

1. DATE ISSUED MM/DD/YYYY 05/24/2016
 2. CFDA NO. 93.752
 3. ASSISTANCE TYPE Cooperative Agreement

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
CDC Office of Financial Resources
 2920 Brandywine Road
 Atlanta, GA 30341

1a. SUPERSEDES AWARD NOTICE dated
 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded

4. GRANT NO. 5 NU58DP003924-05-00
 Formerly 3U58DP003924-03S1
 5. ACTION TYPE Non-Competing Continuation

6. PROJECT PERIOD MM/DD/YYYY
 From 06/30/2012 Through 06/29/2017

7. BUDGET PERIOD MM/DD/YYYY
 From 06/30/2016 Through 06/29/2017

NOTICE OF AWARD
 AUTHORIZATION (Legislation/Regulations)
 301A,311BC,317K2(42USC241A,243BC247BK2)

8. TITLE OF PROJECT (OR PROGRAM)
 MO PROGRAMS FUNDED THROUGH: COMPREHENSIVE CANCER, CANCER REGISTRY

9a. GRANTEE NAME AND ADDRESS
 Missouri Dept. of Health and Senior Services/DSS&R
 920 WILDWOOD DR
 COMMUNITY AND PUBLIC HEALTH
 JEFFERSON CITY, MO 65109-5796

9b. GRANTEE PROJECT DIRECTOR
 Mr. Steve Cramer
 930 Wildwood Dr
 Jefferson City, MO 65109-5796
 Phone: 5735222806

10a. GRANTEE AUTHORIZING OFFICIAL
 Mr. Bret Fischer
 920 Wildwood Dr
 Jefferson City, MO 65102-0570
 Phone: 573-751-6014

10b. FEDERAL PROJECT OFFICER
 Charissa Rivers
 1600 Clifton Rd
 Atlanta, GA 30333
 Phone: 770-488-3938

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)	
I Financial Assistance from the Federal Awarding Agency Only	I
II Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	604,203.00
b. Fringe Benefits	289,585.00
c. Total Personnel Costs	893,788.00
d. Equipment	0.00
e. Supplies	2,351.00
f. Travel	13,591.00
g. Construction	0.00
h. Other	80,825.00
i. Contractual	2,879,643.00
j. TOTAL DIRECT COSTS →	3,870,198.00
k. INDIRECT COSTS	204,351.00
l. TOTAL APPROVED BUDGET	4,074,549.00
m. Federal Share	4,074,549.00
n. Non-Federal Share	1,271,643.00

12. AWARD COMPUTATION	
a. Amount of Federal Financial Assistance (from item 11m)	4,074,549.00
b. Less Unobligated Balance From Prior Budget Periods	0.00
c. Less Cumulative Prior Award(s) This Budget Period	0.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	4,074,549.00
13. Total Federal Funds Awarded to Date for Project Period	20,449,751.00

14. RECOMMENDED FUTURE SUPPORT (Subject to the availability of funds and satisfactory progress of the project):			
YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS
a. 6		d. 9	
b. 7		e. 10	
c. 8		f. 11	

15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:

a. DEDUCTION b. ADDITIONAL COSTS c. MATCHING d. OTHER RESEARCH (Add / Deduct Option) e. OTHER (See REMARKS)	b
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16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:

a. The grant program legislation
 b. The grant program regulations.
 c. This award notice including terms and conditions, if any, noted below under REMARKS.
 d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.

In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS (Other Terms and Conditions Attached - Yes No)

GRANTS MANAGEMENT OFFICIAL: **Merlin Williams**

17. OBJ CLASS 41.51	18a. VENDOR CODE	18b. EIN	19. DUNS 878092600	20. CONG. DIST. 03
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
21. a. 6-921Z1RU	b. 003924DP14	c. DP	d. \$2,723,441.00	e. 75-16-0948
22. a. 6-9390541	b. 003924DP14	c. DP	d. \$251,108.00	e. 75-16-0948
23. a. 6-939ZRBL	b. 003924DP14	c. DP	d. \$1,100,000.00	e. 75-16-0948

NOTICE OF AWARD (Continuation Sheet)

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GRANT NO. 5 NU58DP003924-05-00	

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

Missouri Dept. of Health and Senior
Services/DSS&R

5 NU58DP003924-05-00

1. Year 05 Terms and conditions
2. Funding Spreadsheet
3. MLC Technical
4. NCCCP Technical
5. BC Technical
6. NPCR Technical

Funding Opportunity Announcement (FOA) Number: DP12-1205
Award Number: 5 NU58DP003924-05-00
Award Type: Cooperative Agreement
Applicable Regulations: 45 Code of Federal Regulations (CFR) Part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards

45 CFR Part 75 supersedes regulations at 45 CFR Part 74 and Part 92

AWARD INFORMATION

Incorporation: The Centers for Disease Control and Prevention (CDC) hereby incorporates Funding Opportunity Announcement number DP12-1205, entitled Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations, and application dated February 27, 2016, as may be amended, which are hereby made a part of this Non-Research award hereinafter referred to as the Notice of Award (NoA). The Department of Health and Human Services (HHS) grant recipients must comply with all terms and conditions outlined in their NoA, including grants policy terms and conditions contained in applicable HHS Grants Policy Statements, and requirements imposed by program statutes and regulations, Executive Orders, and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts. The term grant is used throughout this notice and includes cooperative agreements.

Note: In the event that any requirement in this Notice of Award, the Funding Opportunity Announcement, the HHS Grants Policy Statement, 45 CFR Part 75, or applicable statutes/appropriations acts conflict, then statutes and regulations take precedence.

Approved Funding: Funding in the amount of **\$4,074,548** is approved for the Year 05 budget period, which is June 30, 2016 through June 29, 2017. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

Note: Refer to the Payment Information section for draw down and Payment Management System (PMS) subaccount information.

Award Funding: Not funded by the Prevention and Public Health Fund

Direct Assistance (DA): DA is awarded in the amount of **\$0** in this budget period.

Technical Review Statement Response Requirement: The review comments on the strengths and weaknesses of the proposal are provided as part of this award. A response to the weaknesses in these statements must be submitted to and approved, in writing, by the Grants Management Specialist/Grants Management Officer (GMS/GMO) noted in the Staff Contacts section of this NoA, no later than 30 days from the budget period start date. Failure to submit the required information by the due date, **July 30, 2016**, will cause delay in programmatic progress and will adversely affect the future funding of this project.

Budget Revision Requirement: By **July 30, 2016** the grantee must submit a revised budget with a narrative justification and work plan. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the Staff Contacts section of this notice before the due date.

The budget justification must be prepared in the general form, format, and to the level of detail as described in the Guidance. The sample budget guidance is provided on CDC's internet at: www.cdc.gov/grants/documents/budget_preparation_guidelines_8-2-12.docx .

Please ensure your budget revision includes the following:

1. NCCCP Component:

Requested contractual costs must include the required 6 contractual elements, particularly an itemized budget as outlined in the "Budget Preparation Guidelines" document.

2. BC Component:

a. Revised Budget Total in the amount of \$2,676,286.

b. Requested contractual costs must include the required 6 contractual elements, particularly an itemized budget as outlined in the "Budget Preparation Guidelines" document.

3. NPCR Component:

a. Revised Budget Total in the amount of \$1,110,000.

b. Requested contractual costs must include the required 6 contractual elements, particularly an itemized budget as outlined in the "Budget Preparation Guidelines" document.

Program Income: Any program income generated under this grant or cooperative agreement will be used in accordance with the Addition alternative.

Addition alternative: Under this alternative, program income is added to the funds committed to the project/program and is used to further eligible project/program objectives.

Note: The disposition of program income must have written prior approval from the GMO.

FUNDING RESTRICTIONS AND LIMITATIONS

Funding Opportunity Announcement (FOA) Restrictions: Funding restrictions noted in CDC FOA DP12-1205 and DP12-120504PPHF2015 remain firm and in full effect.

Indirect Costs: Indirect costs are approved based on the Indirect Cost Rate Agreement dated January 8, 2015, which calculates indirect costs as follows, a FIXED rate is approved at a rate of 20.90% of the base, which includes, Direct salaries and wages including fringe benefits. The effective dates of this indirect cost rate are from July 1, 2015 to June 30, 2016.

Matching Funds Requirement:

Matching is calculated on the basis of the federal award amount and is comprised of grantee contributions proposed to support anticipated costs of the project during a specific budget period (confirmation of the existence of funding is supplied by the grantee via their Federal Financial Report). The grantee must be able to account separately for stewardship of the federal funding and for any required matching; it is subject to monitoring, oversight, and audit. The grantee may not use matching expenditures to count toward any Maintaining State Funding requirement.

When a grantee requests a carryover of unobligated funds from prior year(s), matching funds equal to the new requirement must be on record in the CDC grant file, or the grantee must provide evidence with the carryover request.

Administrative Cost. NBCCEDP: As specified by PL 101-354, not more than 10% of cooperative funds awarded may be spent annually for administrative expenses. These administrative expenses are in lieu of and replace indirect costs [Section 1504(f) of the PHS Act, as amended]. Administrative costs in the amount of **\$159,853** are awarded and incorporated in Federal Cost Category "Other".

NCCCP: Cost sharing funds are encouraged in an amount not less than ten percent of Federal funds awarded under this program. Cost sharing funds may be cash, in-kind, or donated services or equipment. Contributions may be made directly or through donations from public or private entities. Public Law 93-638 authorizes tribal organizations contracting under the authority of Title 1 to use funds received under

the Indian Self-Determination Act as cost sharing funds. The encouraged level of Non-Federal financial participation is **\$25,111**. This amount represents the encouraged ratio of cost sharing. The amount reflected on this Notice of Award, **\$25,111** is the amount reflected in your submitted budget and ***equals*** the encouraged ratio of cost sharing. Therefore, **\$25,111** is reflected on Page 2, Section 1 of this Notice of Award as the "Non-Federal Share".

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NBCCEDP: To maintain the \$3:\$1 Non-Federal Match required by Public Law 101-354, the level of Non-Federal financial participation is **\$892,095**. This amount is the required ratio of cost sharing. The amount reflected on this Notice of Award, **\$892,095**, is the amount reflected in your submitted budget and ***equals*** the required ratio of cost sharing. Therefore, **\$892,095**, is reflected on Page 2, Section 1 of this Notice of Award as the "Non-Federal Share".

Title 48 of the U.S. Code 1469a (d) requires DHHS to waive matching fund requirements for Guam, U.S. Virgin Islands, American Samoa and the Commonwealth of the Northern Mariana Islands up to \$200,000.

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Please note that the match amount depicted on the attached NCA is the amount reflected in your application. In order for the Procurement and Grants Office to adjust match to appropriately reflect the required amount of non-Federal financial participation, the recipient is required to furnish revised match documentation that is proportionate to the amount of federal funds received. After receipt of revised match documentation, PGO will issue an amended Notice of Cooperative Agreement Award. When the grantee is not able to meet the required level of matching funds, the CDC must be notified immediately. CDC shall reduce the amount of the Federal share of cooperative agreement so that the maximum Federal share of total project costs is not exceeded.

Matching is calculated on the basis of the federal award amount and is comprised of grantee contributions proposed to support anticipated costs of the project during a specific budget period (confirmation of the existence of funding is supplied by the grantee via their Federal Financial Report). The grantee must be able to account separately for stewardship of the federal funding and for any required matching; it is subject to monitoring, oversight, and audit. The grantee may not use matching expenditures to count toward any Maintaining State Funding requirement.

When a grantee requests a carryover of unobligated funds from prior year(s), matching funds equal to the new requirement must be on record in the CDC grant file, or the grantee must provide evidence with the carryover request.

Maintenance of Effort (MOE) Requirement: MOE represents an applicant/grantee historical level of contributions related to Federal programmatic activities which have been made prior to the receipt of Federal funds "expenditures (money spent)." MOE is used as an indicator of non-federal support for public health security before the infusion of Federal funds. These expenditures are calculated by the grantee without reference to any Federal funding that also may have contributed to such programmatic activities in the past. Awardees must stipulate the total dollar amount in their grant applications. Grantees must be able to account for MOE separately from accounting for Federal funds and separately from accounting for any matching funds requirement; this accounting is subject to ongoing monitoring, oversight, and audit. MOE may not include any matching funds requirement.

Cost Limitations as Stated in the Consolidated and Further Continuing Appropriations Act, 2015 (Items A through E)

A. Cap on Salaries (Div. G, Title II, Sec. 203): None of the funds appropriated in this title shall be used to

pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.

Note: The salary rate limitation does not restrict the salary that an organization may pay an individual working under an HHS contract or order; it merely limits the portion of that salary that may be paid with Federal funds.

B. Gun Control Prohibition (Div. G, Title II, Sec. 217): None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.

C. Lobbying Restrictions (Div. G, Title V, Sec. 503):

- 503(a): No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation of the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.
- 503 (b): No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay 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 the Congress or any State government, State legislature or local legislature or legislative body, other than normal and recognized executive legislative relationships or participation by an agency or officer of an State, local or tribal government in policymaking and administrative processes within the executive branch of that government.
- 503(c): The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

For additional information, see Additional Requirement 12 at <http://www.cdc.gov/grants/additionalrequirements/index.html> and Anti Lobbying Restrictions for CDC Grantees at http://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf

D. Needle Exchange (Div. G, Title V, Sec. 521): Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

E. Blocking access to pornography (Div. G, Title V, Sec. 526): (a) None of the funds made available in this Act may be used to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography; (b) Nothing in subsection (a) shall limit the use of funds necessary for any Federal, State, tribal, or local law enforcement agency or any other entity carrying out criminal investigations, prosecution, or adjudication activities.

Rent or Space Costs: Grantees are responsible for ensuring that all costs included in this proposal to establish billing or final indirect cost rates are allowable in accordance with the requirements of the

Federal award(s) to which they apply, including 45 CFR Part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards. The grantee also has a responsibility to ensure sub-recipients expend funds in compliance with applicable federal laws and regulations. Furthermore, it is the responsibility of the grantee to ensure rent is a legitimate direct cost line item, which the grantee has supported in current and/or prior projects and these same costs have been treated as indirect costs that have not been claimed as direct costs. If rent is claimed as direct cost, the grantee must provide a narrative justification, which describes their prescribed policy to include the effective date to the assigned Grants Management Specialist (GMS) identified in the CDC Contacts for this award.

Trafficking In Persons: This award is subject to the requirements of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. Part 7104(g)).

Cancel Year: 31 U.S.C. Part 1552(a) Procedure for Appropriation Accounts Available for Definite Periods states the following, On September 30th of the 5th fiscal year after the period of availability for obligation of a fixed appropriation account ends, the account shall be closed and any remaining balances (whether obligated or unobligated) in the account shall be canceled and thereafter shall not be available for obligation or expenditure for any purpose. An example is provided below:

Fiscal Year (FY) 2016 funds will expire September 30, 2021. All FY 2016 funds should be drawn down and reported to Payment Management Services (PMS) prior to September 30, 2021. After this date, corrections or cash requests will not be permitted.

REPORTING REQUIREMENTS

Annual Federal Financial Report (FFR, SF-425): The Annual Federal Financial Report (FFR) SF-425 is required and must be submitted to your GMO/GMS no later than 90 days after the end of budget period. The FFR for this budget period is due by **September 30, 2017**. Reporting timeframe is June 30, 2016 through June 29, 2017.

The FFR may be downloaded from the following website below and submitted to the GMS via email.
https://www.whitehouse.gov/sites/default/files/omb/grants/approved_forms/SF-425.pdf

The FFR should only include those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data. All Federal reporting in PMS is unchanged

Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, the grantee is required to contact the Grants Officer listed in the contacts section of this notice before the due date

Audit Requirement:

Domestic Organizations (**including US-based organizations implementing projects with foreign components**): An organization that expends \$750,000 or more in a fiscal year in Federal awards shall have a single or program-specific audit conducted for that year in accordance with the provisions of 45 CFR Part 75. The audit period is an organization's fiscal year. The audit must be completed along with a data collection form (SF-SAC), and the reporting package shall be submitted within the earlier of 30 days after receipt of the auditor's report(s), or nine (9) months after the end of the audit period. The audit report must be sent to:

Federal Audit Clearing House Internet Data Entry System
Electronic Submission: [https://harvester.census.gov/facides/\(S\(0vkw1zaelyzjibnahocga5i0\)\)/account/login.aspx](https://harvester.census.gov/facides/(S(0vkw1zaelyzjibnahocga5i0))/account/login.aspx)

AND

Office of Grants Services, Financial Assessment and Audit Resolution Unit
Electronic Copy to: PGO.Audit.Resolution@cdc.gov

Electronic Copy to:
OGS.Audit.Resolution@cdc.gov (CDC Office of Grants Services)

After receipt of the audit report, CDC will resolve findings by issuing Final Determination Letters.

This paragraph applies to both Domestic and Foreign organizations. Audit requirements for Subrecipients to whom 45 CFR 75 Subpart F applies: The grantee must ensure that the subrecipients receiving CDC funds also meet these requirements. The grantee must also ensure to take appropriate corrective action within six months after receipt of the subrecipient audit report in instances of non-compliance with applicable Federal law and regulations (45 CFR 75 Subpart F and HHS Grants Policy Statement). The grantee may consider whether subrecipient audits necessitate adjustment of the grantee's own accounting records. If a subrecipient is not required to have a program-specific audit, the grantee is still required to perform adequate monitoring of subrecipient activities. The grantee shall require each subrecipient to permit the independent auditor access to the subrecipient's records and financial statements. The grantee must include this requirement in all subrecipient contracts.

Note: The standards set forth in 45 CFR Part 75 Subpart F will apply to audits of fiscal years beginning on or after December 26, 2014.

Federal Funding Accountability and Transparency Act (FFATA):

In accordance with 2 CFR Chapter 1, Part 170 Reporting Sub-Award And Executive Compensation Information, Prime Awardees awarded a federal grant are required to file a FFATA sub-award report by the end of the month following the month in which the prime awardee awards any sub-grant equal to or greater than \$25,000.

Pursuant to 45 CFR Part 75, §75.502, a grant sub-award includes the provision of any commodities (food and non-food) to the sub-recipient where the sub-recipient is required to abide by terms and conditions regarding the use or future administration of those goods. If the sub-awardee merely consumes or utilizes the goods, the commodities are not in and of themselves considered sub-awards.

2 CFR Part 170: http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr170_main_02.tpl

FFATA: www.fsrs.gov.

Reporting of First-Tier Sub-awards

Applicability: Unless you are exempt (gross income from all sources reported in last tax return is under \$300,000), you must report each action that obligates \$25,000 or more in Federal funds that does not include Recovery funds (as defined in section 1512(a)(2) of the American Recovery and Reinvestment Act of 2009, Pub. L. 111-5) for a sub-award to an entity.

Reporting: Report each obligating action of this award term to www.fsrs.gov. For sub-award information, report no later than the end of the month following the month in which the obligation was made. (For example, if the obligation was made on November 7, 2010, the obligation must be reported by no later than December 31, 2010). You must report the information about each obligating action that the submission instructions posted at www.fsrs.gov specify.

Total Compensation of Recipient Executives: You must report total compensation for each of your five most highly compensated executives for the preceding completed fiscal year, if:

- The total Federal funding authorized to date under this award is \$25,000 or more;
- In the preceding fiscal year, you received—
 - 80 percent or more of your annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR Part 170.320 (and sub-awards); and
 - \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR Part 170.320 (and sub-awards); and
 - The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. Part 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at <http://www.sec.gov/answers/execomp.htm?explorer.event=true>).

Report executive total compensation as part of your registration profile at <http://www.sam.gov>. Reports should be made at the end of the month following the month in which this award is made and annually thereafter.

Total Compensation of Sub-recipient Executives: Unless you are exempt (gross income from all sources reported in last tax return is under \$300,000), for each first-tier sub-recipient under this award, you must report the names and total compensation of each of the sub-recipient's five most highly compensated executives for the sub-recipient's preceding completed fiscal year, if:

- In the sub-recipient's preceding fiscal year, the sub-recipient received—
 - 80 percent or more of its annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR Part 170.320 (and sub-awards); and
 - \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts), and Federal financial assistance subject to the Transparency Act (and sub-awards); and
 - The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. Part 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at <http://www.sec.gov/answers/execomp.htm>).

You must report sub-recipient executive total compensation to the grantee by the end of the month following the month during which you make the sub-award. For example, if a sub-award is obligated on any date during the month of October of a given year (i.e., between October 1st and 31st), you must report any required compensation information of the sub-recipient by November 30th of that year.

Definitions:

- Entity means all of the following, as defined in 2 CFR Part 25 (Appendix A, Paragraph(C))

(3)):

- Governmental organization, which is a State, local government, or Indian tribe;
 - Foreign public entity;
 - Domestic or foreign non-profit organization;
 - Domestic or foreign for-profit organization;
 - Federal agency, but only as a sub-recipient under an award or sub-award to a non-Federal entity.
- Executive means officers, managing partners, or any other employees in management positions.
 - Sub-award: a legal instrument to provide support to an eligible sub-recipient for the performance of any portion of the substantive project or program for which the grantee received this award. The term does not include the grantees procurement of property and services needed to carry out the project or program (for further explanation, see 45 CFR Part 75). A sub-award may be provided through any legal agreement, including an agreement that the grantee or a sub-recipient considers a contract.
 - Sub-recipient means an entity that receives a sub-award from you (the grantee) under this award; and is accountable to the grantee for the use of the Federal funds provided by the sub-award.
 - Total compensation means the cash and non-cash dollar value earned by the executive during the grantee's or sub-recipient's preceding fiscal year and includes the following (for more information see 17 CFR Part 229.402(c)(2)):
 - Salary and bonus
 - Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.
 - Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.
 - Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.
 - Above-market earnings on deferred compensation which is not tax-qualified.
 - Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds \$10,000.

GENERAL REQUIREMENTS

Travel Cost: In accordance with HHS Grants Policy Statement, travel costs are only allowable where such travel will provide direct benefit to the project or program. There must be a direct benefit imparted on behalf of the traveler as it applies to the approved activities of the NoA. To prevent disallowance of cost, the grantee is responsible for ensuring that only allowable travel reimbursements are applied in accordance with their organization's established travel policies and procedures. Grantees approved policies must meet the requirements of 45 CFR Part 75, as applicable.

Food and Meals: Costs associated with food or meals are allowable when consistent with applicable federal regulations and HHS policies and guidance, which can be found at http://www.hhs.gov/asfr/ogapa/acquisition/effspendpol_memo.html. In addition, costs must be proposed in accordance with grantee approved policies and a determination of reasonableness has been performed by the grantees. Grantee approved policies must meet the requirements of 45 CFR Part 75, as applicable.

Prior Approval: All requests, which require prior approval, must bear the signature of the authorized organization representative. The grantee must submit these requests by **February 28, 2017** or no later than 120 days prior to this budget period's end date. Additionally, any requests involving funding issues must include an itemized budget and a narrative justification of the request.

The following types of requests require prior approval.

- Use of unobligated funds from prior budget period (Carryover)
- Lift funding restriction, withholding, or disallowance
- Redirection of funds
- Change in scope
- Implement a new activity or enter into a sub-award that is not specified in the approved budget
- Apply for supplemental funds
- Change in key personnel
- Extensions
- Conferences or meetings that were not specified in the approved budget

Templates for prior approval requests can be found at:

<http://www.cdc.gov/grants/alreadyhavegrant/priorapprovalrequests.html>

Key Personnel: In accordance with 45 CFR Part 75.308, CDC grantees must obtain prior approval from CDC for (1) change in the project director/principal investigator, business official, authorized organizational representative or other key persons specified in the FOA, application or award document; and (2) the disengagement from the project for more than three months, or a 25 percent reduction in time devoted to the project, by the approved project director or principal investigator.

Inventions: Acceptance of grant funds obligates grantees to comply with the standard patent rights clause in 37 CFR Part 401.14.

Publications: Publications, journal articles, etc. produced under a CDC grant support project must bear an acknowledgment and disclaimer, as appropriate, for example:

This publication (journal article, etc.) was supported by the Grant or Cooperative Agreement Number, U58DP003924-05, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

Acknowledgment Of Federal Support: When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in

part with Federal money, all awardees receiving Federal funds, including and not limited to State and local governments and grantees of Federal research grants, shall clearly state:

- percentage of the total costs of the program or project which will be financed with Federal money
- dollar amount of Federal funds for the project or program, and
- percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

Copyright Interests Provision: This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also at the time of submission, Recipient and/or the Recipient's submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient's submitting author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

Disclaimer for Conference/Meeting/Seminar Materials: Disclaimers for conferences/meetings, etc. and/or publications: If a conference/meeting/seminar is funded by a grant, cooperative agreement, sub-grant and/or a contract the grantee must include the following statement on conference materials, including promotional materials, agenda, and internet sites:

Funding for this conference was made possible (in part) by the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Logo Use for Conference and Other Materials: Neither the Department of Health and Human Services (HHS) nor the CDC logo may be displayed if such display would cause confusion as to the funding source or give false appearance of Government endorsement. Use of the HHS name or logo is governed by U.S.C. Part 1320b-10, which prohibits misuse of the HHS name and emblem in written communication. A non-federal entity is unauthorized to use the HHS name or logo governed by U.S.C. Part 1320b-10. The appropriate use of the HHS logo is subject to review and approval of the HHS Office of the Assistant Secretary for Public Affairs (OASPA). Moreover, the HHS Office of the Inspector General has authority to impose civil monetary penalties for violations (42 CFR Part 1003). Accordingly, neither the HHS nor the CDC logo can be used by the grantee without the express, written consent of either the CDC Project Officer or the CDC Grants Management Officer. It is the responsibility of the grantee to request consent for use of the logo in sufficient detail to ensure a complete depiction and disclosure of all uses of the Government logos. In all cases for utilization of Government logos, the grantee must ensure written consent is received from the Project Officer and/or the Grants Management Officer. Further, the HHS and CDC logo cannot be used by the grantee without a license agreement setting forth the terms and conditions of use.

Equipment and Products: To the greatest extent practicable, all equipment and products purchased with CDC funds should be American-made. CDC defines equipment as tangible non-expendable personal property (including exempt property) charged directly to an award having a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit. However, consistent with grantee policy, a lower threshold may be established. Please provide the information to the Grants Management Officer to establish a lower equipment threshold to reflect your organization's policy.

The grantee may use its own property management standards and procedures, provided it observes provisions in applicable grant regulations found at 45 CFR Part 75.

Federal Information Security Management Act (FISMA): All information systems, electronic or hard copy, that contain federal data must be protected from unauthorized access. This standard also applies to information associated with CDC grants. Congress and the OMB have instituted laws, policies and directives that govern the creation and implementation of federal information security practices that pertain specifically to grants and contracts. The current regulations are pursuant to the Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002, PL 107-347.

FISMA applies to CDC grantees only when grantees collect, store, process, transmit or use information on behalf of HHS or any of its component organizations. In all other cases, FISMA is not applicable to recipients of grants, including cooperative agreements. Under FISMA, the grantee retains the original data and intellectual property, and is responsible for the security of these data, subject to all applicable laws protecting security, privacy, and research. If/When information collected by a grantee is provided to HHS, responsibility for the protection of the HHS copy of the information is transferred to HHS and it becomes the agency's responsibility to protect that information and any derivative copies as required by FISMA. For the full text of the requirements under Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002 Pub. L. No. 107-347, please review the following website:

http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=107_cong_public_laws&docid=f:publ347.107.pdf

Pilot Program for Enhancement of Contractor Employee Whistleblower Protections: Grantees are hereby given notice that the 48 CFR section 3.908, implementing section 828, entitled "Pilot Program for Enhancement of Contractor Employee Whistleblower Protections," of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2013 (Pub. L. 112-239, enacted January 2, 2013), applies to this award.

Federal Acquisition Regulations

As promulgated in the Federal Register, the relevant portions of 48 CFR section 3.908 read as follows (note that use of the term "contract," "contractor," "subcontract," or "subcontractor" for the purpose of this term and condition, should be read as "grant," "grantee," "subgrant," or "subgrantee"):

3.908 Pilot program for enhancement of contractor employee whistleblower protections.

3.908-1 Scope of section.

(a) This section implements [41 U.S.C. 4712](#).

(b) This section does not apply to-

(1) DoD, NASA, and the Coast Guard; or

(2) Any element of the intelligence community, as defined in section 3(4) of the National Security Act of 1947 (50 U.S.C. 3003(4)). This section does not apply to any disclosure made by an employee of a contractor or subcontractor of an element of the intelligence community if such disclosure-

(i) Relates to an activity of an element of the intelligence community; or

(ii) Was discovered during contract or subcontract services provided to an element of the intelligence community.

3.908-2 Definitions.

As used in this section-

“Abuse of authority” means an arbitrary and capricious exercise of authority that is inconsistent with the mission of the executive agency concerned or the successful performance of a contract of such agency.

“Inspector General” means an Inspector General appointed under the Inspector General Act of 1978 and any Inspector General that receives funding from, or has oversight over contracts awarded for, or on behalf of, the executive agency concerned.

3.908-3 Policy.

(a) Contractors and subcontractors are prohibited from discharging, demoting, or otherwise discriminating against an employee as a reprisal for disclosing, to any of the entities listed at paragraph (b) of this subsection, information that the employee reasonably believes is evidence of gross mismanagement of a Federal contract, a gross waste of Federal funds, an abuse of authority relating to a Federal contract, a substantial and specific danger to public health or safety, or a violation of law, rule, or regulation related to a Federal contract (including the competition for or negotiation of a contract). A reprisal is prohibited even if it is undertaken at the request of an executive branch official, unless the request takes the form of a non-discretionary directive and is within the authority of the executive branch official making the request.

(b) Entities to whom disclosure may be made.

- (1) A Member of Congress or a representative of a committee of Congress.
- (2) An Inspector General.
- (3) The Government Accountability Office.
- (4) A Federal employee responsible for contract oversight or management at the relevant agency.
- (5) An authorized official of the Department of Justice or other law enforcement agency.
- (6) A court or grand jury.
- (7) A management official or other employee of the contractor or subcontractor who has the responsibility to investigate, discover, or address misconduct.

(c) An employee who initiates or provides evidence of contractor or subcontractor misconduct in any judicial or administrative proceeding relating to waste, fraud, or abuse on a Federal contract shall be deemed to have made a disclosure.

3.908-9 Contract clause.

Contractor Employee Whistleblower Rights and Requirement to Inform Employees of Whistleblower Rights (Sept. 2013)

(a) This contract and employees working on this contract will be subject to the whistleblower rights and remedies in the pilot program on Contractor employee whistleblower protections established at [41 U.S.C. 4712](#) by section 828 of the National Defense Authorization Act for Fiscal Year 2013 (Pub. L. 112-239) and FAR [3.908](#).

(b) The Contractor shall inform its employees in writing, in the predominant language of the workforce, of employee whistleblower rights and protections under [41 U.S.C. 4712](#), as described in section [3.908](#) of the Federal Acquisition Regulation.

(c) The Contractor shall insert the substance of this clause, including this paragraph (c), in all subcontracts over the simplified acquisition threshold.

PAYMENT INFORMATION

Automatic Drawdown (Direct/Advance Payments): Payment under this award will be made available through the Department of Health and Human Services (HHS) Payment Management System (PMS). PMS will forward instructions for obtaining payments.

PMS correspondence, mailed through the U.S. Postal Service, should be addressed as follows:

Director, Payment Management Services
P.O. Box 6021
Rockville, MD 20852
Phone Number: (877) 614-5533
Email: PMSSupport@psc.gov
Website: <http://www.dpm.psc.gov/help/help.aspx?explorer.event=true>

Note: To obtain the contact information of PMS staff within respective Payment Branches refer to the links listed below:

- University and Non-Profit Payment Branch:
http://www.dpm.psc.gov/contacts/dpm_contact_list/univ_nonprofit.aspx?explorer.event=true
- Governmental and Tribal Payment Branch:
http://www.dpm.psc.gov/contacts/governmental_and_tribal.aspx?explorer.event=true
- Cross Servicing Payment Branch:
http://www.dpm.psc.gov/contacts/cross_servicing.aspx?explorer.event=true
- International Payment Branch:
Bhavin Patel (301) 492-4918
Email: Bhavin.patel@psc.hhs.gov

If a carrier other than the U.S. Postal Service is used, such as United Parcel Service, Federal Express, or other commercial service, the correspondence should be addressed as follows:

U.S. Department of Health and Human Services
Division of Payment Management
7700 Wisconsin Avenue, Suite 920
Bethesda, MD 20814

To expedite your first payment from this award, attach a copy of the Notice of Grant/Cooperative Agreement to your payment request form.

Payment Management System Subaccount: Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC setup payment subaccounts within the Payment Management System (PMS) for all grant awards. Funds awarded in support of approved activities have been obligated in a newly established subaccount in the PMS, herein identified as the "**P Account**". A "P Account" is a subaccount created specifically for the purpose of tracking designated types of funding in the PMS.

Funds must be used in support of approved activities in the FOA and the approved application. All award funds must be tracked and reported separately.

The grant document number and subaccount title (below) must be known in order to draw down funds from this P Account.

Grant Document Number: 003924DP14
Subaccount Title: DP121205CANPREVPRO14

Acceptance of the Terms of an Award: By drawing or otherwise obtaining funds from the grant Payment Management Services, the grantee acknowledges acceptance of the terms and conditions of the award and is obligated to perform in accordance with the requirements of the award. If the recipient

cannot accept the terms, the recipient should notify the Grants Management Officer within thirty (30) days of receipt of this award notice.

Certification Statement: By drawing down funds, the grantee certifies that proper financial management controls and accounting systems, to include personnel policies and procedures, have been established to adequately administer Federal awards and funds drawn down. Recipients must comply with all terms and conditions outlined in their NoA, including grant policy terms and conditions contained in applicable HHS Grant Policy Statements, and requirements imposed by program statutes and regulations and HHS grants administration regulations, as applicable; as well as any regulations or limitations in any applicable appropriations acts.

CLOSEOUT REQUIREMENTS

Grantees must submit closeout reports in a timely manner. Unless the Grants Management Specialist/Grants Management Officer (GMS/GMO) approves a deadline extension the grantee must submit all closeout reports within 90 days after the last day of the final budget period. Reporting timeframe is **June 30, 2012** through **June 29, 2017**. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).

All manuscripts published as a result of the work supported in part or whole by the cooperative grant must be submitted with the progress reports.

An original plus two copies of the reports must be mailed to the GMS for approval by the GMO by the due date noted. Ensure the Award and Program Announcement numbers shown above are on the reports.

The final and other programmatic reports required by the terms and conditions of the NoA are the following.

Final Performance Report: An original and two copies are required. At a minimum, the report should include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

Final Federal Financial Report (FFR, SF-425): The FFR should only include those funds authorized and actually expended during the timeframe covered by the report. The Final FFR, SF-425 is required and must be submitted to the GMO/GMS no later than 90 days after the end of the project period. This report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Department of Health and Human Services' Payment Management Services (PMS), you will be required to update your reports to PMS accordingly. Remaining unobligated funds will be de-obligated and returned to the U.S. Treasury.

If the final reports (FFR and Final Progress Report) cannot be submitted within 90 days after the end of the project period, in accordance with 45 CFR Part 75.381 (Closeout), the grantee must submit a letter requesting an extension that includes the justification for the delay and state the expected date the CDC Office of Grants Services will receive the reports. All required documents must be mailed to the business contact identified in Staff Contacts.

Equipment Inventory Report: An original and two copies of a complete inventory must be submitted for all major equipment acquired or furnished under this project with a unit acquisition cost of \$5,000 or more. The inventory list must include the description of the item, manufacturer serial and/or identification number, acquisition date and cost, percentage of Federal funds used in the acquisition of the item. The

grantee should also identify each item of equipment that it wishes to retain for continued use in accordance with 45 CFR Part 75. These requirements do apply to equipment purchased with non-federal funds for this program. The awarding agency may exercise its rights to require the transfer of equipment purchased under the assistance award referenced in the cover letter. CDC will notify the grantee if transfer to title will be required and provide disposition instruction on all major equipment. Equipment with a unit acquisition cost of less than \$5,000 that is no longer to be used in projects or programs currently or previously sponsored by the Federal Government may be retained, sold, or otherwise disposed of, with no further obligation to the Federal Government. If no equipment was acquired under this award, a negative report is required.

Final Invention Statement: An original and two copies of a Final Invention Statement are required. Electronic versions of the form can be downloaded by visiting <http://grants1.nih.gov/grants/hhs568.pdf>. If no inventions were conceived under this assistance award, a negative report is required. This statement may be included in a cover letter.

CDC ROLES AND RESPONSIBILITIES

Roles and Responsibilities: Grants Management Specialists/Officers (GMO/GMS) and Program/Project Officers (PO) work together to award and manage CDC grants and cooperative agreements. From the pre-planning stage to closeout of an award, grants management and program staff have specific roles and responsibilities for each phase of the grant cycle. The GMS/GMO is responsible for the business management and administrative functions. The PO is responsible for the programmatic, scientific, and/or technical aspects. The purpose of this factsheet is to distinguish between the roles and responsibilities of the GMO/GMS and the PO to provide a description of their respective duties.

Grants Management Officer: The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards including:

- Determining the appropriate award instrument, i.e.; grant or cooperative agreement
- Determining if an application meets the requirements of the FOA
- Ensuring objective reviews are conducted in an above-the-board manner and according to guidelines set forth in grants policy
- Ensuring grantee compliance with applicable laws, regulations, and policies
- Negotiating awards, including budgets
- Responding to grantee inquiries regarding the business and administrative aspects of an award
- Providing grantees with guidance on the closeout process and administering the closeout of grants
- Receiving and processing reports and prior approval requests such as changes in funding, carryover, budget redirection, or changes to the terms and conditions of an award
- Maintaining the official grant file and program book

The GMO is the only official authorized to obligate federal funds and is responsible for signing the NoA, including revisions to the NoA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization.

GMO Contact: See Staff Contacts below for the assigned GMO

Grants Management Specialist: The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards. Many of the functions described above are performed by the GMS on behalf of the GMO.

GMS Contact: See Staff Contacts below for the assigned GMS

Program/Project Officer: The PO is the federal official responsible for the programmatic, scientific, and/or technical aspects of grants and cooperative agreements including:

- The development of programs and FOAs to meet the CDC's mission
- Providing technical assistance to applicants in developing their applications e.g. explanation of programmatic requirements, regulations, evaluation criteria, and guidance to applicants on possible linkages with other resources
- Providing technical assistance to grantees in the performance of their project
- Post-award monitoring of grantee performance such as review of progress reports, review of prior approval requests, conducting site visits, and other activities complementary to those of the GMO/GMS

Programmatic Contact:

NCCCP/MLC Component(s):

Jamila Fonseca, Project Officer
Centers for Disease Control
Telephone: 770-488-4296
Email: jcf0@cdc.gov

NBCCEDP Component:

Charissa Rivers, Project Officer
Centers for Disease Control
Telephone: 770-488-3938
Email: CRivers@cdc.gov

NPCR Component:

Olivia Marr, Project Officer
Centers for Disease Control
Telephone: 770-488-3137
Email: oag0@cdc.gov

OGS Contact(s):

Pamela Render
Grants Management Officer (GMS/GMO)
Office of Grants Services (OGS)
Office of Financial Resources (OFR)
Office of the Chief Operating Officer (OCOO)
Centers for Disease Control and Prevention (CDC)
Email: PRender@cdc.gov
Telephone: 770-488-2712

Merlin J. Williams
Team Leader, Grants Management Officer
Office of Grants Services (OGS)
Office of Financial Resources (OFR)
Office of the Chief Operating Officer (OCOO)
Centers for Disease Control and Prevention (CDC)
Email: MQW6@CDC.GOV
Telephone: 770-488-2851

Grantee:
Award Number:

Missouri Dept of Health
DP003924-05

Attachment 1

Federal Cost Categories	MLC	NCCCP	NCCCP Programmatic Encouraged Cost Share: 10%	NBCCEDP	NBCCEDP Match 3:1	NPCR	NPCR Match 3:1	Year 05 Budget
Salaries and Wages	\$25,516	\$104,987	\$0	\$461,813	-	\$11,887	-	\$604,203
Fringe Benefits	\$12,758	\$52,494	\$0	\$219,064	-	\$5,269	-	\$289,585
Supplies	\$55	\$415	\$0	\$1,881	-	\$0	-	\$2,351
Equipment	\$0	\$0	-	\$0	-	\$0	-	\$0
Travel Costs	\$0	\$2,285	\$0	\$11,306	-	\$0	-	\$13,591
Other Costs	\$827	\$32,503	\$0	\$206,894	-	\$454	-	\$238,512
Consortium/Contractual Cost	\$0	\$25,510	-	\$1,775,328	-	\$1,078,805	-	\$2,879,643
Consultant	\$0	\$0	-	\$0	-	\$0	-	\$0
Total Direct Costs	\$39,156	\$218,194	\$0	\$2,676,286	-	\$1,096,415	-	\$4,030,051
<i>Indirect Costs</i>	<i>\$7,999</i>	<i>\$32,914</i>	<i>\$0</i>	<i>\$0</i>	<i>-</i>	<i>\$3,585</i>	<i>-</i>	<i>\$44,498</i>
	\$47,155	\$251,108	\$0	\$2,676,286		\$1,100,000		\$4,074,549
Non-Federal Share Requirement	-	-	0	-	892,095	-	366,667	\$1,258,762
Programmatic Encouraged Cost Share	-	\$25,110.80	\$0	-	-	-	-	\$25,111
Total Approved Budget	\$47,155	\$527,327	\$0	\$2,676,286	\$892,095	\$1,100,000	\$366,667	\$5,609,530

Direct Assistance (DA) Provided (SAS Software)	-	-	-	-	-	\$0	-	\$0
Non-Federal Share Provided:	-	-	-	-	\$892,096	-	\$390,863	\$1,282,959
Non-Federal Share Required:	-	-	-	-	\$892,095	-	\$366,667	\$1,258,762
Excess Non-Federal Share:	-	-	-	-	\$1	-	\$24,196	\$24,196
Programmatic Encouraged Cost Share Provided:	-	-	\$25,111	-	-	-	-	\$25,111
Programmatic Encouraged Cost Share:	-	-	\$25,111	-	-	-	-	\$25,111
Excess Encouraged Cost Share:	-	-	\$0	-	-	-	-	\$0
							Total Match	\$390,863

Note 1: NPCR: \$366,667 Required, \$390,863 provided, Excess: \$24,196

Note 2: NCCCP - \$25,111 Encouraged, \$25,111 provided, excess \$0

Note 3: NPCR: \$892,095 Required, \$892,096 provided, Excess: \$1

**FY 2016 – Funding Opportunity Announcement DP12-1205
Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations
Annual Progress Report
Technical Review Form**

Grantee's Name: Missouri Department of Health and Senior Services

Grantee #: 5U58/CCU003924-05

Component: #1 MLC #2 NCCCP #3 NBCCEDP #4
 NPCR
#5 Innovative

SAS License Requests: Amount of DA recommended/approved \$ N/A

Technical Reviewer's Name: Jamila Fonseca

Signature: *Jamila Fonseca* Date: March 30 2016.

After a complete review of the DP12-1205 Year 03 IPR and significant discussion with the Grantee regarding the Year 03 IPR/Technical Review, the Grantee is to submit the following (check all that apply):

- **Response to Technical Review**

The Recipient must respond to the major weaknesses cited within 30 days. Responses should be submitted to the assigned CDC Project Officer and should be reflective only of the weaknesses identified, not a resubmission of the entire application.

NO response to Technical Review is needed. **Please respond to comments in "Comments Section of Technical Review to CDC Project Officer via email."**

- **Revised Budget and Workplan**

Revised Budget and Workplan is needed due to significant reduction of proposed budget, which will affect the proposed activities. The revised budget and workplan should be reflective of the amount of the actual Notice of Award (NGA).

Revised Budget and Workplan is **NOT** needed.

- **Revised Workplan**

Revised Workplan is needed due to -- provide reason(s): _____

Revised Workplan is **NOT** needed.

- **Revised Budget**

Revised Budget is needed due to -- provide reason(s): _____

Revised Budget is **NOT** needed.

Summary of Major Strengths (Please use bullets):

- Grantee documents multiple activities demonstrating coordination of the cancer program components through the Management Leadership Team structure to include:
 - Coordination of joint messages on the DHHS website; updates and coordination of joint activities with other chronic disease programs; coordination of submissions to CDC.
 - Coordination of analysis and use of cancer registry data and coordination of an agreement for data linkages and registry services through the University of Missouri.
 - Coordinating representation of senior staff from Medicaid program on the Chronic Disease Prevention Advisory Council Meetings to facilitate potential partnerships of cancer program with Medicaid program.
 - Leadership team are members of the Missouri Cancer Consortium and collaborate on the revision of the Missouri Cancer Plan

Summary of Major Weaknesses (Please use bullets):

No major weaknesses noted.

Recommendations:

Research Determination – DP12-1205 is only for non-research activities supported by CDC.

For the definition of research, please see the CDC Web site at the following Internet address:

<http://www.cdc.gov/od/ads/opspoll1.htm>

No research activities have been proposed

Research activities have been proposed, but were disapproved/disallowed

Reviewer Comments

Progress towards Objectives:

FOA Strategy 1: Program Leadership, Management, Coordination

- Leadership team has met regularly with Missouri Chronic Disease Director to discuss updates and coordination activities to include updates of collaborative efforts with other chronic disease programs; and strategies to coordinate submission of unobligated requests, and IPRs to CDC.
- Leadership Team and Program Managers of several chronic disease programs have met to discuss collaborative efforts to fund interventions benefitting multiple programs. To date, a social media expert provided TA on exploiting social media for programmatic efforts and promotion on Missouri Department of Health and Senior Services (DHSS) website.
- No report on progress on implementing the Staffing and Training Plan.

FOA Strategy 2: Enhanced use of Surveillance Data

- DHHS Epidemiologist have analyzed cancer registry data to update the Missouri Cancer plan
- DHHS has developed and executed an agreement with University of Missouri for data linkages and registry services.

FOA Strategy 3: Promotion of Population-based cancer screening

- Program's objective related to Leadership assuring cancer programs are implementing interventions to promote population-based cancer screening and follow-up as identified in the revised cancer plan has not been met since the Cancer Plan is still in progress to being updated.
- Director of Clinical Services for the Medicaid Program is a formal member of the Chronic Disease Advisory Council with an interest in partnering with Cancer program.
- CDC will work with Program to identify examples of how other states work with their Medicaid Program.

FOA Strategy 4: Coordination of Cancer Program Activities with Existing Cancer Coalition

- Grantee documents Leadership Team are members of the Missouri Cancer Consortium and collaborating on the revision of the Missouri Cancer Plan.
- Staff and membership turnover have delayed progress on plan revisions.
- CDC will provide TA for review of draft Missouri Cancer Plan

FOA Strategy 5: Alignment of Cancer Programs with Cancer Control Plan

- Cancer program staff have completed a review of the cancer program components to assure that the goals of the program are reflected in the current draft of the revised State Cancer Plan.

Proposed Objectives: Year 03:

- Proposed Year 05 Action Plan includes eight objectives (AOs) with related activities, measures of effectiveness, data sources, time-frames and staff responsible.
- Format of Year 05 Action Plan did not specifically link AOs with FOA strategies making it less clear to track AO with expected FOA strategies.

FOA Strategy 1: Program Leadership, Management, Coordination

- AO 1 addresses review of plans for management of chronic disease programs, collaboration, and capacity in cross-cutting functional areas.
- AO 2 addresses Leadership Team (LT) convening twice annually to discuss management, leadership, collaboration.
- AO 3 addresses LT assuring chronic disease program managers meeting at least four times annually to discuss leveraging resources to benefit multiple programs.
- Suggest AOs with meetings include specific activities to be accomplished to make them productive meaningful meetings..

FOA Strategy 2: Enhanced use of Surveillance Data

- AO 4 addresses the LT ensuring cancer registry data is available as cancer burden reports to stakeholders. Activities are consistent to accomplishing the objective.

FOA Strategy 3: Promotion of Population-based cancer screening

- AO 5 addresses LT assuring cancer programs are implementing interventions to promote population-based cancer screening and appropriate follow-up in the revised State Cancer plan. Activities are consistent to accomplishing the objective.
- AO 6 addresses Missouri Medicaid program continuing to be a member of the chronic disease prevention advisory committee. Suggest activities to ensure Medicaid Program representative is actively engaged in the council meetings and moving towards expected milestones in the partnership.

FOA Strategy 4: Coordination of Cancer Program Activities with Existing Cancer Coalition

- AO 7 addresses securing final formal approvals for the revised Missouri State Cancer Plan by September 2016. Suggest including activities to track and ensure process steps are completed prior to the final approval process.

FOA Strategy 5: Alignment of Cancer Programs with Cancer Control Plan

- AO 8 addresses ensuring that goals and activities in the three cancer programs are consistent and align with the goals and objectives of the updated State Cancer Plan. Activities are consistent to achieving the objective.

Other Relevant Comments:

- Provide update on implementing the Staffing and Training Plan to CDC Program Consultant.
- Review Year 05 Action Plan to ensure all required FOA strategies and performance

measures are addressed since format of Year 05 Action Plan did not specifically link AOs with FOA strategies.

Itemized Budget:

- **SAS License Requests: Grantee did not request a SAS license in Year 03.**
- Budget appear to be appropriate and consistent with activities in Year 05 Action plan.

**FY 2016 – Funding Opportunity Announcement DP12-1205
Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations
Annual Performance Report
Technical Review Form**

Grantee's Name: Missouri CCC

Grantee #: U58/CCU3924-05

Component: #1 ___MLC #2 X NCCCP #3 ___NBCCEDP #4 ___NPCR
#5 ___Innovative

SAS License Requests: Amount of DA recommended/approved \$ N/A

Technical Reviewer's Name: Jamila Fonseka

Signature: *Jamila Fonseka* Date: 3/22/2016

After a complete review of the DP12-1205 Year 05 APR and discussion with the Grantee regarding the Year 05 IPR/Technical Review, the Grantee is to submit the following (check all that apply):

- **Response to Technical Review**

___ The Recipient must respond to the major weaknesses cited within 30 days. Responses should be submitted to the assigned CDC Project Officer and should be reflective only of the weaknesses identified, not a resubmission of the entire application.
x **NO** response to Technical Review is needed. **Please respond to comments in "Comments Section" of Technical Review to CDC Project Officer via email or document format.**

- **Revised Budget and Workplan**

___ Revised Budget and Workplan is needed due to significant reduction of proposed budget, which will affect the proposed activities. The revised budget and workplan should be reflective of the amount of the actual Notice of Award (NGA).

x Revised Budget and Workplan is **NOT** needed.

- **Revised Workplan**

___ Revised Workplan is needed due to -- provide reason(s):

___ Revised Workplan is **NOT** needed.

- **Revised Budget**

___ Revised Budget is needed due to -- provide reason(s):

___ Revised Budget is **NOT** needed.

Summary of Major Strengths (Please use bullets):

- Partners at the local level are playing a leadership role in cancer prevention activities related to high burden cancers such as breast and colorectal cancers and evidenced by lead role local partners (American Cancer Society; Francis County Health Center; Missouri Council for Activity and Nutrition) are taking in the media campaign project addressing CRC and breast cancer.
- Program has collaborated with Tobacco Program to identify target areas to promote smoking cessation and Tobacco Free Missouri has provided technical assistance to communities on becoming tobacco-free community environments.
- Program has developed and implemented a well-developed media plan to include coordinating social media messages and paid advertising strategies with partners; implementing a media campaign to promote breast and CRC screening in high risk areas of Missouri.
- Proposed Action Plan has PSE strategies across primary, secondary and tertiary prevention.
- Coalition is comprised of a wide array of partners to including representation from priority populations (Hispanic Women Against Cancer) those from other chronic disease and risk factor programs, and non-health sectors such as faith-based, advocacy and academia communities.

Summary of Major Weaknesses (Please use bullets):

No major weakness noted.

Recommendations:

Research Determination – DP12-1205 is only for non-research activities supported by CDC.

For the definition of research, please see the CDC Web site at the following Internet address:

<http://www.cdc.gov/od/ads/opspoll1.htm>

No research activities have been proposed

Research activities have been proposed, but were disapproved/disallowed

Reviewer Comments

Progress towards Objectives:

Program reports progress on objectives and activities in FOA strategies 1-6 that reflect alignment with current program guidance and performance measures.

FOA strategy 1 Program Management

- Program Manager, Evaluator and PSE subject matter expert have been in place since August 2015.
- 0.5 FTE PSE expert is a new internal hire and is working closely with Program Manager and Office of Epidemiology on PSE activities
- Program has partnered with Show Me a Healthy Woman, Comprehensive Tobacco Control Program and other chronic disease partners on a media campaign with PSE strategies to increase breast cancer and colorectal cancer screening in “hot spot” areas of Missouri.
- Program participated in Region G network call in October 2015; no clear documentation in IPR of Program participation in other CDC-sponsored meetings and trainings in the past 6 months.
- Program has completed and submitted all required documents on time to include APR, Evaluation and media plans. Evaluation plan is being refined as the design of the complex pilot project is finalized and data sources identified.
- Other partners, e.g., Tobacco Free Missouri provided technical assistance and training to communities on how to go smoke free; planning Cancer education program for 2017 to include training on policy, practice; no clear evidence if Program provided training/technical assistance to constituents in past 6 months.
- Program has developed and implemented a well-developed media plan to include coordinating social media messages and paid advertising strategies with partners; implementing a media campaign to promote breast and CRC screening in high risk areas of Missouri.

FOA strategy 2 Fiscal Management

- Program allocated at least 30% of resources for local implementation efforts based on sub awards to community-based organizations; coalition support for activities; in-kind staff resources for PSE, evaluation and overall consortium guidance,
- Sub-awards have been executed with three community-based organizations to implement evidence-based community-based cancer control strategies consistent with the regional strategic plans.
- Program and sub-recipient funding are in alignment with Missouri Cancer Plan priorities to include: CRC screening, breast cancer screening, survivorship, prostate cancer screening; tobacco use reduction.
- Partners at the local level are playing a leadership role in cancer prevention activities related to high burden cancers such as breast and colorectal cancers and evidenced by lead role local partners (American Cancer Society; Francis County Health Center;

Missouri Council for Activity and Nutrition) are taking in the media campaign project addressing CRC and breast cancer.

- Program meets cost sharing requirement; provides \$25111 in cost sharing, and provides appropriate documentation.
- Program tracks funding and expenditures through contracts that include sub-awards with local community-based organizations; and utilizes contractor with 6 contractual elements.

FOA strategy 3 Use of Surveillance data

- Office of Epidemiology is creating a cancer burden report for Missouri and “Burden of Cancer –At a Glance” to be used for development of the revised 2016-2020 State Cancer Plan, and data use by consortium and general public.
- BRFSS data use to set baselines and targets for 4 PPOs in Action Plan
- AO 1.3 and AO 2.1 in Action Plan include review of surveillance data by Program and the consortium to inform progress on the State Cancer plan.
- Program meets with Cancer Consortium to discuss cancer data and relevance to State Cancer Plan and is creating Burden of Cancer at a Glance for

FOA strategy 4 Support, Collaborate and coordinate with existing cancer coalition

- Coalition is comprised of a wide array of partners to including representation from priority populations (Hispanic Women Against Cancer) those from other chronic disease and risk factor programs, and non-health sectors such as faith-based, advocacy and academia communities.
- In year 04 Program has focused on increasing capacity and sustainability of the coalition that has involved forming new committees, recruiting members with diversity; and establishing committee chairs to implement the state cancer plan.
- Program highlights renewed engagement of partners as evidenced by several partners taking a lead role in the implementation of the media campaign and project to promote breast and colorectal screening at the county level.
- Member assessment completed in 7/2015; Coalition completed a member analysis and active recruitment for diversity; satisfaction survey is planned for later in Year 04.
- Coalition plans to utilize the latest data to inform implementation of the State Cancer Plan. Unclear if Coalition used cancer plan assessment tool to evaluate cancer plan’s applicability to current cancer burden, and implementation of FOA requirements and cancer plan.

FOA strategy 5 Maintain, implement and periodically revise a cancer control plan

- Program is in process of updating cancer plan, working with Office of Epidemiology to obtain the most current cancer data, and Missouri Cancer Consortium has set up work groups to implement the revised plan.
- Primary prevention objectives in State Cancer plan focus on tobacco, HPV, sun safety, radon, nutrition and physical activity; proposed Action plan has objectives related to increasing smoke free ordinances and access to cessation services by Medicaid population.
- Secondary prevention objectives in State cancer plan focus on breast and colorectal

screening; Action Plan has objectives related to working with Federally Qualified Health Centers (FQHC) to promote CRC screening.

- Survivorship objectives in State Cancer plan focus on access to programs and services; clinical trials; proposed Action Plan has objectives related to partnering with the Arthritis Program to promote the evidence-based physical activity program.
- Program has collaborated with Tobacco Program to identify target areas to promote smoking cessation and Tobacco Free Missouri has provided technical assistance to communities on becoming tobacco-free community environments.
- Program is collaborating with the Arthritis Program to promote their evidence based physical activity to cancer survivors, and has convened initial planning meeting and a presentation in January 2016.
- Program has collaborated with Tobacco Control Program, and several other partners for implementation of a targeted media campaign for colorectal screening in high risk local counties.

FOA strategy 6 Demonstrate outcomes through evaluation to improve program performance

- Program provided draft of Year 04 Evaluation Plan, and current draft includes detailed measures to assess PSE strategies reminder system; quit line calls; referrals for services; impacts). Program needs to complete Year 04 Evaluation Plan to include evaluation of “Plan” component and to include evaluation questions that assess PSE approaches in cancer plan.

Proposed Objectives:

- Program PPOs and OAs are SMART and include foci of tobacco use prevention; colorectal cancer screening; prostate cancer; survivorship. AO 6.3 baseline and targets are to be determined.

FOA strategy 1: Program Management

- Program proposes AO 1.1 related to maintain a 0.5 FTE PSE subject matter expert.

FOA strategy 2: Fiscal Management

- Program proposes AO 1.2 related to working with fiscal staff to execute contracts and monitor and track expenditure. Activities are consistent with achieving the objective.

FOA strategy 3: Use of Cancer Surveillance Data

- Program proposes AO 1.3 to review latest cancer data and develop materials for stakeholders, include lung cancer screening question in BRFSS.
- BRFSS data used to set baselines and targets for four PPOs.

FOA strategy 4: Support, Collaborate and Coordinate with Existing Cancer Coalition

- Program proposes AO 1.4 to expand the coalition. Related annual activities include an annual satisfaction survey, organizing an education program and implementing the cancer plan.

FOA strategy 5: Maintain, Implement, and Periodically Revise a Comprehensive Cancer Control Plan

- Action plan has one PPO focused on primary prevention (tobacco use), with two AOs (Quit-line referrals and smoke-free ordinances) related to a PSE approach and which is consistent with PSE strategies in the Missouri Cancer Plan. Related annual activities appear consistent to achieving the AO.
- Action Plan has two PPOs focused on secondary prevention (PPO 3 CRC screening; PPO 7 PSA screening and IDM) with AOs that include activities for developing PSE strategies (working with FQHC; PSA policy dissemination).
- Action plan has one PPO on survivorship. With PSE AO related to working with Arthritis Program to promote the evidence-based physical activity program to survivors.
- CDMIS does not show rationale for strategies and no evidence-based source is identified.

FOA strategy 6: Demonstrate Outcomes through Evaluation to Improve Program Performance

- Program proposes AO 5.1 to develop an annual evaluation plan using CCCB evaluation tool kit. Activities are appropriate and consistent to achieving the objective.

Other Relevant Comments:

FOA strategy 1 Program Management

- Recommend Program clarify types of CDC trainings attended per routine conference call
- Recommend Program clarify if any trainings have been provided to coalition on cancer prevention efforts.

FOA strategy 4: Support, collaborate and Coordinate with Existing Cancer Coalition

- Recommend Program also consider utilizing the Cancer Plan Assessment Tool to augment Cancer Plan update, and evaluate Cancer Plan's applicability to current cancer burden and develop steps to address any discrepancies.

FOA strategy 6: Demonstrate Outcomes through Evaluation to Improve Program Performance

- Recommend Program continues to work with EOO to complete Year 04 Evaluation Plan to include PSE evaluation measures to assess Plan PSE approaches.
- Review CDMIS entries and show rationale and evidence base for strategies identified in Action Plan

Itemized Budget:

- Amount of recommended award is consistent with amount Program requested (\$251,108).
- Budget is appropriate and consistent with the Year 05 Action plan.

SAS License Requests:

- 2016 (YR05) SAS License Requests, requested in Oct 2015, were properly reflected as direct assistance (DA) in the line-item budget and justification.
- The 2016 (YR05) budget request included the same number of licenses received and were reflected for the correct component(s).

Amount of DA recommended/approved \$ N/A
(Transfer amount to front page)

**FY 2016 – Funding Opportunity Announcement DP12-1205
Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations
Annual Performance Report
Technical Review Form**

Grantee's Name: Missouri Department of Health and Senior Services

Grantee #: U58DP003924-05

Component: #1 ___ MLC #2 ___ NCCCP #3 X NBCCEDP #4 ___ NPCR
#5 ___ Innovative

SAS License Requests: Amount of DA recommended/approved \$ 0

Technical Reviewer's Name: Charissa Rivers

Signature: *Charissa Rivers*

Date: 3/17/2016

After a complete review of the DP12-1205 Year 05 APR and discussion with the Grantee regarding the Year 05 IPR/Technical Review, the Grantee is to submit the following (check all that apply):

• **Response to Technical Review**

___ The Recipient must respond to the major weaknesses cited within 30 days. Responses should be submitted to the assigned CDC Project Officer and should be reflective only of the weaknesses identified, not a resubmission of the entire application.

X **NO** response to Technical Review is needed.

• **Revised Budget and Workplan**

X Revised Budget and Workplan is needed **due to significant reduction of proposed budget, which will affect the proposed activities. The revised budget and workplan should be reflective of the amount of the actual Notice of Award (NGA).**

___ Revised Budget and Workplan is **NOT** needed.

• **Revised Workplan**

___ Revised Workplan is needed due to -- provide reason(s):

___ Revised Workplan is **NOT** needed.

• **Revised Budget**

___ Revised Budget is needed due to -- provide reason(s):

___ Revised Budget is **NOT** needed.

Summary of Major Strengths:

- Grantee is increasing program efforts to reach the hardest to reach by increasing the number of providers in specific areas shown, through data provided by the Missouri Cancer Registry, to have higher incidences of late stage breast and cervical cancer (pgs. 6-7, 11).
- Proposes implementation of patient navigation through the use of community health workers; partnering with other local public health agencies, federally qualified health centers, and community health centers to employ/place the community health workers to maximize the priority population's access to quality breast and cervical screening services (p. 20).

Summary of Major Weaknesses:

- Data shows that the program has a 24% decline in screening services, which is not addressed in the application.
- The specific activities involved in the small media strategy are not all evidence-based or evidence informed and a previous radio media activity yielded poor results (pgs. 6-7).
- Program is not fully staffed. Vacancies or insufficient staffing may lead to programmatic issues.
- No approved evaluation plan on file for grantee.
- The program has not given indication of any initiatives that are aimed at achieving a population-based impact or a health system change impact through new partnerships or enhanced existing partnerships.
- Grantee did not provide public education goals, which may also stagnate program's screening efforts and numbers.
- Objectives lack true specificity and because there are no baseline measures provided, the measurability is questionable.
- Evaluation efforts are process based not outcome based.

Recommendations:

- Program Consultant recommends grantee to continue working on and complete the evaluation plan and submit a copy of the plan by June 30, 2016, as it is 9 months past due.
- Grantee should continue to work with CDC in order to receive guidance and technical assistance on layering and utilizing various forms of data to continue to find and increase screening among the hardest to reach populations. Grantee should also continue to work with CDC in order to receive guidance and technical assistance on using data to inform selection and implementation of evidence-based interventions in order to achieve population-based or health system change impact.

Research Determination – DP12-1205 is only for non-research activities supported by CDC. For the definition of research, please see the CDC Web site at the following Internet address:

<http://www.cdc.gov/od/ads/opspoll1.htm>

No research activities have been proposed

Research activities have been proposed, but were disapproved/disallowed

Reviewer Comments

Progress towards Objectives:

- Grantee recounts the accomplishment of screening goals very broadly (pgs. 6-7). There are no specific details given on whether they have met or are on schedule to meet their screening goal of 9,200.
- Grantee does document the activities that are being implemented with the priority population. They describe small media efforts and the addition of more providers in the hardest to reach communities/populations as the methods to be employed in recruiting and increasing screening (pgs. 6-7).
- The registry data provided by the Missouri Cancer Registry has enabled the program to locate more of the priority population (p. 11).
- The current recruitment strategy of increasing providers and using community health workers is feasible.
- The grantee describes outreach/recruitment challenges and ways to address challenges.
- Grantee provides evidence/details of achievement of the professional development goals and describes the barriers and appropriate plans to address the barriers of professional development (pgs. 1, 5, 9-10).
- Majority of program goals have been met/completed. Only two goals are ongoing (pgs. 3, 9).
- Sufficient goal by goal discussion of barriers provided with solutions to address the barriers.
- Evidence of registry linkage/use provided (p. 11).
- All required data submissions were timely and program management and staff have worked diligently to significantly decrease the Minimum Data Element error rate from 4.1% to 3.3% (p. 3).
- End of year, interim progress, federal financial and PPHF reports were all submitted to CDC in a timely manner.
- Grantee is very responsive. Participates in all regularly scheduled calls and responds to CDC inquiries in a timely manner, as well as implements the recommendations from CDC.
- Demonstrates a solid history of fiscal management and ability to manage resources. Spend rate as of year 3 marked the first time that the program fell from the high 90th percentile to 89%, which was due to ACA and the state's increased enrollment in the federal marketplace.
- The program has a 60 day form submission policy stipulated in contracts with providers and are now monitoring and identifying providers who are not adhering to the policy (p.

10).

- Program utilizes surveys and need assessments to evaluate program processes and/or the effectiveness of its activities. The grantee does use the data from the surveys and need assessments to determine new program goals and to help with providing relevant/appropriate training and technical assistance (pgs. 4-5).
- The grantee's focus, based on the progress report, is professional development, reaching priority populations in areas of high incidences of late stage breast and cervical cancer and training and employing community health workers to these areas of high need (pgs. 1-10).
- Grantee does work with existing cancer programs, but activities are not, yet, currently at the population-based or health systems level (pgs. 6, 11) (Budget p. 4).

Proposed Objectives:

- Grantee specifies breast and cervical cancer screening goals in the screening worksheet, but broadly addresses the screening goals in the workplan. The proposed screening goals are within the same range as year 4 screening goals and are reasonable given ACA and increased marketplace enrollment in the state (pgs. 10-13, 17).
- Describes activities to increase screening numbers through outreach to areas with high incidences of late stage breast and cervical cancer.
- Program funds are adequately allocated to support screening projections.
- Grantee's choice of small media activities makes the sufficient support of the screening projections questionable, as far as their effectiveness and being able to measure their effectiveness (pgs. 12-13).
- Activities reflect CDC priorities. The work proposed for year 5 is ambitious, but capable of being completed by the end of the project period (pgs. 12-13).
- Objectives demonstrate variability in completion dates. Activities seem reasonable and appropriate for the program year and if strengthened, can work to achieve increased screening and quality of screening.
- Grantee's budget is appropriate and reasonable, prepared according to CDC's Office of Grants Services' guidelines, includes all required forms/worksheets and administrative costs are within the 10% allowable limit. The clinical cost worksheet calculated total is clearly identifiable within the budget (Budget pgs. 1-2, 4-7).
- Grantee details evaluation efforts. Evaluation results are used to improve program planning, implementation and decision-making for future efforts (pgs. 4, 14-15).
- Proposes implementation of patient navigation through the use of community health workers; partnering with other local public health agencies, federally qualified health centers, and community health centers to employ/place the community health workers to maximize the priority population's access to quality breast and cervical screening services (p. 20).

Other Relevant Comments:

- Although Missouri is not an expanded Medicaid state, the NBCCEDP participating providers are experiencing significantly lower screening rates due to uptake of Federal Marketplace in the state and residency requirements for receipt of screening services.

Itemized Budget:

SAS License Requests: Not Requested

- 2016 (YR05) SAS License Requests, requested in Oct 2015, were properly reflected as direct assistance (DA) in the line-item budget and justification.
- The 2016 (YR05) budget request included the same number of licenses received and were reflected for the correct component(s).

Amount of DA recommended/approved \$ 0
(Transfer amount to front page)

**FY 2016 – Funding Opportunity Announcement DP12-1205
Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations
Annual Performance Report
Technical Review Form**

Grantee's Name: **Missouri Cancer Registry and Research Center**

Grantee #: **U58/CCU003924-05**

Component: #1 ___MLC #2 ___NCCCP #3 ___NBCCEDP #4 **X** NPCR
#5 ___Innovative

SAS License Requests: No Amount of DA recommended/approved \$ **0**

Technical Reviewer's Name: **Olivia Marr**

Signature: *Olivia Marr*

Date: **03/25/2016**

After a complete review of the DP12-1205 Year 05 IPR and discussion with the Grantee regarding the Year 05 IPR/Technical Review, the Grantee is to submit the following (check all that apply):

- **Response to Technical Review**

___ The Recipient must respond to the major weaknesses cited within 30 days. Responses should be submitted to the assigned CDC Project Officer and should be reflective only of the weaknesses identified, not a resubmission of the entire application.

X NO response to Technical Review is needed.

- **Revised Budget and Work plan**

___ Revised Budget and Work plan is needed due to significant reduction of proposed budget, which will affect the proposed activities. The revised budget and work plan should be reflective of the amount of the actual Notice of Award (NGA).

X Revised Budget and Work plan is **NOT** needed.

- **Revised Work plan**

___ Revised Work plan is needed due to -- provide reason(s):

X Revised Work plan is **NOT** needed.

- **Revised Budget**

___ Revised Budget is needed due to -- provide reason(s):

X Revised Budget is **NOT** needed.

Summary of Major Strengths (Please use bullets):

- Continues to maintain high quality, complete and timely cancer registry data.
- Significant progress made on nearly all work plan goals, objectives and activities, and where little progress was made barriers are described.
- Streamlining staff activities and developing efficiencies in registry operations to accommodate reduced staffing.
- Excellent data use and collaboration, both internally and externally.
- Detailed work plan includes ongoing education, quality assurance, data linkages, and collaboration to maintain a well-functioning registry.

Summary of Major Weaknesses (Please use bullets):

- None.

Recommendations:

- None.

Research Determination – DP12-1205 is only for non-research activities supported by CDC. For the definition of research, please see the CDC Web site at the following Internet address:

<http://www.cdc.gov/od/ads/opspoll1.htm>

No research activities have been proposed

Research activities have been proposed, but were disapproved/disallowed

Reviewer Comments

Progress towards Objectives:

- Most YR 04 activities have been met and/or are ongoing. A challenge in meeting all objective activities is due to lack of funding for staffing.
- Continues to engage in significant inter-state data exchange with increased reporting from other central cancer registries.
- Program Evaluation Instrument (PEI) was completed and submitted by state deadline.
- Collected and reported high quality, complete, and timely data, likely meeting the 12-month reporting standards.
- Completed linkages with vital statistics, Show Me Health Women, NDI, and IHS.
- Staff actively involved in cancer surveillance community workgroups and assists CDC with software testing/improvements.

Proposed Objectives:

- Grantee continues to address very detailed goals, objectives, and activities that align with the NPCR Program Standards.
- New objective added for Year 5 is to explore feasibility and need regarding participation in CDC initiative to provide hospitals with survivorship plans via Web Plus module, including 1) identifying any legal/operational barriers and 2) assessing need with at least 1 hospital.

Other Relevant Comments:

- None.

SAS License Requests:

- 2016 (YR05) SAS License Requests, requested in Oct 2015, were properly reflected as direct assistance (DA) in the line-item budget and justification.
- The 2016 (YR05) budget request included the same number of licenses received and were reflected for the correct component(s).

Amount of DA recommended/approved ____0____