COOPERATIVE AGREEMENTS **Issue Date:** 06/28/2014
Department of Health and Human Services
Centers for Disease Control and Prevention
NATIONAL CENTER FOR CHRONIC DISEASE PREV AND HEALTH PROMO

Grant Number: 5U58DP003924-03
FAIN: U58DP003924

Principal Investigator(s):
Belinda Heimericks

Project Title: MO PROGRAMS FUNDED THROUGH: COMPREHENSIVE CANCER, CANCER REGISTRY

DIRECTOR, DIVISION OF ADMINISTRA
MISSOURI DEPARTMENT OF HEALTH &
P.O. BOX 570
920 WILDWOOD DRIVE
JEFFERSON CITY, MO 65102

Award e-mailed to: grants@health.mo.gov

Budget Period: 06/30/2014 – 06/29/2015
Project Period: 06/30/2012 – 06/29/2017

Dear Business Official:

The Centers for Disease Control and Prevention hereby awards a grant in the amount of $1,314,291 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to MISSOURI STATE DEPARTMENT OF HEALTH & SENIOR SERVICES in support of the above referenced project. This award is pursuant to the authority of 301A,311BC,317K2(42USC241A,243BC247BK2) and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact the individual(s) referenced in Section IV.

Sincerely yours,

Tracey M Sims
Grants Management Officer
Centers for Disease Control and Prevention

Additional information follows

SECTION I – AWARD DATA – 5U58DP003924-03

Award Calculation (U.S. Dollars)

Salaries and Wages	$129,951
Fringe Benefits	$52,924
Personnel Costs (Subtotal)	$182,875
Supplies	$544
Travel Costs	$3,755
Other Costs	$58,303
Consortium/Contractual Cost	$1,033,703
Federal Direct Costs	$1,279,180
Federal F&A Costs	$35,111
Approved Budget	$1,709,483
Federal Share	$1,314,291
Non-Federal Share	$395,192
TOTAL FEDERAL AWARD AMOUNT	$1,314,291
AMOUNT OF THIS ACTION (FEDERAL SHARE)	$1,314,291

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

04 $4,195,645
05 $4,195,645

Fiscal Information:
CFDA Number: 93.283
EIN: [redacted]
Document Number: 003924DP14

IC	CAN	2014	2015	2016
DP	9213164		$4,195,645	$4,195,645
DP	921Z1RU	$47,155		
DP	9390541	$251,108		
DP	939ZRBL	$1,016,028		

SUMMARY TOTALS FOR ALL YEARS		
YR	**THIS AWARD**	**CUMULATIVE TOTALS**
3	$1,314,291	$1,314,291
4	$4,195,645	$4,195,645
5	$4,195,645	$4,195,645

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project

CDC Administrative Data:
PCC: N / **OC**: 4151 / **Processed**: ERAAPPS 06/24/2014

SECTION II – PAYMENT/HOTLINE INFORMATION – 5U58DP003924-03

For payment information see Payment Information section in Additional Terms and Conditions.

INSPECTOR GENERAL: The HHS Office Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they

choose to remain anonymous. This note replaces the Inspector General contact information cited in previous notice of award.

SECTION III – TERMS AND CONDITIONS – 5U58DP003924-03

This award is based on the application submitted to, and as approved by, CDC 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 and program regulation cited in this Notice of Award.
b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
c. 45 CFR Part 74 or 45 CFR Part 92 as applicable.
d. The HS Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.
e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

This award has been assigned the Federal Award Identification Number (FAIN) U58DP003924. Recipients must document the assigned FAIN on each consortium/subaward issued under this award.

This award is funded by the following list of institutes. Any papers published under the auspices of this award must cite the funding support of all institutes.

National Center For Chronic Disease Prev And Health Promo (CCDPH)

Treatment of Program Income:
Additional Costs

SECTION IV – DP Special Terms and Conditions – 5U58DP003924-03

Funding Opportunity Announcement (FOA) Number: DP12-120503PPHF032014
Award Number: 5 U58 DP 003924-03

Incorporation: The Centers for Disease Control and Prevention (CDC) hereby incorporates Funding Opportunity Announcement number DP12-1205, and DP12-120503PPHF2014 entitled Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations, and application dated February 21, 2014, 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.

CLARIFICATION: The Statutory Authority of 42 USC 241 42 CFR 52 cited on the first page of this Notice of Award is incorrect. The Correct Statutory Authority for this grant under FOA DP12-1205 is: The Public Health Service Act, Sections 307 and 317(k)(1) [42 U.S.C. 242I and 247b(k)(1)], as amended.

Approved Funding: Funding in the amount of **$1,314,291** is approved for the Year 03 budget period, which is June 30, 2014 through June 29, 2015. All future year funding will be based on satisfactory programmatic progress and the availability of funds. The attached spreadsheet reflects the specific allocation of funding for each component.

Approved funding for the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) is funded under a separate award.

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

Direct Assistance (DA): Not applicable to this award.

Use of Unobligated Funds: Unobligated funds were not used in the computation of this award.

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 Project Officer (PO) noted in the Programmatic Contacts section of this NoA, no later than **July 31, 2014** . Failure to submit the required information by the due date, will cause delay in programmatic progress and will adversely affect the future funding of this project. The grantee is required to provide a formal response to the Technical Review for the NCCCP component.

Budget Revision Requirement: Not required.

Grant Assurances and Certification Submission Requirement: A review of your Interim Progress Report reveals that the required Grant Assurances and Certifications were not included with your submission. Grantee submission of Grant Assurances and Certifications is an annual requirement. In an effort to assist our grantees, CDC established a website which enables grantee organizations to submit their Grant Assurances and Certifications annually rather than with each grant application. CDC will keep these documents on file until they expire or until replacements are submitted.

Therefore, by July 31, 2014, the grantee is required to access the following website and submit your Grant Assurances and Certifications.

http://wwwn.cdc.gov/grantassurances/Homepage.aspx

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

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

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

Funding Restrictions: Funding restrictions noted in CDC FOA DP12-1205 and DP12-120503PPHF2014 remain firm and in full effect.

Indirect Costs: Indirect costs are approved based on the Indirect Cost Rate Agreement dated January 22, 2014, which calculates indirect costs as follows: "Fixed": approved at a rate of 19.20% of the base, which includes, total salaries and wages including all fringe benefits. The effective dates of this indirect cost rate are from 07/01/2014 to 06/30/2015.

Matching Funds Requirement:

NPCR: To maintain the $3:$1 Non-Federal Match required by Public Law102-515, as amended, the level of Non- Federal financial participation is $338,676. This amount is the required ratio of cost sharing. The amount reflected on this Notice of Award, $370,081is the amount reflected in your submitted budget and ***exceeds*** the required ratio of cost sharing. Therefore, $370,981is reflected on Page 2, in Section 1 of this NOA as the "Non-Federal Share".

CFDA: 93.283

NCCCP: Cost sharing funds are encouraged in an amount not less than ten percent of Federal funds awarded under this program. Cost sharing funds may be cash, in-kind, or donated services or equipment. Contributions may be made directly or through donations from public or private entities. Public Law 93-638 authorizes tribal organizations contracting under the authority of Title 1 to use funds received under the Indian Self-Determination Act as cost sharing funds. The encouraged level of Non-Federal financial participation is $25,111. This amount represents the encouraged ratio of cost sharing.

CFDA: 93.283

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

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

NPCR: Grantee calculated MOE is $240,753.

Cost Limitations as Stated in the Consolidated Appropriations Act, 2014, (Items A through F)

A. Cap on Salaries (Div. H, 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 (Title II Section 218): None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.

C. Proper Use of Appropriations - Publicity and Propaganda (LOBBYING) FY2012 (Title V, Section 503(a) - (c)):

* 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 of marketing, including but not limited to the advocacy or promotion of gun control.

For additional information, see Additional Requirement Number 12 at http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm and Anti Lobbying Restrictions for CDC Grantees at http://www.cdc.gov/od/pgo/funding/grants/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf.

D. Needle Exchange (Title V, Section 253): 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. Restricts Dealings with Corporations with Recent Felonies (Title IV, Sections 433, 504): None of the funds made available by this Act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to any corporation that was convicted (or had an officer or agent of such corporation acting on behalf of the corporation convicted) of a felony criminal violation under any Federal or State law within the preceding 24 months, where the awarding agency is aware of the conviction, unless the agency has considered suspension or debarment of the corporation, or such officer or agent, and made a determination that this further action is not necessary to protect the interests of the Government.

F. Restricts Dealings with Corporations with Unpaid Federal Tax Liability (Title IV, Sections 434, 8124): None of the funds made available by this Act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to, any corporation that any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability, where the awarding agency is aware of the unpaid tax liability, unless the agency has considered suspension or debarment of the corporation and made a determination that this further action is not necessary to protect the interests of the Government.

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 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards; 2 CFR Part 225, Cost Principles for State, Local, and Indian Tribal Governments (OMB Circular A-87); and 2 CFR Part 230, Cost Principles for Non-Profit Organizations (OMB Circular A-122). The grantee also has a responsibility to ensure sub-recipients expend funds in compliance with applicable federal laws and regulations. Furthermore, it is the responsibility of the grantee to ensure rent is a legitimate direct cost line item, which the grantee has supported in current and/or prior projects and these same costs have been treated as indirect costs that have not been claimed as direct costs. If rent is claimed as direct cost, the grantee must provide a narrative justification, which describes their prescribed policy to include the effective date to the assigned Grants Management Specialist (GMS) identified in the CDC Contacts for this award.

Trafficking In Persons: This award is subject to the requirements of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. Part 7104(g)). For the full text of the award terms and conditions, see,
http://www.cdc.gov/od/pgo/funding/grants/Award_Term_and_Condition_for_Trafficking_in_Persons.shtm

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) 2010 funds will expire September 30, 2015. All FY 2010 funds should be drawn down and reported to Payment Management System (PMS) prior to September 30, 2015. After this date, corrections or cash requests will not be permitted.

Federal Reporting Requirements:

Annual Federal Financial Report (FFR, SF-425): The Annual Federal Financial Report (FFR) SF-425 is required and must be submitted 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 by September 30, 2015. Reporting timeframe is June 30, 2014 through June 29, 2015.

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 Support Page: http://www.cdc.gov/od/pgo/funding/grants/eramain.shtm.

Performance Reporting: The Annual Performance Report is due no later than 120 days prior to the end of the budget period, on/about **February 28, 2015**, and serves as the continuing application. This report should include the information specified in the FOA.

Additional Reporting Requirements: NCCCP Program recipients: Measures of Effectiveness are addressed for selected activities noted in the IPR.

Audit Requirement: Domestic Organizations (including US-based organizations implementing projects with foreign components): An organization that expends $500,000 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 OMB Circular A-133. 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

AND

Procurement & Grants Office, Risk Management & Compliance Activity Electronic Copy to: PGO.Audit.Resolution@cdc.gov

Audit requirements for Subrecipients: 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 (2 CFR 200 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 2 CFR Part 200 Subpart F will apply to audits of fiscal years beginning on or after December 26, 2014.

Federal Funding Accountability and Transparency Act (FFATA): FFATA applies to new awards that have been made and noncompeting continuations that were issued as new awards on or after October 1, 2010. 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 A-133 (see Section_.205(h) and Section_.205(i)), 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?SID=62c0c614004c0ada23cb6552e0adcdc6&node=2:1.1.1.1.4&rgn=div5#_top

FFATA: www.fsrs.gov. Reporting of First-Tier Sub-awards

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 http://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 http://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—

o 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

o $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

o 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).

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—

o 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

o $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

o 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 Sec. _.210 of the attachment to OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations). 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.

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 2 CFR Parts 200, 225 and 230, as applicable and 45 CFR Parts 74 and 92, as applicable.

Food and Meals: Costs associated with food or meals are allowable when consistent with OMB Circulars and guidance, HHS Federal regulations, Program Regulations, HHS policies and guidance. 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 2 CFR Parts 200, 225 and 230, as applicable and 45 CFR Parts 74 and 92, 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 no later than **February 28, 2015**. 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 most recently approved budget
- Apply for supplemental funds
- Response to the Objective/Technical Review Statement
- Change in key personnel
- Extensions
- Conferences or meetings that exceed cost threshold

* 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/od/pgo/funding/grants/granteeguidance.shtm

Key Personnel: In accordance with 2 CFR Parts 200.308 and 215.25(c)(2) & (3), 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, Grantee to insert grant number, 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 of in applicable grant regulations and OMB circulars.

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 Services (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, OS/ASAM/PSC/FMS/DPM
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

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

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- Governmental and Tribal Payment Branch: http://www.dpm.psc.gov/contacts/dpm_contact_list/gov_tribal.aspx?explorer.event=true
- Cross Servicing Payment Branch: http://www.dpm.psc.gov/contacts/dpm_contact_list/cross_servicing.aspx
- International Payment Branch: Bhavin Patel (301) 443-9188

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
PSC/DFO/Payment Management Services
7700 Wisconsin Avenue - 10th Floor
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.

PMS Subaccount: Effective October 1, 2013, a new HHS policy on subaccounts requires that all operating divisions (e.g. CDC) setup payment subaccounts within the Payment Management System (PMS) for all new 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". The 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.

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

Grant Document Number: 003924DP14
Subaccount Title: DP121205CANPREVPRO14

Acceptance of the Terms of an Award: By drawing or otherwise obtaining funds from the grant payment management system, 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.

CDC 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

Grantee: Missouri Department of Health
Award Number: DP003924-03
Attachment 1

Federal Cost Categories	MLC	NCCCP	NCCCP Programmatic Encouraged Cost Share: 10%	NPCR	NPCR Match 3:1	Year 03 Approved Budget
Salaries and Wages	$26,011	$100,062	-	$3,878	-	$129,951
Fringe Benefits	$12,745	$38,279	-	$1,900	-	$52,924
Supplies	$0	$544	-	$0	-	$544
Equipment	$0	$0	-	$0	-	$0
Travel Costs	$0	$3,755	-	$0	-	$3,755
Other Costs	$958	$57,197	-	$148	-	$58,303
Consortium/Contractual Cost	$0	$24,710	-	$1,008,993	-	$1,033,703
Consultant	$0	$0	-	$0	-	$0
Total Direct Costs	$39,714	$224,547	-	$1,014,919	-	$1,279,180
Indirect Costs	*$7,441*	*$26,561*	-	*$1,109*	-	$35,111
Non-Federal Share Requirement	-	-	-	-	338,676	$338,676
Programmatic Encouraged Cost Share	-	-	$25,111	-	-	$25,111
Total Approved Budget	$47,155	$251,108	$25,111	$1,016,028	$338,676	$1,678,078

Non-Federal Share Provided:	-	-	-	-	$370,081	$370,081
Non-Federal Share Required:	-	-	-	-	$338,676	$338,676
Excess Non-Federal Share:	-	-	-			$31,405
Programmatic Encouraged Cost Share Provided:	-	-	$25,111			$25,111
Programmatic Encouraged Cost Share:	-	-	$25,111			$25,111
Excess Encouraged Cost Share:	-	-	$0			$0

NPCR MOE: $240,753

FY 2014 – Funding Opportunity Announcement DP12-1205
Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations
Interim Progress Report
Technical Review Form

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

Grantee #: 5U58/CCU003924-03

Component: #1 _X___MLC #2 _____NCCCP #3 _____NBCCEDP #4 _____NPCR
#5 _____Innovative

SAS License Requests: **Amount of DA recommended/approved $_N/A_____**

Technical Reviewer's Name: Jamila Fonseka

Signature: Date: April 16, 2014.

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

- **Response to Technical Review**
  _____ The Recipient must respond to the major weaknesses cited within 30 days. Responses should be submitted to the assigned CDC Project Officer and should be reflective only of the weaknesses identified, not a resubmission of the entire application.
  __x___ **NO** response to Technical Review is needed.

- **Revised Budget and Workplan**
  _____ Revised Budget and Workplan is needed due to significant reduction of proposed budget, which will affect the proposed activities. The revised budget and workplan should be reflective of the amount of the actual Notice of Award (NGA).
  _____ Revised Budget and Workplan is **NOT** needed.

- **Revised Workplan**
  _____ Revised Workplan is needed due to -- provide reason(s): _____
  _____ Revised Workplan is **NOT** needed.

- **Revised Budget**
  _____ Revised Budget is needed due to -- provide reason(s):
  _____
  _____ Revised Budget is **NOT** needed.

Summary of Major Strengths (Please use bullets):

- Grantee documents multiple activities demonstrating coordination of the Management, Leadership Component with other cancer and chronic disease programs to include: coordination of chronic disease risk factor messages on DHSS website; coordination of the DP12-1204 IPR, cancer program representation on various chronic disease meetings; collaboration with the Tobacco Control Program to address smoking in high prevalence counties.
- Grantee ensures that cancer control program efforts are data driven through key activities that include the chronic disease epidemiologist and use of cancer registry data to include: use of registry data for assessing and compiling report on meeting the state cancer plan objectives; submitting an unobligated request to CDC for the Missouri Cancer Registry to complete a National Death Index linkage on MCR database records; ensuring cancer registry staff is also among cancer staff involved in revising and updating the State Cancer Plan.
- Missouri breast and cervical cancer prevention program (Show Me Healthy Women program -SMHW) has a contract with the Missouri Medicaid Program for community coalitions in three regions to promote cancer screening for low-income women.

- Missouri Primary Health Care Association (MPHCA) encourages federally qualified health centers (FQHC) to contract with SMHW program to screen low-income women for breast and cervical cancer and assists FQHCs with meaningful use of clinical data collected from patient records.

- Grantee documents cancer program managers are members of the Missouri Cancer Consortium; they will collaborate on the revision of the Missouri Cancer Plan, to assure the goals of the cancer program are reflected in the plan.

- Year 03 Action Plan specifically documents including effective policy, system and environmental approaches in the revised State Cancer Plan.

Summary of Major Weaknesses (Please use bullets):
No major weaknesses noted.

Recommendations:

Research Determination – DP12-1205 is only for non-research activities supported by CDC. For the definition of research, please see the CDC Web site at the following Internet address: http://www.cdc.gov/od/ads/opspoll1.htm

___No research activities have been proposed
___Research activities have been proposed, but were disapproved/disallowed

Reviewer Comments

Progress towards Objectives:

Recipient Activity 1: Program Leadership, Management, Coordination

- Plans for the management of coordinated chronic disease programs, collaboration, and capacity in chronic disease functional areas were reviewed; at mid-year, written recommendations from the review were not provided to the Leadership Team for state cancer programs.
- Lead staff from the cancer program, DHSS chronic disease epidemiologist, and Chronic Disease Director met and addressed submission of an unobligated request to CDC for the Missouri Cancer Registry to complete a National Death Index linkage on MCR database records.
- Grantee documents multiple activities demonstrating coordination of the Management, Leadership Component with other cancer and chronic disease programs to include: coordination of chronic disease risk factor messages on DHSS website; coordination of the DP12-1204 IPR, cancer program representation on various chronic disease meetings; collaboration with the Tobacco Control Program to address smoking in high prevalence counties.
- No report on progress on implementing the Staffing and Training Plan.

Recipient Activity 2: Enhanced use of Surveillance Data

- Epidemiologist analyzed cancer registry data to update progress and compile the report toward meeting the state cancer plan objectives; report review and completion is anticipated in early 2014.
- Program has reviewed and continues implementation of the memorandum of understanding for data linkages and contract for cancer registry services between Missouri Department of Health and Senior Services (DHSS).

Recipient Activity 3: Promotion of Population-based cancer screening

- Missouri breast and cervical cancer prevention program (Show Me Healthy Women program -SMHW) has a contract with the Missouri Medicaid Program for community coalitions in three regions to promote cancer screening for low-income women.
- Missouri Primary Health Care Association (MPHCA) encourages federally qualified health centers (FQHC) to contract with SMHW program to screen low-income women for breast and cervical cancer and assists FQHCs with meaningful use of clinical data collected from patient records.
- State Medicaid Program has undergone leadership changes recently and Program plans to invite Medicaid Director to attend the next statewide chronic disease council meeting.

Recipient Activity4: Coordination of Cancer Program Activities with Existing Cancer Coalition

- Grantee documents cancer program managers are members of the Missouri Cancer Consortium; they will collaborate on the revision of the Missouri Cancer Plan, to assure the goals of the cancer program are reflected in the plan.

Recipient Activity 5: Alignment of Cancer Programs with Cancer Control Plan

- Grantee documents cancer program managers are members of the Missouri Cancer Consortium; they will collaborate on the revision of the Missouri Cancer Plan, to assure the goals of the cancer program are reflected in the plan.
- Program Manager for the Comprehensive Cancer Control Program will coordinate revision of Missouri Cancer Plan.
- Registry data and compilation of the report on meeting the state cancer plan objectives will be provided in the cancer plan revision.

Proposed Objectives: Year 03:

- Proposed Year 03 Action Plan includes eight objectives (AOs) with related activities, measures of effectiveness, data sources, time-frames and staff responsible.
- AOs appear to be consistent with DP12-1205 Component 1 recipient activities.

Recipient Activity 1: Program Leadership, Management, Coordination

- AO 1.1 addresses review of plans for management of chronic disease programs, collaboration, and capacity in functional areas.
- AO 1.2 addresses Leadership Team (LT) convening at least two meetings to discuss management, leadership, coordination

Recipient Activity 2: Enhanced use of Surveillance Data

- AO 2.1 addresses the LT ensuring cancer registry data is available as cancer burden reports to stakeholders.
- AO 2.2 addresses LT coordinating and assuring the memorandum of understanding for data linkages and contract cancer registry services with the University of Missouri.

Recipient Activity 3: Promotion of Population-based cancer screening

- AO 3.1 addresses including interventions to promote population-based cancer screening and appropriate follow-up in the revised 5-year State Cancer plan.
- AO 3.1 addresses plans for the Missouri Medicaid program to become an active member of the new state chronic disease prevention council.
- AO 4.1 addresses including in the revised state cancer plan effective policy, system and environmental approaches.

Recipient Activity4: Coordination of Cancer Program Activities with Existing Cancer Coalition

- AO 3.1 addresses including interventions to promote population-based cancer screening and appropriate follow-up in the revised 5-year State Cancer plan.
- AO 4.1 addresses including effective policy, system and environmental approaches in the revised cancer plan.
- AO 5.1 addresses cancer program staff coordinating with the Consortium on the revision of the state cancer plan.

Recipient Activity 5: Alignment of Cancer Programs with Cancer Control Plan

- AO 3.1 addresses including interventions to promote population-based cancer screening and appropriate follow-up in the revised 5-year State Cancer plan.
- AO 4.1 addresses including effective policy, system and environmental approaches in the revised cancer plan.
- AO 5.1 addresses cancer program staff coordinating with the Consortium on the revision of the state cancer plan.

Other Relevant Comments:

- Provide updates on implementing the Staffing and Training Plan to CDC Program Consultant.
- Review Year 03 Action Plan to ensure all required recipient activities (RAs) are addressed since format of Year 03 Action Plan did not specifically link AOs with RAs.

Itemized Budget:

- **SAS License Requests: Grantee did not request a SAS license in Year 03.**
- Budget appear to be appropriate and consistent with activities in Year 03 Action plan.
- Budget includes 3-5% portion of salaries for nine staff who are linked to implementing sections of the Year 03 Action plan.

FY 2014 – Funding Opportunity Announcement DP12-1205
Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations
Interim Progress Report
Technical Review Form

Grantee's Name: State of Missouri Department of Health

Grantee #: U58/CCU003924-03

Component: #1 ____MLC #2 __X___NCCCP #3 _____NBCCEDP #4 _____NPCR #5 _____Innovative

SAS License Requests: **Amount of DA recommended/approved $_N/A__**

Technical Reviewer's Name: Jamila Fonseka

Signature: Date: April 11, 2014, 2014.

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

- **Response to Technical Review**

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

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

- **Revised Budget and Workplan**

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

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

- **Revised Workplan**

  _x____ Revised Workplan is needed due to -- provide reason(s): See comments in "Comments" section of technical review.

  _____

  _____ Revised Workplan is **NOT** needed.

- **Revised Budget**

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

  _____

  _____ Revised Budget is **NOT** needed.

Summary of Major Strengths (Please use bullets):

- Program has a strong collaborative relationship and a great resource in the Missouri Office of Epidemiology:
  - Program describes use of data sources to revise, implement or evaluate the cancer plan: Missouri Office of Epidemiology is developing "Cancer in Missouri – At a Glance" and is using data from Missouri Cancer Registry, BRFSS and other data sources. The document is to be shared with Missouri Cancer Consortium
  - Office of Epidemiology has completed a report 'Progress of Cancer in Missouri State" with purpose to assess the current status of the state cancer plan objectives and measures. Program and Consortium plans to use the report to update the current State Cancer Plan.
- Coalition has selected priorities that address high burden cancers and are consistent with NCCCP and DCPC priorities (colorectal cancer and tobacco use prevention).
- Program is collaborating with the Comprehensive Tobacco Control Program (CTCP) to decrease exposure to second-hand smoke by promoting colleges to become smoke-free campuses. Other consortium members have implemented educational efforts through social media. Program documents 26 colleges have become smoke-free.

Summary of Major Weaknesses (Please use bullets):
No major weaknesses noted.

Recommendations:

Research Determination – DP12-1205 is only for non-research activities supported by CDC. For the definition of research, please see the CDC Web site at the following Internet address: http://www.cdc.gov/od/ads/opspoll1.htm
___No research activities have been proposed
___Research activities have been proposed, but were disapproved/disallowed

Reviewer Comments

Progress towards Objectives:

- **Overall, Program's Interim Progress Report (IPR) provides limited information about progress on objectives and activities slated to commence and end in the first six months of Year 02. As such, it is difficult to assess grantee's progress in the first six months as Program does not consistently address status of activities related to attainment of objectives or provide robust and sufficient information to make an assessment. For example: AO 1.2: related to budget meetings with fiscal staff to track and monitor expenditures has related annual activities 1.2.2 (execute contracts for local coalitions); 1.2.3 (consortium in-kind contributions); 1.2.4 (contractor in-kind); however grantee does not document progress on the status of these activities and how they relate to achievement of AO 1.2.**

RECIPIENT ACTIVITY 1: PROGRAM MANAGEMENT

- Program Director was in place by October 1, 2013
- Vacancy in 0.5 FTE subject matter expert (SME) position with policy, system, and environmental (PSE) approaches; program has recruited a PSE SME to begin work in January 2014. Personal communication: PSE SME was hired; since February 2014, SME has taken a leave of absence and Office of Epidemiology is assisting with implementation of PSE activities.
- Program has 0.33 FTE Epidemiologist for evaluation as documented in Year 02 budget; and provides evaluation technical assistance to staff and coalition.
- Program convened an annual Cancer Summit for partners in October 2013 that provided training in genetics, survivorship, cancer continuum of care, palliative care, and nutrition as documented in annual activity 1.4.2.

RECIPIENT ACTIVITY2: FISCAL MANAGEMENT

- Program reports some progress on local implementation efforts to implement the Cancer Plan: IPR and Year 02 budget indicates Program sponsors three state-wide contracts (Lane Tabernacle, Pulaski County Health Department; Nodaway County Health Center) for partners to implement community-based cancer control activities as defined in regional strategic plans and to reach four goals related to 1) reduce cancer by promoting healthy lifestyles; 2) increasing early detection and screening 3) increasing evidence-base treatment for cancer; 4) quality of life for survivors.
- All three local contracts have been executed (Lane Tabernacle, Nodaway County, and Pulaski County), per personal communication from Program.
- IPR does not provide progress on these local implementation efforts.
- AO 1.3 Program documents that Missouri Comprehensive Cancer Control Program

works with consortium partners and provides educational materials and utilizes social media to promote CRC screening.

RECIPIENT ACTIVITY3: ROUTINELY UTILIZE CANCER SURVEILLANCE DATA

- Program describes use of data sources to revise, implement or evaluate the cancer plan: AO 1.3 - Missouri Office of Epidemiology is developing "Cancer in Missouri – At a Glance" and is using data from Missouri Cancer Registry, BRFSS and other data sources. Document is to be shared with Missouri Cancer Consortium
- AO 2.1 Office of Epidemiology has completed a report 'Progress of Cancer in Missouri State" with purpose to assess the current status of the state cancer plan objectives and measures. Program and Consortium to use report to update the current State Cancer Plan.
- AO 7.1 Program is using BRFSS data to assess increased informed decision-making for prostate cancer screening.

RECIPIENT ACTIVITY 4: ROUTINELY SUPPORT, COLLABORATE, AND COORDINATE WITH EXISTING CANCER COALITIONS

- AO 1.4 Program maintains an active and coordinated role with the Missouri Cancer Consortium (MCC). The Program's role is to ensure that coalition members represent organizations that are strategically positioned to implement the state cancer plan, and includes working with the Missouri Cancer Coalition (MCC) Executive Committee. It is unclear if Program Director is a member of the coalition leadership team.

- AA 1.4.1 Program plans to conduct an annual satisfaction survey with the MCC that will promote improvement with the group and its activities in the 3-4th quarter of 2013.

- Coalition has selected at least one priority each year that addresses the NCCCP and DCPC cancer priorities:
  - Program and Coalition are working on colorectal cancer (CRC) and tobacco use control efforts and consistent with NCCCP and DPCP priorities.
  - AO 3.1 Program and consortium members are working on a public education campaign (educational materials and social media) to promote CRC screening.
  - AO 6.1 Program is collaborating with Tobacco Control Program on tobacco control efforts.
  - AO 6.2 Program working with external consortium members on smoke-free campuses (social media campaign).

- No clear documentation on specific Coalition Workgroups.

- Program has representation from at least one of the sectors listed and at least one

organization representing a priority population.

- AO 1.4 MCC met in October 2013 to discuss recruiting new members and will form a committee in January 2014 to address recruitments.
- Documentation in IPR that Program and Coalition are working on CRC and Tobacco control efforts; however, it is difficult to assess how coalition members lead or are actively involved in implementing the cancer plan as there is no specific documentation of which partners are assigned to specific activities, and the extent of implementation of the activities:
  - AO 3.1 CRC efforts – Program and coalition are working on providing public education efforts via social media campaign.
  - AO 4.1 – Program is working with Epidemiology Office to obtain baseline data for cancer survivors engaged in physical activity.
  - AO 6.1 – Program is collaborating with the Tobacco Program on a targeted media campaign and to promote Quitline use.
  - AO 6.2 – Program is collaborating with the Tobacco Program on smoke-free campuses, and other consortium members have implemented educational efforts through social media.
  - AO 7.1 – Program plans to collaborate with consortium on a social media campaign to educate on prostate cancer screening and informed decision-making.
- MIS indicates a diverse array of partners. While majority are reported to be active status, only entities associated with the Missouri Department of Health and Senior Services are listed as having active involvement with the Action Plan.

RECIPIENT ACTIVITY 5: MAINTAIN, IMPLEMENT AND PERIODICALLY REVISE A COMPREHENSIVE CANCER CONTROL PLAN

- Program describes some progress implementing PSE interventions to prevent cancer to include:
  - AO 6.1 – Program is collaborating with the Tobacco Program on a targeted radio campaign on dangers of second-hand smoke and to promote quitline use; Program indicated teleconferences and meetings were convened with the CCC, CTCP and CDC Media Campaign Resource Center to use the campaign materials.
  - AO 6.2 – Program is collaborating with the Comprehensive Tobacco Control Program (CTCP) to decrease exposure to second-hand smoke by promoting colleges to become smoke-free campuses. Other consortium members have implemented educational efforts through social media. Program documents 26 colleges have become smoke-free. However Program does not report progress on specific activities linked to the objective.
- Program describes progress in implementing PSE interventions to improve the quality of

life for cancer patients that is short on details to include:

- AO4.1 – Program is developing an in-home physical activity program for cancer survivors and is working with the Epidemiology Office to establish a baseline for survivors engaged in physical activity.
- Unclear how activities related to AO 4.1 (education) will lead to an exercise program.

- Program describes progress implementing evidence-based interventions **that lack sufficient details**:
  - AO 3.1 Increase the percent of men and women who have a colonoscopy or flexible sigmoidoscopy from 68% to 70% by June 2014: annual activities include AA 3.1.1 (Advertising); AA 3.1.2 (educational materials). 3.1.3 (PSE strategies for Medicaid). Program indicates working with the consortium to educate the public through social media, and the development of educational materials. However, **no specific progress reported on specific activities** related to AO 3.1 (Program cites US Preventive Services Task Force as evidence source).
  - AO 6.1 Increase the number of Missouri Quitline calls per year: Program indicates collaborating with the Missouri Tobacco Control Program(MTCP) to develop a radio campaign to educate the public on second-hand smoke – clarify how this approach is consistent to increasing callers (smokers) to the Quitline .
  - AO 6.2 Increase the number of smoke-free colleges: Program has collaborated with the MTCP to increase awareness among education officials of tobacco-free; however, program **provides no specifics on the AAs related to the objective**.(Program cites Best Practices for Comprehensive Tobacco Control as evidence source).
  - AO 4.1 Increase the number of in-home evidence-based physical activity programs for cancer survivorship from 28% to 25% by June 2017: program is working with the Office of Epidemiology to establish a baseline that will provide evidence-based data for cancer survivors engaged in physical activity programs. Program **does not provide progress on annual activities related to AO 4.1**. (Program cites American Cancer Society as evidence source)

- Program describes progress on intervention related to addressing health disparities that is short on details:
  - AO 7.1 – relates to promoting informed decision-making for African-American men regarding prostate cancer. Program reports that it plans to use social media campaign in January 2014 to address the importance of prostate screening with their health care provider. Program **does not report on specific activities** related to the objective.

- Program reports progress **that lacks sufficient details** on addressing three high burden cancers: AO 3.1 (colorectal cancer screening), AO 6.1 Quitline calls and tobacco control); and AO 7.1 (prostate cancer and PSA screening informed decision-making). – see above.

RECIPIENT ACTIVITY 6: DEMONSTRATE OUTCOMES THROUGH EVALUATION

TO IMPROVE PROGRAM PERFORMANCE

- Program has worked with the Office of Epidemiology and CDC to develop a draft evaluation plan based on NCCCP Evaluation Tool kit. Program plans to develop the Evaluation Report with Consortium involvement, including Consortium reports and discussions with the Consortium members. Unclear if Consortium members are involved in the Evaluation Team.
- Program does not provide sufficient information on progress to evaluating the program performance.
- Draft Year 02 evaluation plan has relevant components consistent with NCCCP Evaluation Tool kit (engaging stakeholders; logic model; evaluation design and methods; and dissemination plan).
- **Program provides limited information** as to the extent to which interventions outlined in the Action Plan are executed and yield intended results.
- Program has made progress towards evaluating the State Cancer Plan: AO 2.1 – Program Epidemiology office has completed a report "Progress of Cancer in Missouri State Plan" with purpose of assessing the current status of the state plan objectives and measures. Program plans to utilize the report with Consortium so as to begin updating the current state plan before its expiration in 2015. Draft evaluation plan in development and this plan evaluation effort could be relevant to "plan" focus questions.
- Program intends to evaluate the partnership and plans to conduct a Consortium Satisfaction Survey in 3rd quarter 2013. Draft evaluation plan in development and this data could be relevant to "partnership" focus questions.

Proposed Objectives FOR YEAR 03
RECIPIENT ACTIVITY 1: PROGRAM MANAGEMENT

- The action plan includes at least one annual objective that describes the training and technical assistance (TA) that will be provided to partners, and with annual activities related to PSE-training topic:
  - AO 1.1 maintaining a subject matter expert in **PSE approaches** to provide TA to staff and partners; AO 1.3 and related activity 1.3.2 of working with the lead evaluator to develop a Burden of Cancer: At A Glance
  - AO 1.4 and related AA 1.4.2 convening an annual cancer summit to provide training on **policy,** survivorship and cancer screening to partners

- Budget includes funding for Epidemiologist consultant and Epidemiologist Specialist to provide epidemiology and evaluation (TA) to the program and consortium.

- The Action Plan includes AO 1.5 and related AA 1.5.1 to develop a communications plan and media component for coordinating with staff and partners to implement interventions.

RECIPIENT ACTIVITY2: FISCAL MANAGEMENT

- At least one annual objective indicates how CDC funds are being allocated for local implementation. AO 1.2 and related AA 1.2.*2* relates to funding coalitions to implement evidence-based community-based cancer control efforts based on regional strategic plans.
- Partners at the local level are engaged to work on cancer plan implementation consistent with high burden cancers and NCCCP priorities: AO 1.2(AA1.2.2 to fund coalitions to implement evidence-based, community-based activities outlined in regional strategic plans AO 3.1 (CRC screening); 6.1(promoting Quitline in counties with highest smoking rates); 6.2 (increase communities with smoke-free ordinances and work with community coalitions); 7.1 (prostate cancer and increased informed decision-making.

RECIPIENT ACTIVITY3: ROUTINELY UTILIZE CANCER SURVEILLANCE DATA

- Behavior Risk Factor Surveillance System (BRFSS) data are used to set baseline and targets for Project Period Objectives: 3,4, 6, 7.

RECIPIENT ACTIVITY 4: ROUTINELY SUPPORT, COLLABORATE, AND COORDINATE WITH EXISTING CANCER COALITIONS

- No specific AO on partnership evaluation but AO 1.4 and related AA 1.4.1 (consortium satisfaction survey) could be reframed for evaluation of the partnership/coalition

- Program and consortium are addressing survivorship, tobacco, colorectal cancer, prostate cancer and which are consistent with NCCCP and DCPC priorities. No documentation of Coalition workgroups assigned to AOs, and it is difficult to identify coalition assignments or contributions to implementing annual activities.

RECIPIENT ACTIVITY 5: MAINTAIN, IMPLEMENT AND PERIODICALLY REVISE A COMPREHENSIVE CANCER CONTROL PLAN

- Action plan has at least one project period objective that focuses on strategies to improve quality of life for cancer survivors. PPO 4.0 related to decreasing the prevalence of cancer survivors with no physical activity and related AO 4.1 maintaining in-home physical activity program could be a PSE. However it is unclear how the related AAs will lead to the AO (physical activity program).

- Action Plan does **NOT** have at least one project period objective that focuses on health disparities and with related annual objective focused on PSE approaches. PPO 7 addresses increasing prostate cancer informed decision-making amongst African American men. Related AOs (education) are not PSE-strategies.

- Although no annual objectives specifically state 'coordination with other chronic disease

programs", at least two AOs (6.2 and 7.1) include activities to work with other chronic disease programs e.g., Comprehensive Tobacco Control Program; Office of Epidemiology).

- Program documents a project period objective that focuses on primary prevention with an annual objective that includes a PSE strategy. PPO 6.0 Decrease the prevalence of smoking and related AO **6.2** increase the number of communities with comprehensive smoke-free ordinances.

- Programs does not consistently document a scientific or practice-based evidence source for proposed interventions, and for select interventions, it is unclear that the intervention and cited evidence source are the most appropriate for achieving the objective:

  - AO 3. 1 (Increase percent of men and women who have a colonoscopy or flexible sigmoidoscopy) – Program cites US Preventive Services Task Force. It is unclear that the intervention, related annual activities and cited evidence source are the most appropriate for achieving this strategy.
  - AO 4.1 (Maintain the number of in-home evidence-based physical activity programs for cancer survivors from1 to 1) Program cites ACS. Related annual activities do not appear to be consistent to achieving the objective.
  - AO 6.1 related to Maintain the number of Missouri Quitline calls per year - no evidence source cited.
  - AO 6. 2 related to Increase the number of communities with comprehensive smoke-free ordinances – Program cites Best Practices for Comprehensive Tobacco Control Programs.
  - AO 7.1: related to increase the percent of African-American men making a decision on PSA screening with a health care provide – no evidence source cited.

RECIPIENT ACTIVITY 6: DEMONSTRATE OUTCOMES THROUGH EVALUATION TO IMPROVE PROGRAM PERFORMANCE

- AO 5.1 Program plans to develop an evaluation report, disseminate the findings to the Coalition and work with the Coalition Executive Committee to address programmatic changes.

- Program does not clear document plans to use Year 02 Evaluation findings to plan, implement and evaluate Year 03

Other Relevant Comments:

- **Work with the Program Consultant and respond per email to Program Consultant on clarifications, and make adjustments to Action Plans of Year 02, Year 03, and Year 02 Evaluation Plan (and as it pertains to Year 03 evaluation plan) as needed:**

- Overall, Program's Interim Progress Report (IPR) provided limited information on progress on objectives and activities that were slated to commence in the first six months of Year 02. As such, it is extremely difficult to accurately gauge grantee's progress in the first six months; also Program does not consistently address status of specific activities related to attainment of objectives, additionally making it difficult to assess grantee's progress and technical assistance needs.
- Clarify how specifically Program is implementing PSE activities in the absence of a PSE subject matter expert.
- **Clarify how program is evaluating the <u>impact</u> of the Program's interventions in RA5**
- Work with the Consortium to identify workgroups to implement priorities and document specific partners and workgroups in CDMIS.
- Develop or expand AO 1.4 to include evaluation of the partnership
- Year 03 Action Plan; AO 3.1, **clarify related annual activities and specifically AA 3.1.3**
- AO4.1 – Program is developing an in-home physical activity program for cancer survivors and is working with the Epidemiology Office to establish a baseline for survivors engaged in physical activity – this information is currently available in MMWR 2012 and previously shared with grantee
- Year 03 Action plan AO 6.1 and related AA6.1.2 appear to be duplicative of Year 02 (develop a campaign)
- PP07 – recommend Program develop an related AO with a PSE approach
- Clarify cited evidence source (ACS) for AO 4.1 and how activities related to AO 4.1 (education) will lead to an exercise program
- Recommend Program review AOs 3.1, 4.1, 6.1.7.1 and assess for appropriate strategy and evidence source for attaining the objective.
- Continue to work with CDC Program Consultant to finalize Year 02 evaluation plan and guide development of Year 03 evaluation plan
- Overall: review the proposed Year 03 Action Plan and ensure all required and recommended recipient activities have been addressed.
- Review targets for PPOs and Year 03 annual objectives and ensure they are realistic, that all related activities and interventions are evidence-based and result in attaining annual objectives by budget period end.
- Year 03 AOs and AAs should build on Year 02 accomplishments
- Ensure that data sources are appropriate and available to meet objectives. If appropriate data sources are unavailable, identify steps to collect data to assess objective.
- PPOs should reflect long term outcomes, and AOs should reflect short-term or intermediate outcomes, as outlined in the NCCCP logic model. Work with the CDC project officer to review and revise the Action Plan as needed.

Itemized Budget:

- **SAS License Requests:** Program did not request a SAS license in Year 03.
- For contracts, provide name of person responsible for supervising each contract
- Line item budgets and justifications will need to be provided for contracts with coalitions that go through the competitive bid process
- Clarify/specify the two BRFSS questions identified in the budget and their relationship to which annual objectives in the Year 03 Action Plan.

FY 2014 – Funding Opportunity Announcement DP12-1205
Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations
Interim Progress Report
Technical Review Form

Grantee's Name: Missouri State Department of Health and Human Services

Grantee #: U58/DP003924-03

Component: #1 ____MLC #2 _____NCCCP #3 _____NBCCEDP #4 __X___NPCR #5 _____Innovative

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

Technical Reviewer's Name: Castine Clerkin

Signature: Castine Clerkin Date: March 20, 2013

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

- **Response to Technical Review**

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

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

- **Revised Budget and Workplan**

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

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

- **Revised Workplan**

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

  ___X__ Revised Workplan is **NOT** needed.

- **Revised Budget**

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

  _____

  ___X__ Revised Budget is **NOT** needed.

Summary of Major Strengths (Please use bullets):

- Grantee has met the majority of objectives, with reduced staffing, by re-evaluating routine practices and developing alternative approaches.
- Continual expansion of data use and collaboration activities.
- Well-developed plans for increasing electronic reporting from physicians and electronic health record systems through Meaningful Use Stage 2.
- Registry staff members are participants or leaders in national workgroups/committees and volunteer to beta test new software.
- Maintains high quality, complete, and timely data through training, monthly updates to reporting facilities, QA activities, and linkages.

Summary of Major Weaknesses (Please use bullets):

- None noted

Recommendations:

- Continue to identify additional sources of funding to support cancer registry activities.
- Utilize existing advisory group to assist with electronic reporting initiatives.
- Identify and follow-back on missed cases found through linkage with B&C screening program.

Research Determination – DP12-1205 is only for non-research activities supported by CDC. For the definition of research, please see the CDC Web site at the following Internet address: http://www.cdc.gov/od/ads/opspoll1.htm

_X__No research activities have been proposed

___Research activities have been proposed, but were disapproved/disallowed

Reviewer Comments

Progress towards Objectives:

- Demonstrates appropriate progress toward proposed objectives; however, work on electronic reporting initiatives has been hindered by reduced funding and staffing.
- Engaged in training, quality assurance, and linkage activities to improve the data quality and completeness.
- Excellent collaboration with other Missouri cancer programs, academic institutions, and on national committees.
- Increased data use through Instant Atlas mapping, survival analysis for breast and cervical cancer, and reports on screening-amenable cancers and cancers associated with modifiable risk factors.
- Fee structure established for database linkages.

Proposed Objectives:

- Grantee added new activities to Year 3, including improvements to race/ethnicity data, increased electronic reporting activities, increased case-finding from low volume facilities using linkage with MRDI/hospital discharge, and use of social media for communication and training of reporters.
- The program's proposed work plan includes realistic objectives, activities planned to achieve objectives, time frame, measures of effectiveness, and the person(s) responsible for activities.
- Appropriate plan in place to maintain cancer registry operations, educational opportunities, quality assurance, and data use.

Other Relevant Comments:

- None

Itemized Budget:

- Requested budget for Year 3 was $1,110,149, $134,121 above the Year 2 award.
- Although the proposed budget was appropriate, justified, and reasonable, it was not recommended to be fully funded due to lack of funds.
- Recommended award is $1,016,028.

SAS License Requests:

Amount of DA recommended/approved $_____0_____

(Transfer amount to front page)

- 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

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SPREADSHEET SUMMARY
GRANT NUMBER: 5U58DP003924-03

INSTITUTION: MISSOURI STATE DEPT/ HEALTH & SENIOR SRV

Budget	Year 3	Year 4	Year 5
Salaries and Wages	$129,951		
Fringe Benefits	$52,924		
Personnel Costs (Subtotal)	$182,875		
Supplies	$544		
Travel Costs	$3,755		
Other Costs	$58,303	$4,195,645	$4,195,645
Consortium/Contractual Cost	$1,033,703		
TOTAL FEDERAL DC	$1,279,180	$4,195,645	$4,195,645
TOTAL FEDERAL F&A	$35,111		
TOTAL COST	$1,314,291	$4,195,645	$4,195,645