign and return a contract to NACCHO within approximately 30 days of receiving it; no modifications will be made. **Complete Standard Contract Language can be found in Appendix A.**

The submitted application must include the following items to be deemed completed:

- A completed Application Form Narrative four domains described below: Proposal Overview, Problem Statement, Organization Capacity, and Inclusion of Health Equity and Eliminating Health Disparities.
- At least one letter of support from a partner organization advancing health equity through evidence-based strategies to improve cardiovascular health.
- Anticipated budget and budget narrative using [budget template provided](#).
- Completed [Vendor Information Form, W-9, Certification of Non-Debarment](#), and [FFATA data collection form](#).

- Applications should be emailed to [chronicdisease@naccho.org](mailto:chronicdisease@naccho.org) in one e-mail by **October 27, 2021 by COB**. Submissions after this deadline will not be considered. Please use the subject line “*Application Form for NACCHO Cardiovascular Health Project*”
- NACCHO will confirm receipt of all applications within two business days, however, confirmation of receipt does not guarantee verification of completeness. If you do not receive confirmation within 2 business days, please email [chronicdisease@naccho.org](mailto:chronicdisease@naccho.org). All applicants will be notified of their status on or around November 5, 2021. All questions may be directed to [chronicdisease@naccho.org](mailto:chronicdisease@naccho.org).

## REQUIREMENTS FOR FINANCIAL AWARD

### Allowable Expenses

Per HHS requirements, funds awarded under this RFP are prohibited from being used to pay the direct salary of an individual at a rate in excess of the current Federal Executive Schedule Level II salary cap.

The following items are not allowable expenses:

- Alcoholic Beverages
- Bad Debts
- Contributions and donations
- Entertainment Costs
- Fines and penalties
- Goods and services for personal use
- Lobbying
- Losses on other awards

Please review Appendix C: Funding Restrictions for additional information.

## REQUIRED PROPOSAL CONTENT AND SELECTION CRITERIA

Applications will be reviewed and scored by NACCHO and CDC based on the following criteria:

### A. Proposal Overview (25 points)

The Proposal Overview should incorporate the following: 1) description of your organization’s plan to implement the chosen evidence-based strategies to reduce or prevent CVD in the community while advancing health equity, 2) what is your community currently doing in cardiovascular health (e.g. programs and/or services) and how successful have these activities been, 3) what are the current/potential assets (including public health partnerships) in your community related to cardiovascular health that you plan to enhance and/or will leverage. (Max 500 Words)

### B. Problem Statement (25 points)

The problem statement should include: 1) description of the public health burden and current landscape of CVD and CVD prevention efforts in the community and disproportionately affected groups (please use relevant CVD data and community statistics wherever possible); and 2) identify how the evidence-based strategies will address the public health burden and health disparities in your community. (Max 500 Words)

### C. Organization Capacity (25 points)

Describe your organization and key staff responsible for completing your proposed work. Please include: 1) experience engaging in CVD prevention efforts that involve (a) implementing evidence-based and innovative strategies, programs, and services, (b) establishing multi-sector partnerships, (c) and how these partnerships have or plan to address health inequities and disparities; and 2) your organization’s capacity to collect or obtain data to inform further development of the evidence-based strategies at the local level. (Max 500 Words)

#### **D. Inclusion of Health Equity and Eliminating Health Disparities (25 points)**

Describe your organization’s community engagement and equity-building strategies. Please include: 1) the extent to which health disparities are evident within the community; 2) identify specific group(s) which experience a disproportionate burden of cardiovascular disease; 3) demonstrate how proposed CVH activities address health inequities; and 4) demonstrate successful work with disproportionately affected groups and a reputation for effective and tangible activities and strategies focused on addressing health disparities. (Max 500 Words)

**E. Budget Proposal (5 points)** – In the budget template below, provide a line-item budget, not to exceed \$20,000, that clearly outlines the \$\$ amount, % of total budget, and a narrative cost justification for each line item. [Budget Template](#)

Required: Proof of active registration with SAM.gov in accordance with active DUNS number.

Required: Response to the following two questions

1. Do you have a prior experience in Federal Contracting?
2. Have you completed a Single Audit?

## **APPLICATION**

### **Leveraging Existing Strategies to Advance Health Equity in Cardiovascular Disease Prevention Efforts**

Please fill out the application in its entirety. Responses are limited to the word limit to each response. In addition, applicants will need to submit at least one letter of support from a partner organization. Completed application form, letter(s) of support, [budget template](#), [Vendor Information Form](#), [W-9](#), [Certification of Non-Debarment](#), and [FFATA data collection form](#) should be e-mailed to [chronicdisease@naccho.org](mailto:chronicdisease@naccho.org) by **October 27, 2021 by COB**.

#### 1. Applicant/Project Lead Contact Information

Full Name (Project Lead):

Local Health Department or Partner Organization Name:

Position Title:

E-mail:

Phone:

City, State, Zip Code:

#### 2. Size of Organization (Population Served):

- Small (0-50,000)
- Medium (50,000-499,999)
- Large (500,000+)

#### 3. Partner Organization: *Please include the name and type of organization that will implement the workplan.*

- Healthcare Organization
- Community-based Organization
- Faith-based Institution
- Academic Institution
- Other (fill in)

#### 4. Select up to two (2) strategies that aligns with Best-Practices Guide for Cardiovascular Disease Prevention Programs:

- Team-Based Care
- Collaborative Practice Agreements
- Self-Measured Blood Pressure (with clinical support)
- Self-Management and Education
- Reducing Medication Costs
- Clinical Decision Support
- Integrating Community Health Workers
- Medication Therapy Management

A. Proposal Overview (25 points)

The Proposal Overview should incorporate the following: 1) description of your organization’s plan to implement the chosen evidence-based strategies to reduce or prevent CVD in the community while advancing health equity, 2) what is your community currently doing in cardiovascular health (e.g. programs and/or services) and how successful have these activities been, 3) what are the current/potential assets (including public health partnerships) in your community related to cardiovascular health that you plan to enhance and/or will leverage. (Max 500 Words)

B. Problem Statement (25 points)

The problem statement should include: 1) description of the public health burden and current landscape of CVD and CVD prevention efforts in the community and disproportionately affected groups (please use relevant CVD data and community statistics wherever possible); and 2) identify how the evidence-based strategies will address the public health burden and health disparities in your community. (Max 500 Words)

C. Organization Capacity (25 points)

Describe your organization and key staff responsible for completing your proposed work. Please include: 1) experience engaging in CVD prevention efforts that involve (a) implementing evidence-based and innovative strategies, programs, and services, (b) establishing multi-sector partnerships, (c) and how these partnerships have or plan to address health inequities and disparities; and 2) your organization’s capacity to collect or obtain data to inform further development of the evidence-based strategies at the local level. (Max 500 Words)

D. Inclusion of Health Equity and Eliminating Health Disparities (25 points)

Describe your organization’s community engagement and equity-building strategies. Please include: 1) the extent to which health disparities are evident within the community; 2) identify specific group(s) which experience a disproportionate burden of cardiovascular disease; 3) demonstrate how proposed CVH activities address health inequities; and 4) demonstrate successful work with disproportionately affected groups and a reputation for effective and tangible activities and strategies focused on addressing health disparities. (Max 500 Words)

F. Budget Proposal (5 points)

In the budget template link, provide a line-item budget, not to exceed \$20,000, that clearly outlines the \$\$ amount, % of total budget, and a narrative cost justification for each line item. [Budget Template](#)

## RESOURCES

**Best Practices Guide for Cardiovascular Disease Prevention Programs:** Describes and summarizes scientific evidence behind effective strategies for improving cardiovascular health that can be implemented in health care systems and that involve community-clinical links. <https://www.cdc.gov/dhdsdp/pubs/guides/best-practices/index.htm>

**Surgeon General's Call to Action to Control Hypertension:** Provides strategies for those on the frontlines of health care and public health to address hypertension across the U.S. by identifying interventions that can be implemented, adapted and expanded. <https://www.hhs.gov/sites/default/files/call-to-action-to-control-hypertension.pdf> and <https://www.cdc.gov/bloodpressure/CTA.htm>

**Health Equity Guiding Principles for Inclusive Communication:** Emphasizes the importance of addressing all people inclusively and respectfully. These principles are intended to help public health professionals, particularly health communicators, within and outside of CDC ensure their communication products and strategies adapt to the specific cultural, linguistic, environmental, and historically situation of each population or audience of focus. [https://www.cdc.gov/healthcommunication/Health\\_Equity.html](https://www.cdc.gov/healthcommunication/Health_Equity.html)

**Million Hearts® Website:** This website provides a variety of online resources, including tools, action guides, and publications that describe the past and current Million Hearts® initiative. <https://millionhearts.hhs.gov>

Appendix A

NACCHO's Standard Contract Language

*\*Please note: this is an example of the contract agreement.*

*STAFF TEMPLATE - Use this for Consultants/Professional Services Members.*

*UPDATED June 8, 2017*

NACCHO CONTRACT # 2020- \_ \_ \_ \_ \_

**CONTRACTOR AGREEMENT**

This Contractor Agreement is entered into, effective as of the date of the later signature indicated below, by and between the **National Association of County and City Health Officials** (hereinafter referred to as "NACCHO"), with its principal place of business at 1201 (I) Eye Street NW 4th Fl., Washington, DC 20005, and *[insert name of Contractor]* (hereinafter referred to as "Contractor"), with its principal place of business at *[insert mailing address of Contractor]*.

WHEREAS, NACCHO wishes to hire Contractor to provide certain goods and/or services to NACCHO;

WHEREAS, Contractor wishes to provide such goods and/or services to NACCHO;

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties, intending to be legally bound, do hereby agree as follows:

ARTICLE I: SPECIAL PROVISIONS

1. PURPOSE OF AGREEMENT: Contractor agrees to provide the goods and/or services to NACCHO to enhance the programmatic activities of \_\_\_ GRANT # \_\_\_, CFDA # \_\_\_, as described in Attachment I. The terms of Attachment I shall be incorporated into this Agreement as if fully set forth herein. Contractor shall act at all times in a professional manner consistent with the standards of the industry.
  
2. TERM OF AGREEMENT: The term of the Agreement shall begin on *(insert date)* and shall continue in effect until *(insert date)*, unless earlier terminated in accordance with the terms herein. Expiration of the term or termination of this Agreement shall not extinguish any rights or obligations of the parties that have accrued prior thereto. The term of this Agreement may be extended by mutual agreement of the parties.
  
3. PAYMENT FOR SERVICES: In consideration for professional services to be performed, NACCHO agrees to pay Contractor an amount not to exceed \$ #####.00 *(enter amount to be paid, either as a flat rate or hourly rate. You should also insert here the time schedule on which the consultant will be paid)*. All payments will be made within 30 days of receipt of invoice(s)

from Contractor and following approval by NACCHO for approved services, as outlined on Attachment I. **Three** invoices must be submitted as follows:

Invoice No.	Amount	Deliverable	Due date
Invoice I			
Invoice II			
Invoice III			

*(insert time increment). (May be “monthly” or after completion of specific activities, etc. The fewer payment invoices to process the better and the more you can pay later the better!).*

NACCHO award number must be included on all invoices. Unless otherwise expressly stated in this Agreement, all amounts specified in, and all payments to be made under, this Agreement shall be in United States Dollars. The parties agree that payment method shall be made by check, via postage-paid first class mail, at the address for *the giving of notices as set forth in Section 23* of this Agreement. Any changes of payment method would require a modification signed by both parties. **The final invoice must be received by NACCHO no later than 15 days after the end date of the Agreement. Contractor will be given an opportunity to revise as needed but the final revised invoice must be received no later than 30 days after the end date of the Agreement. NACCHO will not accept any invoices past 30 days of the end date of the Agreement.**

## ARTICLE II: GENERAL PROVISIONS

1. **INDEPENDENT CONTRACTOR:** Contractor shall act as an independent contractor, and Contractor shall not be entitled to any benefits to which NACCHO employees may be entitled.
  
2. **PAYMENT OF TAXES AND OTHER LEVIES:** Contractor shall be exclusively responsible for reporting and payment of all income tax payments, unemployment insurance, worker's compensation insurance, social security obligations, and similar taxes and levies.
  
3. **LIABILITY:** All liability to third parties, loss, or damage as a result of claims, demands, costs, or judgments arising out of activities, such as direct service delivery, to be carried out by the Contractor in the performance of this agreement shall be the responsibility of the Contractor, and not the responsibility of NACCHO, if the liability, loss, or damage is caused by, or arises out of, the actions of failure to act on the part of the Contractor, any subcontractor, anyone directly or indirectly employed by the Contractor.

All liability to third parties, loss, or damage as result of claims, demands, costs, or judgments arising out of activities, such as the provision of policy and procedural direction, to be carried out by NACCHO in the performance of this agreement shall be the responsibility of NACCHO, and not the responsibility of the Contractor, if the liability, loss, or damage is caused by, or arises out of, the action or failure to act on the part of any NACCHO employee.

In the event that liability to third parties, loss, or damage arises as a result of activities conducted jointly by the Contractor and NACCHO in fulfillment of their responsibilities under this agreement, such liability, loss, or damage shall be borne by the Contractor and NACCHO in relation to each party's responsibilities under these joint activities.

4. REVISIONS AND AMENDMENTS: Any revisions or amendments to this Agreement must be made in writing and signed by both parties.
5. ASSIGNMENT: Without prior written consent of NACCHO, Contractor may not assign this Agreement nor delegate any duties herein.
6. CONTINGENCY CLAUSE: This Agreement is subject to the terms of any agreement between NACCHO and its Primary Funder and in particular may be terminated by NACCHO without penalty or further obligation if the Primary Funder terminates, suspends or materially reduces its funding for any reason. Additionally, the payment obligations of NACCHO under this Agreement are subject to the timely fulfillment by the Primary Funder of its funding obligations to NACCHO.
7. INTERFERING CONDITIONS: Contractor shall promptly and fully notify NACCHO of any condition that interferes with, or threatens to interfere with, the successful carrying out of Contractor's duties and responsibilities under this Agreement, or the accomplishment of the purposes thereof. Such notice shall not relieve Contractor of said duties and responsibilities under this Agreement.
8. OWNERSHIP OF MATERIALS: Contractor hereby transfers and assigns to NACCHO all right, title and interest (including copyright rights) in and to all materials created or developed by Contractor pursuant to this Agreement, including, without limitation, reports, summaries, articles, pictures and art (collectively, the "Materials") (subject to any licensed third-party rights retained therein). Contractor shall inform NACCHO in writing of any third-party rights retained within the Materials and the terms of all license agreements to use any materials owned by others. Contractor understands and agrees that Contractor shall retain no rights to the Materials and shall assist NACCHO, upon reasonable request, with respect to the protection and/or registrability of the Materials. Contractor represents and warrants that, unless otherwise stated to NACCHO in writing, the Materials shall be original works and shall not infringe or violate the rights of any third party or violate any law. The obligations of this paragraph are subject to any applicable requirements of the Federal funding agency.
9. RESOLUTION OF DISPUTES: The parties shall use their best, good faith efforts to cooperatively resolve disputes and problems that arise in connection with this Agreement. Both parties will make a good faith effort to continue without delay to carry out their respective responsibilities under the Agreement while attempting to resolve the dispute under this section. If a dispute arises between the parties that cannot be resolved by direct negotiation, the dispute shall be submitted to a dispute board for a nonbinding determination. Members of the dispute board shall be the Director or Chief Executive Officer of the Contractor, the Chief Executive Officer of NACCHO, and the Senior Staff of NACCHO responsible for this Agreement. The costs of the dispute board shall be paid by

the Contractor and NACCHO in relation to the actual costs incurred by each of the parties. The dispute board shall timely review the facts, Agreement terms and applicable law and rules, and make its determination. If such efforts fail to resolve the differences, the disputes will be submitted to arbitration in the District of Columbia before a single arbitrator in accordance with the then current rules of the American Arbitration Association. The arbitration award shall be final and binding upon the parties and judgment may be entered in any court of competent jurisdiction.

10. TERMINATION: Either party may terminate this Agreement upon at least fifteen (15) days prior written notice to the other party. NACCHO will pay Contractor for services rendered through the date of termination.
11. ENTIRE AGREEMENT: This Agreement contains all agreements, representations, and understandings of the parties regarding the subject matter hereof and supersedes and replaces any and all previous understandings, commitments, or agreements, whether oral or written, regarding such subject matter.
12. PARTIAL INVALIDITY: If any part, term, or provision of this Agreement shall be held void, illegal, unenforceable, or in conflict with any law, such part, term or provision shall be restated in accordance with applicable law to best reflect the intentions of the parties and the remaining portions or provisions shall remain in full force and effect and shall not be affected.
13. GOVERNING LAW: This Agreement shall be governed by and construed in accordance with the laws of the District of Columbia (without regard to its conflict of law's provisions).
14. ADDITIONAL FUNDING: Unless prior written authorization is received from NACCHO, no additional funds will be allocated to this project for work performed beyond the scope specified or time frame cited in this Agreement.
15. REMEDIES FOR MISTAKES: If work that is prepared by the Contractor contains errors or misinformation, the Contractor will correct error(s) within five business days. The Contractor will not charge NACCHO for the time it takes to rectify the situation.
16. COMPLIANCE WITH FEDERAL LAWS AND REGULATIONS: Contractor's use of funds under this Agreement is subject to the directives of and full compliance with 2 CFR Part 200 (Uniform Administrative Requirements, Costs Principles, and Audit Requirements for Federal Awards), and 45 C.F.R. Part 75 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards), It is the Contractor's responsibility to understand and comply with all requirements set forth therein.
17. EQUAL EMPLOYMENT OPPORTUNITY: Pursuant to 2 CFR 200 Subpart D , Contractor will comply with E.O. 11246, "Equal Employment Opportunity," as amended by E.O. 11375, "Amending Executive Order 11246 Relating to Equal Employment Opportunity," and as supplemented by regulations at 41 C.F.R. part 60, "Office of Federal

Contract Compliance Programs, Equal Employment Opportunity, Department of Labor."

18. DEBARRED OR SUSPENDED CONTRACTORS: Pursuant to 2 CFR 200 Subpart C, Contractor will execute no subcontract with parties listed on the General Services Administration's List of Parties Excluded from Federal Procurement or Nonprocurement Programs in accordance with E.O.s 12549 and 12689, "Debarment and Suspension."
19. LOBBYING RESTRICTIONS AND DISCLOSURES: Pursuant to 2 CFR 200 Subpart E, Contractor will certify to NACCHO using the required form that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Contractor will also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award.
20. COMPLIANCE WITH FEDERAL ENVIRONMENTAL REGULATIONS: Pursuant to 2 CFR 200 Subpart F , Contractor agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401 et seq.) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251 et seq.).
21. WHISTLEBLOWER PROTECTION: Pursuant to 41 U.S.C. 4712 employees of a contractor, subcontractor, or subrecipient will not be discharged, demoted, or otherwise discriminated against as reprisal for "whistleblowing."
22. EXECUTION AND DELIVERY: This Agreement may be executed in two or more counterparts, each of which shall be deemed an original but all of which together shall constitute one and the same Agreement. The counterparts of this Agreement and all Ancillary Documents may be executed and delivered by facsimile or electronic mail by any of the parties to any other party and the receiving party may rely on the receipt of such document so executed and delivered by facsimile or electronic mail as if the original had been received.
23. NOTICE: All notices, including invoices, required to be delivered to the other party pursuant to this Agreement shall be in writing and shall be sent via facsimile, with a copy sent via US mail, postage prepaid, to the parties at the addresses set forth below. Either party may send a notice to the other party, pursuant to this provision, to change the address to which notices shall be sent.

FOR NACCHO:

National Association of County and City  
Health Officials

Attn: \_\_\_\_\_

[Name of Program Staff]

With a copy to:

National Association of County and City  
Health Officials

Attn: Ade Hutapea, LL.M., CFCM

Lead Contracts Administrator

1201 (I) Eye Street NW 4th Fl.,  
Washington, DC 20005  
Tel. (202) \_\_\_\_\_  
Fax (202) 783-1583  
Email: \_\_\_\_\_@naccho.org

1201 (I) Eye Street NW 4th Fl.,  
Washington, DC 20005  
Tel. (202) 507-4272  
Fax (202) 783-1583  
Email: [ahutapea@naccho.org](mailto:ahutapea@naccho.org)

FOR CONTRACTOR:

*(Name and address of Contractor's  
Contract Officer or Designee, including  
telephone and fax.)*

IN WITNESS WHEREOF, the persons signing below warrant that they are duly authorized to sign for and on behalf of, the respective parties.

AGREED AND ACCEPTED AS ABOVE:

**NACCHO:**

**CONTRACTOR:**

By: \_\_\_\_\_

By: \_\_\_\_\_

Name: Jerome Chester

Name: \_\_\_\_\_

Title: Chief Financial Officer

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Federal Tax ID No.:

DUNS No.: \_\_\_\_\_

## Appendix B

### Scope of Work

Primary Task/Deliverable	Subtasks	Estimated Timeline	Payment Schedule
Designate a Team Lead to serve as a primary point-of-contact for NACCHO throughout the project process.	Team Lead information to include full name, organization name, title, and e-mail.	December 2021	Invoice #1 due upon completion of Task #1-4 resulting in ½ total payment (\$10,000).
Participate in a kick-off call with NACCHO and CDC.	Register for kick-off call	December 2021 ( <i>Exact date TBD</i> )	
Provide a project work plan.	Using the template provided, submit a project work plan that includes the implementation of up to two of the Best Practices Strategies for Cardiovascular Disease Prevention Programs and how the CVD prevention program will advance health equity and eliminate health disparities.	December 2021 ( <i>Exact date TBD</i> )	
Submit 1 <sup>st</sup> invoice	1 <sup>st</sup> invoice will be for submitted and accepted deliverables through January 2022.	January 2022 ( <i>Exact date TBD</i> )	

Primary Task/Deliverable	Subtasks	Estimated Timeline	Payment Schedule
Participate in a close-out project call with NACCHO and CDC.	Identify speaker to participate in close-out call.	June 2022 ( <i>Exact date TBD</i> )	Invoice #2 due upon completion of Task #5-8 resulting in ½ total payment (\$10,000).
Submit a success story.	Create a success story using the template provided.	June 2022 ( <i>Exact date TBD</i> )	
Webinar presentation.	Prepare webinar presentation materials for Cardiovascular Health Community of Practice Webinar	May 2022 ( <i>Exact date TBD</i> )	
Submit 2 <sup>nd</sup> invoice	2 <sup>nd</sup> invoice will be for submitted and accepted deliverables through June 2022.	June 2022 ( <i>Exact date TBD</i> )	

## Appendix C

### Funding Restrictions

#### 17. Funding Restrictions

Restrictions that must be considered while planning the programs and writing the budget are:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
  - publicity or propaganda purposes, for the preparation, distribution, or use of 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 [Additional Requirement \(AR\) 12](#) for detailed guidance on this prohibition and [additional guidance on lobbying for CDC recipients](#).
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (<https://www.cdc.gov/grants/additionalrequirements/ar-35.html>).
- Please note that the federal government has implemented a prohibition against using federal funds to purchase telecommunications and video surveillance equipment and services from certain Chinese companies. This regulation is being incorporated into federal grants and contracts received NACCHO through [2 CFR 200.216](#) and/or Federal Acquisition Regulations (FAR) clause [52.204-25](#).
- The federal regulation specifically prohibits the purchase of telecommunications equipment and services from: Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities defined below); Hytera

Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities). The definition of “Affiliate” can be found in [FAR 2.101](#). The list of subsidiaries and affiliates of Huawei and ZTE can be found in [Supplement Number 4 to 15 CFR Part 744](#).