

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

CDC Procurement and Grants Office

2920 Brandywine Road
Atlanta, GA 30341

NOTICE OF AWARD

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

1. DATE ISSUED MM/DD/YYYY 07/07/2015
2. CFDA NO. 93.945
3. ASSISTANCE TYPE Cooperative Agreement

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in effect unless specifically rescinded

4. GRANT NO. 5 NU58DP004817-03-00
Formerly 3U58DP004817-02S1
5. ACTION TYPE Non-Competing Continuation
6. PROJECT PERIOD MM/DD/YYYY From 06/30/2013 Through 06/29/2018
7. BUDGET PERIOD MM/DD/YYYY From 06/30/2015 Through 06/29/2016

8. TITLE OF PROJECT (OR PROGRAM)
ACTIONS TO PREVENT CHRONIC DISEASE & CONTROL RISK FACTOR

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
Belinda Heimericks
PO BOX 570 920 Wildwood Drive
Jefferson City, MO 65102-0570
Phone: 573-522-2800

10a. GRANTEE AUTHORIZING OFFICIAL
Mr. Bret Fischer
920 Wildwood Dr
Division of Administration
Jefferson City, MO 65102-0570
Phone: 5737516014

10b. FEDERAL PROJECT OFFICER
Jennifer Kohr
4770 Buford Hwy.
Chamblee, GA 30341
Phone: 770-488-5253

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)	
I Financial Assistance from the Federal Awarding Agency Only	
II Total project costs including grant funds and all other financial participation	I
a. Salaries and Wages	0.00
b. Fringe Benefits	0.00
c. Total Personnel Costs	0.00
d. Equipment	0.00
e. Supplies	0.00
f. Travel	0.00
g. Construction	0.00
h. Other	1,313,192.00
i. Contractual	0.00
j. TOTAL DIRECT COSTS	1,313,192.00
k. INDIRECT COSTS	0.00
l. TOTAL APPROVED BUDGET	1,313,192.00
m. Federal Share	1,313,192.00
n. Non-Federal Share	0.00

12. AWARD COMPUTATION	
a. Amount of Federal Financial Assistance (from item 11m)	1,313,192.00
b. Less Unobligated Balance From Prior Budget Periods	206,200.00
c. Less Cumulative Prior Award(s) This Budget Period	0.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	1,106,992.00
13. Total Federal Funds Awarded to Date for Project Period	5,291,562.00

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. 4		d. 7	
b. 5		e. 8	
c. 6		f. 9	

15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:		b
a. DEDUCTION		
b. ADDITIONAL COSTS		
c. MATCHING		
d. OTHER RESEARCH (Add / Deduct Option)		
e. OTHER (See REMARKS)		

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)

Correction to Page 1, Line 13, Total Federal Funds Awarded to Date for Project Period, should have been stated as \$4,180,097.00. The \$5,291,562.00 is not a correct amount.

GRANTS MANAGEMENT OFFICER: Patricia French

17. OBJ CLASS	41.51	18a. VENDOR CODE		18b. EIN		19. DUNS	878092600	20. CONG. DIST.	90
FY-ACCOUNT NO.		DOCUMENT NO.		ADMINISTRATIVE CODE		AMT ACTION FIN ASST		APPROPRIATION	
21. a.	5-921Z5SG	b.	004817DP14	c.	DP	d.	\$418,919.00	e.	75150948
22. a.	5-93903P0	b.	004817DP14	c.	DP	d.	\$143,116.00	e.	75150948
23. a.	5-939ZRHR	b.	004817DP14	c.	DP	d.	\$50,223.00	e.	75150948

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 2	DATE ISSUED 07/07/2015
GRANT NO. 5 NU58DP004817-03-00	

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
24.a. 939013J	b. 004817DP14	c. DP	d. \$208,919.00	e. 75150948
25.a. 939ZQZH	b. 004817DP14	c. DP	d. \$285,815.00	e. 75150948

AWARD ATTACHMENTS

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

5 NU58DP004817-03-00

1. Non-PPHF 3d year continuation Terms and conditions
2. Technical Review
3. Instructions for Domain based budget preparation

Funding Opportunity Announcement (FOA) Number: DP13-1305 non-PPHF

Award Number: U58DP004817-03

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 DP13-1305, entitled **State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health, Division of Diabetes Translation, Division for Heart Disease and Stroke Prevention, Division of Nutrition, Physical Activity and Obesity, Division of Population Health/School Health Branch**, and application dated March 4, 2015, 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 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 GPS, 45 CFR Part 75, or applicable statutes/appropriations acts conflict, then statutes and regulations take precedence.

Approved Funding: Funding in the amount of \$1,313,192.00 is approved for the Year 3 budget period, which is June 30, 2015 through June 29, 2016. 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: *Select the appropriate item.* Not funded by the Prevention and Public Health Fund

Use of Unobligated Funds: This NoA includes use of Year 1 unobligated funds in the amount of \$206,200.00, which has been applied as an offset to the currently approved funding level for this budget period. The use of unobligated funds is approved based on the Year 1 Federal Financial Report (FFR) dated October 24, 2014. The amount of this NoA will be subject to reduction if the final amount of unobligated funds is less than the amount of unobligated funds reported on the referenced FFR.

Direct Assistance (DA): DA is awarded in the amount of \$0.00 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 31, 2015, will cause delay in programmatic progress and will adversely affect the future funding of this

project.

Budget Revision Requirement: The information on the required segregation of budgets by **PPHF and non-PPHF** was not available at the time of the continuation application. As a result, the proposed budget was not segregated by non-PPHF and PPHF. Therefore, by July 31, 2015, the grantee must submit a revised budget for Non-PPHF portion of the budget in the SF 424a, section B format with a narrative justification and work plan in conjunction with the Domain based budget by using the OMB approved DP13-1305 budget format. The two different formats of budgets should be reconcilable. For further guidance for using the domain based budget template, refer to the guidance attached to this notice of award.

The revised budget must be based on the authorized budget of non-PHF funds as indicated in the table below by each of the 4 divisional projects under the Basic Component and the Enhanced Component:

Project Main Component	Basic Component	Enhanced Component				Non PPHF Award Total
		Heart Disease & Stroke Prevention	Diabetes	Nutrition, Physical Activities, and Obesity	School Health	
Project Subcomponents	School Health					Sum of Basic and Enhanced Components
Funds Authorized	\$50,223	\$418,919	\$377,566	\$306,934	\$159,550	\$1,313,192

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.

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

Choose one definition based on selection under Program Income.

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

Administrative Restriction: REVISED BUDGET/REVISED WORKPLAN: The 3rd year continuation application budget was proposed without segregation of PPHF funds and Non-PPHF. Therefore, approximately 25% (3 months of 12 months) of the total approved annual budget is allowed for startup operations and the remaining budget is restricted until the revised budget and work plan are approved by CDC.

1. **Indirect Costs:** Indirect costs are approved based on the Indirect Cost Rate Agreement dated January 23, 2014, which calculates indirect costs as follows, a Provisional is approved at a rate of 11.60% of the base, which includes Direct salaries and wages including all fringe benefits. The effective dates of this indirect cost rate are from July 1, 2015 to June 30, 2017.

Matching Funds Requirement: Matching funds are strongly encouraged to use, but not required. If matching funds are used, the following guidance is recommended to use.

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. The grantee must be able to account separately for stewardship of the federal funding and for any voluntary matching; it is subject to monitoring, oversight, and audit. The grantee may not use matching expenditures to count toward any Maintaining State Funding 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.

Prostitution and Sex Trafficking (Items 1 through 7):

1. Consistent with Section 7631(e) of the U.S. Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003, 22 USC §§ 7601 et seq. ("the Leadership Act"), the U.S. Government is opposed to prostitution and related activities, which are inherently harmful and dehumanizing, and contribute to the phenomenon of trafficking in persons. None of the funds made available under this agreement may be used to promote or advocate the legalization or practice of prostitution or sex trafficking. Nothing in the preceding sentence shall be construed to preclude the provision to individuals of palliative care, treatment, or post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and commodities, including test kits, condoms, and, when proven effective, microbicides.
2. Additionally, consistent with Section 7631(f) of the Leadership Act, a prime recipient that is a non-U.S. nongovernmental organization acknowledges that, by accepting this award, it agrees that it is opposed to the practices of prostitution and sex trafficking because of the psychological and physical risks they pose for women, men, and children.
3. Contractors and subcontractors are exempt from the above requirements if the contract or subcontract is for commercial items and services as defined in FAR 2.101, such as pharmaceuticals, medical supplies, logistics support, data management, and freight forwarding.
4. Notwithstanding the contract exemption above, not exempt from these provisions are recipients, subrecipients, contractors, and subcontractors that implement HIV/AIDS programs under this assistance award, any subaward, or procurement contract or subcontract by:

- i. Providing supplies or services directly to the final populations receiving such supplies or services in host countries;
- ii. Providing technical assistance and training directly to host country individuals or entities on the provision of supplies or services to the final populations receiving such supplies and services; or
- iii. Providing the types of services listed in FAR 37.203(b)(1)-(6) that involve giving advice about substantive policies of a recipient, giving advice regarding the activities referenced in (i) and (ii), or making decisions or functioning in a recipient's chain of command (e.g., providing managerial or supervisory services approving financial transactions, personnel actions).

5. Subrecipients

- i. Prime recipient shall insert the following provision in subawards or subcontracts: "None of the funds made available under this agreement may be used to promote or advocate the legalization or practice of prostitution or sex trafficking. Nothing in the preceding sentence shall be construed to preclude the provision to individuals of palliative care, treatment, or post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and commodities, including test kits, condoms, and, when proven effective, microbicides."
- ii. Prime recipients shall insert the following provision in subawards or subcontracts subject to Section 7631(f) (i.e., those to non-U.S. nongovernmental organizations): "By accepting this award, the subawardee/ subcontractor agrees that it is opposed to the practices of prostitution and sex trafficking because of the psychological and physical risks they pose for women, men, and children."

6. The following definitions apply for purposes of the above provisions:

- i. "Commercial sex act" means any sex act on account of which anything of value is given to or received by any person.
- ii. "Prostitution" means procuring or providing any commercial sex act and the "practice of prostitution" has the same meaning.
- iii. "Sex trafficking" means the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act. 22 U.S.C. 7102(9).

This provision includes express terms and conditions of the award and any violation of it shall be grounds for unilateral termination of the award by (HHS OPDIV) prior to the end of its term.

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) 2015 funds will expire September 30, 2020. All FY 2015 funds should be drawn down and reported to Payment Management Services (PMS) prior to September 30, 2020. 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 by email using a scanned hard copy of FFR to a designated Grants Management Specialist only, **NOT through eRA Commons**, no later than 90 days after the end of the calendar quarter in which the budget period ends. The FFR for this budget period is due to the GMS/GMO by September 30, 2016. Reporting timeframe is June 30, 2015 through June 29, 2016.

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.

FFR (SF-425) instructions for CDC Grantees are available at <http://grants.nih.gov/grants/forms.htm>. For further information, contact GrantsInfo@nih.gov. Additional resources concerning the eFSR/FFR system, including a User Guide and an on-line demonstration, can be found on the [eRA Commons](http://grants.nih.gov/support/) Support Page: <http://grants.nih.gov/support/>.

The following table of detailed costs tracking information by components and projects must be submitted as an addendum to the annual FFR for this non-PPHF award to comply with the Congressional requirement:

Detailed Costs/Activities Tracking of Annual FFR for 5U58DP004817-03						
Main Component	Basic Component	Enhanced Component				Total (non-PPHF Awards)
Project Subcomponents (4 Divisional Projects) & CDC Common Account Number (CAN)	School Health (939ZRHR)	Heart Disease and Stroke(921Z5SZ)	Diabetes (939ZQZH)	Nutrition, Physical Activities & Obesity (939013J)	School Health (93903PO)	
Total Federal Funds Authorized	\$ 50,223	\$ 418,919	\$ 377,566	\$ 306,934	\$ 159,550	\$ 1,313,192
Federal Share of Expenditures	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Unobligated Balance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Note: Neither any cost transfer nor carryover of any unobligated balance between the basic Component and the enhanced component, and among the 4 separate project activities' appropriation lines is allowed to comply with the Congressional intent.

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.

Performance Reporting: The Annual Performance Report is due no later than 120 days prior to the end of the budget period, June 29, 2016, and serves as the continuing application. This report should include the information specified in the FOA.

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

Procurement & Grants Office, Risk Management & Compliance Activity

Electronic Copy to: PGO.Audit.Resolution@cdc.gov

Electronic Copy to:

PGO.Audit.Resolution@cdc.gov (CDC Procurement & Grants Office, Risk Management & Compliance Activity)

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

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 an authorized official of the business office of the grantee organization as well as the principal investigator or program or project director named on this NoA. The grantee must submit these requests by **March 31, 2016 or no later than 120 days prior to this budget period's end date**. Any requests received that reflect only one signature will be returned to the grantee unprocessed. 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

Note: Awardees may request up to 75 percent of their estimated unobligated funds to be carried forward into the next budget period.

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, U58DP004817-03, 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.

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.

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

This award contains funding from multiple components. The grant document number and a component's applicable subaccount title (listed below) must be known in order to draw down funds from this P Account.

Grant Document Number: 004817DP14

Component:	Subaccount Title	Maximum Amount Available
Basic(School Health)	DP131305SCHOOLHEAL14	\$ 50,223
Enhanced(Diabetes)	DP131305DIABETESPR14	285,815
Enhanced(Heart Disease)	DP131305HEARTDISPR14	418,919
Enhanced(Nutrition)	DP131305NUTRITIONP14	208,919
Enhanced(School Health)	DP131305ENHSCHLTCO15	143,116
Total		\$ 1,106,992

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 06/30/2013 through 06/29/2018. 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 through [eRA Commons](#) 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 Procurement and Grants Office 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:

Jenny Kohr, Project Officer
Centers for Disease Control
Prevention
SHB/ONDIEH/NCCDPHP- Cham Bldg 107, Cube03120.4
Chamblee, GA 30341-3717
Telephone: 770-488-5253
Fax: 770-488-5966
Email: enj5@cdc.gov

CDC-RFA-DP13-1305

State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health Technical Review: Year 2 APR/Year 3 Work Plan and Budget

State: Missouri

Date Reviewed: April 1, 2015

Award Number: U58DP004817

Funding Amount Requested: \$2,424,658

Lead Project Officer: Jennifer Kohr

Lead Evaluator: Jan Jernigan

Basic Component

Basic Work Plan

Comments on Year 2 APR, Basic Component

- For any activities that are not going to be completed in Year 2, they should be listed as “Unlikely to be Completed” rather than “Delayed but likely to complete” even if they are going to be pushed to later years of the project. The Division of Nutrition, Physical Activity, and Obesity (DNPAO) project officer will discuss this further with the grantee on a monthly call.
- In Domains 3 and 4, the grantee should spell out the acronyms in the activities listed.
- For performance measure B1.08, the grantee does not provide any actuals for Year 2. The grantee should provide an actual for each performance measure and/or include explanations and anticipated timelines for collecting the data in the “Measure Notes” field for missing data.
- Basic Strategy 3:
 - No barriers were provided for early care and education (ECE). Did the grantee experience any challenges with its ECE work?
 - The grantee should include more details in its completed activities for ECE work. When was the Healthy Child Care newsletter completed and disseminated? How many child care providers were reached by email? How many child care providers were trained? Where did the separate funding to local public health agencies and the University of Missouri Extension come from? Please include this information in the Progress Notes.
- The grantee demonstrates initial progress toward achieving the performance measures for Basic Strategies 4 and 5.
- The grantee renewed its contract with the Missouri Primary Care Association (MPCA) and quarterly reports have been generated and include national quality forum (NQF) 18 and NQF 59.

Overarching Comments—Year 3 Basic Work Plan

- For Basic Strategies 1 and 3, the grantee is asked to provide more details for the activities proposed? How? To what end? Who is the target audience? What major milestones will be achieved?
- CDC approval of the Year 3 Domain 4 work plan is contingent upon the grantee’s response to the recommendations listed in the Technical Review form.

Strategy B.1: Promote the adoption of food service guidelines/nutrition standards, which include sodium

- Recommendations on Activities:
 - The grantee should provide more information in the proposed community nutrition activities. What will the manual to support Missouri food service guidelines implementation contain and who is the audience for the manual? What training materials for the Eat Smart in Parks (ESIP) will be developed and for whom? How many trainings to stakeholders on implementing ESIP at the local level will there be? What will the presentation at the Annual Missouri Parks and Recreation Association Conference be about?
 - The grantee should include additional information on the proposed school health professional development opportunities, including the number and type of events (e.g., in-person, webinar), proposed audience, and proposed content (some information is provided for each but not all).
- Recommendations on Performance Measures
 - Measures B1.05 and B1.06 provide Year 3 targets but the grantee does not include any worksite activities in the Year 3 work plan. How will grantee meet targets provided? This should be clarified in the “Measures Notes” field.
 - The grantee plans to reach over 500 local education agencies (LEAs) by the end of Year 5, yet only targets an additional 30 districts in Year 3 for a total of 375 districts at the end of Year 3. To still reach 500 LEAs by the end of the funding cycle, the grantee may need to reconsider its targets for measures B.1.01 and B.1.02.

Strategy B.2: Promote the adoption of physical education/physical activity (PE/PA) in schools

- Recommendations on Activities:
 - The grantee should include additional information on the proposed school health professional development opportunities, including the number and type of events (e.g., in-person, webinar), proposed audience, and proposed content (some information is provided but not all). Professional development should be focused on physical education and recess.
 - The grantee should provide additional information on the curriculum development and how it fits in with proposed professional development and technical assistance.
 - The grantee should provide additional information on the evidence-based resources that will be promoted to schools.

- The grantee should provide information on the audience for the proposed fact sheet. Will this activity help to achieve the state-level policy change performance measures? If so, it should be clarified to reflect this. If not, the grantee should add activities that demonstrate how progress will be made on the performance measures related to the number of state-level multi-component PE policies and the number of state-level recess policies.
- Recommendations on Performance Measures
 - For measures B.2.01 and B.2.02: The grantee plans to reach 250 local education agencies (LEAs) by the end of Year 5 yet only plans to target an additional 30 districts in Year 3 for a total of 80 districts at the end of Year 3. To still reach 250 LEAs by the end of the funding cycle, the grantee may need to reconsider its targets. In addition, the grantee should describe why the Year 3 targets are lower than the Year 2 targets. Targets should be cumulative.

Strategy B.3: Promote the adoption of physical activity (PA) in early care and education (ECE) and worksites

- Recommendations on Activities:
 - The grantee should provide more information on the worksite physical activity efforts proposed in terms of support, trainings and professional development opportunities, information and resources, and target audiences.
 - The grantee should provide more information on the ECE physical activity work proposed in terms of the wellness roundtable events and online training.
 - The grantee should provide the major milestones for this activity: “Begin investigation of Missouri Child Care Licensing rules and regulations to identify gaps from the Caring for our Children national standards”?
- Recommendations on Performance Measures
 - None noted.

Strategy B.4: Promote reporting of blood pressure and A1C measures; and, as able, initiate activities that promote clinical innovations, team-based care, and self-monitoring of blood pressure

- Recommendations on Activities:
 - The grantee should further expand its activity around the MPCA contract. Although the overall activity is to collect statewide data on quality measures NQF 18 and 59, the grantee should provide further details around the steps that will be taken to collect the data.
- Recommendations on Performance Measures
 - None noted.

Strategy B.5: Promote awareness of high blood pressure among patients

- Recommendations on Activities:
 - The grantee should further expand its activity to provide financial incentives to seven rural health clinics within the state. The grantee should expand on activities that will be

conducted as part of this funding opportunity and identify some of its requirements (i.e. identifying undiagnosed, provider education around protocols, etc.).

- Recommendations on Performance Measures
 - In the Year 3 Work Plan, the grantee set the Year 3 target as 32.80%; however, the grantee reported 32.00% in the APR Year 2 Actual. The grantee should consider increasing the Year 3 target for this strategy.

Strategy B.6: Promote awareness of prediabetes among people at high risk for type 2 diabetes

- Recommendations on Activities:
 - The activity in Basic Strategy 6 is broadly written and non-specific. Revisions are needed to include a more detailed description of the *major milestones that* will be accomplished in Year 3 to address this strategy and achieve progress on the performance measures. Refer to the Domain 4 Activity Guide for tips on writing clear and specific activities. Specifically, how will the Health Communication Research Center promote pre-diabetes awareness with the medical community? With the general population? Please specify activities and sub-populations. If there is a scope of work that can be shared, please share that as well.
- Recommendations on Performance Measures
 - None noted.

Strategy B.7: Promote participation in ADA-recognized, AADE-accredited, state-accredited/certified, and/or Stanford licensed diabetes self-management education (DSME) programs

- Recommendations on Activities:
 - Activity 1 (DSMP): Per previous discussions, this activity will likely not result in outcomes on the related performance measures due to the fact that no organization that we are aware of has managed to obtain reimbursement for the Stanford DSM Program. Please write a new activity description that will feasibly impact the performance measures.
 - Activity 2 (Primaris): Activity 2 is broadly written and non-specific. Revisions are needed to include a more detailed description of the *major milestones that* will be accomplished in Year 3 to address this strategy and achieve progress on the performance measures.
 - Specifically, please elaborate how the grantee will support and partner with Primaris to achieve an increase in the number of ADA/AADE DSME programs. Promotion of the DEEP curriculum without an associated activity related to ADA recognition or AADE accreditation is not an acceptable activity.
- Recommendations on Performance Measures
 - None noted.

Basic Budget

Recommendations

- In Personnel, the grantee should provide additional information on the Data Analyst position, currently listed as “Various”. If the position is filled, or will be filled, by multiple individuals, they should each be listed separately.

Enhanced Component

Enhanced Work Plan

Comments on Year 2 APR, Enhanced Component

- Domain 2:
 - Given the challenges experienced with Domain 2 Enhanced Strategy 1, the grantee has made good progress on its healthy food retail work with corner stores.
 - The grantee has exceeded its target of working with 5 park systems to support the implementation of its Eat Smart in Parks program to 9 park systems total.
 - The grantee should provide more details in its completed work with physical activity in communities for Domain 2 Enhanced Strategy 4. When did the two trainings take place? How many people were trained?
 - The grantee should provide more information on its completed early care and education (ECE) activities in Domain 2 Enhanced Strategy 5. How many roundtable events on physical activity took place and when? How many people were present at these events? Were all 20 ECE centers coached?
 - The grantee should provide more details on what it accomplished for its breastfeeding activities in Domain 2 Enhanced Strategy 7.
 - The grantee was able to offer stipends to 43 employers to make accommodations for breastfeeding employees, with the possibility of 20 additional employers, in Year 2 in Domain 2, which exceeded its target for Year 2.
 - For the School Health Strategies 2.3, 2.6, the grantee should report on the 2014 School Health Profiles sub-sample data for the Year 2 actual data and use the statewide 2012 sample for baseline values. The grantee should revise measures 2.3.04, 2.3.06-2.3.12, 2.6.03, accordingly.
 - For Strategies 2.3 and 2.6, actual values for intermediate performance measures 2.3.13-2.3.16, 2.6.06-2.6.08 should use 2013 data for Year 2. The grantee should not adjust baseline or Year 2 values with 2015 data once available.
 - The grantee should provide more information in the Measure Notes about the data collection instrument used for 2.3.03 and 2.3.05.
- Domain 3:
 - The grantee demonstrates initial progress toward achieving the performance measures for Domain 3, strategies 1 and 2. Community health centers (CHCs) participating in 1305 efforts provided reports on quality improvement activities and self-management referrals.
 - For performance measure 3.1.01, the grantee should provide the numerator and denominator.
 - For performance measure 3.2.09 the grantee should include this narrative in the "Measure Notes" field: "Current data has not changed from baseline estimate. Not yet Operationalized. Plan to measure this through CHC-PI Pilot. Method to count is still to be determined"; however the grantee entered 5.00% as the Actual Year 2 data. The

grantee did not enter a numerator or denominator. The grantee should include the numerator and denominator for this measure. In addition, the grantee should include a timeline for collecting the data for this measure.

- Domain 4:
 - Strategy 3: The approval and subsequent funding of the “Road to Health Toolkit” in Year 2 was an oversight. In 1305, funds can only be used to scale and sustain the National DPP through CDC recognized lifestyle change programs.
 - Strategy 4: APR updates were missing for three of the four Year 2 activities. Please provide updates.
 - The grantee should report both a numerator and denominator for measures 4.1.03, 4.1.04, and 4.4.01 (also applies to the Year 3 work plan). Values reported should be consistent with guidance provided in the “Values To Be Reported to CDC” column of the 1305 Performance Measures Reporting Tip Sheet or Performance Measures Profiles.

Overarching Comments—Year 3 Enhanced Work Plan

- CDC has a contract with the National Association of Chronic Disease Directors (NACDD) to assist states in developing success stories in Years 2 and 3. The grantee is encouraged to work with NACDD in writing its success stories on Livable Streets, healthy food retail, and Eat Smart in Parks program.
- For Domain 2 activities, the grantee is asked to spell out acronyms. In addition, the grantee should keep in mind what the major milestones are for each of the activities proposed and how the grantee will achieve the performance measures listed through these activities.
- Domain 4: CDC approval of the Year 3, Domain 4 work plan is contingent upon the grantee’s response to the Technical Review recommendations

Domain 2

Strategy 2.1: Increase access to healthy foods and beverages

- Recommendations on Activities:
 - The grantee should provide additional information on supporting the implementation of the Stock Healthy, Shop Healthy (SHSH) program with the 6 existing communities and in 3 new communities. Is this done through trainings or technical assistance? If so, how often? What materials are used for this support? How will these 3 new communities be identified (through a Request for Proposals process)?
 - The grantee should write “Draft a tool of food systems assessment to assist communities with identifying most appropriate food system improvements” instead of “Begin draft of...” The aim is to accomplish this draft in Year 3.
 - The grantee should expand upon the proposed activity to research options for funding a statewide food systems assessment. This is a great idea. However, more information is needed on what the major milestone(s) of this activity will be.
- Recommendations on Performance Measures
 - None noted.

Strategy 2.2: Implement food service guidelines/nutrition standards where foods and beverages are available. Guidelines and standards should address sodium

- Recommendations on Activities:
 - The grantee proposes to support at least five local public health agencies to implement Eat Smart in Park program in their counties. The grantee should provide more information on what this support will entail and how it will be measured to be in line with the performance measures.
 - The grantee proposes to develop and provide point-of-purchase materials to park systems. Does this include the existing nine park systems in Year 2 and the three additional park systems in Year 3? How will these materials be shared with the park systems?
- Recommendations on Performance Measures
 - For Measures 2.2.03 and 2.2.06, Year 2 targets, Year 2 actuals, and Year 3 targets are the same as the basic measures (B1.07 & B1.08). These specific measures appear in both basic and enhanced interventions. As a result, targets should be established to appropriately reflect grantee activities. The grantee should increase their target settings if conducting similar activities to those in their basic strategy or increase the intensity/number of activities within the same target settings. Listed activities in the Year 2 APR and Year 3 work plan do not indicate enhanced activities and no explanation is provided in the “Measure Notes” field. The grantee should revise these measures or clarify in the “Measure Notes” field. Please see DNPAO Performance Measure guidance for more information.

Strategy 2.3: Create supportive nutrition environments in schools

- Recommendations on Activities:
 - The grantee should provide additional information on how proposed activities will connect to the strategy’s performance measure content areas, such as water access, pricing, availability of less healthy foods and beverages, etc.
- Recommendations on Performance Measures
 - The grantee is encouraged to revise Year 3 and Year 5 targets as needed for measures 2.3.04, 2.3.06-2.3.12 after reviewing its Year 2 actual values from the 2014 School Health Profiles sub-sample.
 - For measures 2.3.13-2.3.16 the grantee should retain 2013 YRBS values for baseline. The 2015 YRBS data will be the appropriate data source for Year 3.

Strategy 2.4: Increase physical activity access and outreach

- Recommendations on Activities:
 - The grantee should provide more information on how many communities contractors will provide technical assistance to on Master Transportation Plans / Livable Streets policies.

- The grantee should provide more information on the training and technical assistance to the 3 communities and 3 regional planning commissions. How often will trainings be provided? How will technical assistance be provided, and how often?
- The grantee is asked to provide information on how it will monitor the effectiveness of its trainings and technical assistance to communities in implementing Master Transportation Plans and Livable Streets policies.
- Recommendations on Performance Measures
 - None noted.

Strategy 2.5: Implement physical activity in early care and education

- Recommendations on Activities:
 - The grantee proposes to implement onsite coaching program with Team Nutrition in 6 early care and education (ECE) facilities. The grantee should provide more information on what this coaching program entails, how it will be implemented with these 6 sites, and what major milestones will be part of this activity.
 - The grantee provided trainings in Year 2 on I am Moving, I am Learning (IMIL) program. Will this not be done in Year 3? Please provide additional information to the Division of Nutrition, Physical Activity, and Obesity (DNPAO) project officer on this activity.
 - The grantee should provide more information on how the proposed activity will help the grantee accomplish the targeted numbers in its performance measures for this strategy.
- Recommendations on Performance Measures
 - For Measure 2.5.01, Year 3 targets are unclear. The grantee indicates training 6 ECEs for Year 3 but Year 3 targets include 16 more ECEs than Year 2 actuals (14). The grantee should revise and resubmit this measure to reflect actual Year 3 targets. In addition, the performance measure for this strategy is intended to capture the number of ECEs that adopt strategies to increase PA, not those trained or receiving technical assistance. For future performance measure data reporting for this strategy, the grantee should collect and report the number of ECEs that actually adopt PA policies or make environmental changes.
 - For Measures 2.5.01 and 2.5.02, Year 2 actuals and Year 3 targets are the same as the basic measures (B3.01 & B3.02). For measures that appear in both basic and enhanced interventions, targets should be established to appropriately reflect grantee activities. For these specific measures, grantees are expected to either increase their target settings if conducting similar activities to those in their basic strategy or increase the intensity/number of activities within the same target settings. Listed activities in the Year 2 APR and Year 3 work plan do not indicate enhanced activities and no explanation is provided in the “Measure Notes” field. The grantee should revise these measures or clarify in the “Measure Notes” field. Please see DNPAO Performance Measure guidance for more information.

Strategy 2.6: Implement quality physical education and physical activity in K-12 schools

- Recommendations on Activities:

- The grantee should provide additional information on how proposed activities will connect to the strategy's performance measures, particularly establishing, implementing, and evaluating comprehensive school physical activity programs (CSPAP).
- Recommendations on Performance Measures
 - The grantee is encouraged to revise Year 3 and Year 5 targets for measure 2.6.03, after reviewing the Year 2 actual values from the 2014 School Health Profiles sub-sample.
 - For measures 2.6.06-2.6.08, the grantee should retain 2013 YRBS values for baseline and Year 2. The 2015 YRBS data will be the appropriate data source for Year 3.

Strategy 2.7: Increase access to breastfeeding friendly environments

- Recommendations on Activities:
 - The grantee proposes to partner with the state breastfeeding program to promote World Breastfeeding Week in August. What are the major milestones for this activity? What does "promotion" entail?
 - The grantee should provide more information on what is included to support local public health agencies and WIC peer counselors to provide outreach to local employers. What are the major milestones for this activity?
 - The grantee is asked to expand upon its activity of promoting Missouri Breastfeeding Friendly Worksite program and Missouri Breastfeeding Friendly Child Care program. What does promotion look like? How many newsletters or meetings will the grantee aim for? What are the major milestones for this activity?
 - The grantee should provide more information on how many Missouri Breastfeeding Friendly Child Care applications it will review and approve.
- Recommendations on Performance Measures
 - None noted.

Domain 3

Strategy 3.1: Increase implementation of quality improvement processes in health systems

- Recommendations on Activities:
 - The grantee should expand its activities by providing specific information on its role in implementation of registry based quality improvement aimed at increasing reporting of NQF 18 and NQF59. The grantee should also address in its activity description how many Million Hearts physician champions it's currently working with to integrate registry based quality improvement into small practices.
 - The grantee should expand activities for implementing its statewide referral system. The activity should provide detail on the necessary steps for implementation.
 - The grantee should provide specific information on quality improvement projects that will be conducted through the Missouri Primary Care Association contract.
 - The grantee should further define how participation and the delivery of quality improvement presentations will support work conducted in Domain 3, strategy 1.
 - The grantee should provide specific information on planned technical assistance with its community health center (CHC) contractors working on quality improvement.

- The grantee should further define its activity and describe how the development of Patient Engagement tools will lead to progress on performance measures.
- The grantee should expand its efforts to teach patients to self-manage their blood pressure. The grantee should identify how efforts will be tied to clinical support.
- Recommendations on Performance Measures
 - The grantee only included percentages as targets for the following performance measures: 3.1.01 and 3.1.09. Per the Guidance, the grantee should include numerators and denominators for these performance measures. Also, for Performance Measure 3.1.09, the grantee set the target as 20% but included this narrative in the “Measure Notes” field: "Not Yet Operationalized. Plan to measure this through Missouri Primary Care Association (MPCA) Pharmacist Integration project. First Baseline Data should be available during Year 2." The grantee should update the anticipated timeline for collecting the data for this measure in the “Measure Notes” field.

Strategy 3.2: Increase use of team-based care in health systems

- Recommendations on Activities:
 - The grantee should include information on the importance of implementing the patient centered medical home (PCMH) survey at CHCs.
 - The grantee should further expand its activity around the MPCA’s contract for the Pharmacist Integration Pilot project. The grantee should provide further details around the steps that will be taken to enhance the CHC care team focus on improving and controlling blood pressure and diabetes.
 - The grantee should provide additional information on efforts to pilot an electronic referral system using practices with electronic health records (EHRs). The grantee should identify anticipated outcome of the pilot.
 - The grantee should further define steps that will be taken to develop/implement a training program around blood pressure measurement.
- Recommendations on Performance Measures
 - In the Year 3 Work Plan for performance measure 3.2.09 the grantee set the target as 20% but included this narrative in the “Measure Notes” field: "Not Yet Operationalized. Plan to measure this through MPCA Pharmacist Integration project. First Baseline Data should be available during Year 2." The grantee should include a numerator and denominator and update the anticipated timeline for collecting the data for this measure.

Domain 4

Strategy 4.1: Increase use of diabetes self-management programs in community settings

- Recommendations on Activities:
 - There are multiple sub-activities listed within a single activity and each should stand alone as their own activity, with additional details on how they will be implemented and inform performance measures. Sub-activities related to the contract with the Missouri Pharmacy Association to train pharmacists to become AADE accredited DSME programs

are appropriate for this strategy, but activities related to increasing the number of Medication Therapy Services (MTS) certified pharmacists should be included in Domain 4, Strategy 3, Intervention 3.

- The grantee should include language in the contract with the Missouri Pharmacy Association to ensure that the majority of pharmacists receiving training support complete the process to become an AADE accredited DSME provider.
- Recommendations on Performance Measures
 - In the APR and work plan for PMs 4.1.03 & 4.1.04, the grantee should report both a numerator and denominator for this measure. Values reported should be consistent with guidance provided in the “Values To Be Reported to CDC” column of the 1305 Performance Measures Reporting Tip Sheet or Performance Measures Profiles.

Strategy 4.2: Increase use of lifestyle intervention programs in community settings for the primary prevention of type 2 diabetes

- Recommendations on Activities:
 - Activity 1 is broadly written and non-specific. The grantee should revise this activity to include a more detailed description of the *major milestones that* will be accomplished in Year 3 to address this strategy and achieve progress on the performance measures. Refer to the Domain 4 Activity Guide for tips on writing clear and specific activities
 - Specifically, how will the Health Communication Research Center promote pre-diabetes awareness with the medical community? With the general population? Please specify activities and sub-populations. If there is a scope of work that can be shared, please share that as well.
 - Activity 1 is very similar to Activity 1 in Basic 6. While activities should be coordinated between the Basic and Enhanced components, the grantee should differentiate activities because the same activity cannot be funded in both components.
 - Similar to Activity 1, the grantee should provide significant elaboration on Activity 2 on how the AMA/CDC prediabetes toolkit will be promoted.
- Recommendations on Performance Measures
 - None noted.

Strategy 4.3: Increase use of health-care extenders in the community in support of self-management of high blood pressure and diabetes

- Recommendations on Activities:
 - While some grant funds may be used to help build a statewide infrastructure to support the long-term sustainability of CHWs, activities should be occurring simultaneously to implement the specific 1305 strategies related to CHWs. For example, in order to achieve progress on the performance measures, the grantee must include specific activities in the work plan to implement required activities regarding increasing the engagement of CHWs in the provision of self-management programs and on-going support for adults with high blood pressure and adults with diabetes or to promote

linkages between health systems and community resources for adults with high blood pressure or adults with diabetes.

- The grantee has not proposed any specific CHW intervention activities related to the diabetes performance measure (increasing the number of DSME programs engaging CHWs in the delivery of DSME.) Since both of the major contracts supporting CHW work in this strategy are funded solely or jointly by DDT, the grantee must propose specific work related to engaging CHWs in the provision or support of DSME.
- The grantee should identify how providing training assistance to individuals within the CHW certificate program will address performance measures.
- The grantee should go beyond providing education/resources to patients in its proposed activity. The grantee should identify plans to link patients to community resources, etc.
- The grantee should identify how education will lead to progress on the performance measures.
- Recommendations on Performance Measures
 - For performance measure 4.3.05, the grantee did not include a numerator and denominator. Per guidance, the grantee should include a numerator and denominator for this performance measure.
 - The grantee must address performance measure 4.3.01 since diabetes is providing more than half of the contracted funding support for CHW work in Strategy 3.

Strategy 4.4: Increase use of chronic disease self-management programs in community settings

- Recommendations on Activities:
 - The activities are well written and appropriate.
- Recommendations on Performance Measures
 - For performance measure 4.4.01, the grantee should report both a numerator and denominator for this measure. Values reported should be consistent with guidance provided in the “Values To Be Reported to CDC” column of the 1305 Performance Measures Reporting Tip Sheet or Performance Measures Profiles.

Strategy 4.5: Implement policies, processes, and protocols in schools to meet the management and care needs of students with chronic conditions

- Recommendations on Activities:
 - The grantee should describe how the school nurse guidelines mentioned in the activity for intervention 3 connects to community-based medical care referrals.
- Recommendations on Performance Measures
 - The grantee should refer to its 2014 School Health Profiles data for 4.5.02, 4.5.05, 4.5.08, as reported in the APR, to set appropriate Year 3 and Year 5 targets.
 - The grantee should adjust the data provided for performance measures 4.5.09 and 4.5.10 to reflect percentages. Even if they are just estimates, the estimates should be provided in the form of a percentage. The grantee is encouraged to revisit the operationalized profiles for these measures.

Enhanced Budget

Recommendations

- The grantee should confirm that all travel proposed in the “Travel” object class is for staff positions listed under personnel. The domain 4 budget refers to “council members” that may not be staff.
- Contracts
 - The grantee should provide a breakdown of the costs in the justification boxes for Salary and Wages, Consultant Costs, Supplies, Travel, and Deliverable Costs for its contractors, such as the University of Missouri Extension – Columbia, the University of Missouri – Columbia, the University of Missouri Extension – St. Louis, Child Care Aware of Missouri, TrailNet, PedNet, breastfeeding and early care and education (ECE) contractors, Local Education Agencies, etc.
 - The grantee should provide the number of clinics that will provide data reports for its Missouri Primary Care Association contract deliverable costs and a further breakdown of expenses associated with its Pharmacist Intervention.
 - The grantee should breakdown salary/wages for its staff Missouri Pharmacy Association contract (i.e. # of staff, salary per staff, etc.).
 - The grantee should identify the number of anticipated CHWs the “Two Community College” contract will support.
 - The grantee should provide additional information about potential recipients of the sole-sourced contracts on CSPAP training and writing of a comprehensive physical education (PE) curriculum.
 - The only reference to BRFSS for HDSP strategies is in the Basic component, Strategy 5. Data may be used from the Hypertension Section of Core BRFSS, though this is not the ideal data source for this strategy—grantees should work on getting health system data to more accurately reflect progress on this strategy. States receive funding from other CDC sources to conduct the Core sections of BRFSS, so any requests would need to justify why additional resources are requested. BRFSS is not a data source for any HDSP performance measures in the Enhanced component, so HDSP funds should not be requested in the Enhanced component for BRFSS to support the University of Missouri-Columbia contract.

Research Determination

DP13-1305 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.

This use of the OMB budget template requirement applies to all Grantees awarded under *DP13-1305 -- State Public Health Actions To Prevent and Control Diabetes, Heart Disease, Obesity, and Associated Risk Factors and Promote School Health*.

GRANTEES MUST FOLLOW THIS SECTION FOR THE SUBMISSION OF THE BUDGET TEMPLATES

Transfer Your Files Securely to CDC

In order to facilitate the secure transfer of files such as your budget documents, CDC has set up an encrypted file transfer protocol (FTP) site. The following instructions outline how to securely transfer files using FileZilla, a free, open-source utility recommended by the CDC Information Technology Services Office. This step is necessary in order to collect the original MS Excel (.xlsx) file as other portals (such as Grants.gov) cannot accept MS Excel files.

This link will bring you to a web page where you may download Filezilla:

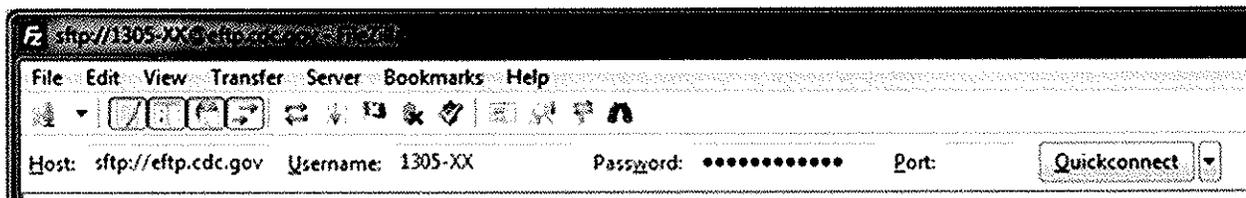
<https://filezilla-project.org/download.php?type=client>

Your log in credentials will be included on the Home tab of your budget template for quick and easy reference.

Connecting to the FTP server

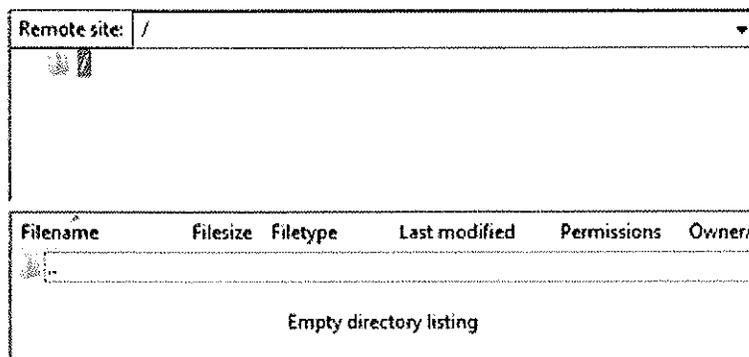
Using the Quick Connect bar

The easiest and fastest way to connect is to use the quick connect bar. Enter the **Host** (sftp://eftp.cdc.gov), **Username** (from your template), and **Password** (from your template)—you may leave the last field empty. Then click **Quickconnect**.



Navigating on the server

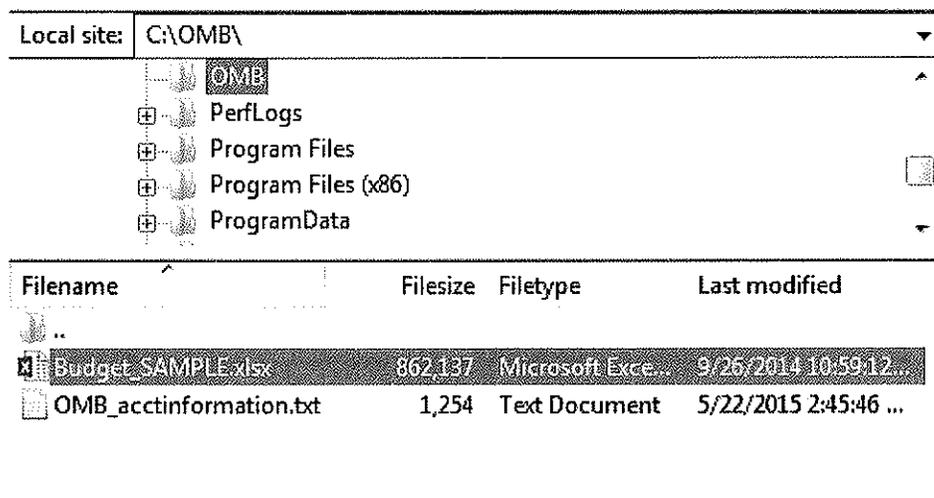
After a successful connection attempt, a list of files appears on the **right** side of the main window. The site is configured for you to drop off files exactly where they need to go, so you will not see any additional directories. Once you upload a file successfully, it will appear on the right side of the screen.



Navigating on your machine

Use the local directory tree displayed on the **left** side of the main window to browse to the folder containing your file. Clicking on the folder will display its contents in the pane below the directory tree.

Should there be any questions regarding the FTP processes, please send all questions and concerns to the 1305budgetworkplan mailbox at 1305budgetworkplan@cdc.gov and/or contact your CDC project officer.



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