COOPERATIVE AGREEMENTS **Issue Date:** 06/23/2014
Department of Health and Human Services
Centers for Disease Control and Prevention
NATIONAL CENTER FOR CHRONIC DISEASE PREV AND HEALTH PROMO

Grant Number: 5U58DP004817-02
FAIN: U58DP004817

Principal Investigator(s):
Belinda Heimericks

Project Title: ACTIONS TO PREVENT CHRONIC DISEASE & CONTROL RISK FACTOR

BRET FISCHER
DIR, DIV OF ADMIN
920 WILDWOOD
P.O. BOX 570
JEFFERSON CITY, MO 65102

Budget Period: 06/30/2014 – 06/29/2015
Project Period: 06/30/2013 – 06/29/2018

Dear Business Official:

The Centers for Disease Control and Prevention hereby awards a grant in the amount of $1,298,643 (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,

Vivian F. Walker
Grants Management Officer
Centers for Disease Control and Prevention

Additional information follows

SECTION I – AWARD DATA – 5U58DP004817-02

Award Calculation (U.S. Dollars)

Other Costs	$1,298,643
Federal Direct Costs	$1,298,643
Approved Budget	$1,298,643
Federal Share	$1,298,643
TOTAL FEDERAL AWARD AMOUNT	$1,298,643
AMOUNT OF THIS ACTION (FEDERAL SHARE)	$1,298,643

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

03 $1,774,462
04 $1,774,462
05 $1,774,462

Fiscal Information:
CFDA Number: 93.945
EIN: [redacted]
Document Number: 004817DP14

IC	CAN	2014	2015	2016	2017
DP	921019V		$1,774,462	$1,774,462	$1,774,462
DP	921Z5SG	$454,328			
DP	939013J	$306,934			
DP	939ZQZH	$342,157			
DP	939ZRHR	$195,224			

SUMMARY TOTALS FOR ALL YEARS		
YR	**THIS AWARD**	**CUMULATIVE TOTALS**
2	$1,298,643	$1,298,643
3	$1,774,462	$1,774,462
4	$1,774,462	$1,774,462
5	$1,774,462	$1,774,462

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

CDC Administrative Data:
PCC: / **OC**: 4151 / **Processed**: ERAAPPS 06/21/2014

SECTION II – PAYMENT/HOTLINE INFORMATION – 5U58DP004817-02

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 – 5U58DP004817-02

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) U58DP004817. 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 – 5U58DP004817-02

Funding Opportunity Announcement (FOA) Number: CDC-RFA- DP13-1305
Award Number: 2U58DP004817-02
Award Type: Cooperative Agreement
Applicable Cost Principles: 2 CFR Part 225 Cost Principles for State, Local, and Indian Tribal Governments (OMB Circular A–87)

AWARD INFORMATION

Incorporation: The Centers for Disease Control and Prevention (CDC) hereby incorporates Funding Opportunity Announcement number DP13-1305, entitled State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health
, and application dated 3/27/2014, 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.

Approved Funding: Funding in the amount of $1,298,643.00 is approved for the Year 2 budget period, which is June 30, 2014 through June 29, 2015. This funding amount represents a part of the total funding amount for the second budget period that is not funded by Prevention and Public Health Fund (PPHF). The remaining amount of the total funding amount will be awarded in another Notice of Award NoA) under Grants Award number: 2U58DP004817-02S1 for PPHF. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

Note 1: Refer to the Payment Information section for draw down and Payment Management Services (PMS) subaccount information.

Note 2: Refer to the Budget Revision Requirement section for the revised allocation of budget amounts by components and 4 divisional projects to be used for the revised budget.

Award Funding: Not funded by the Prevention and Public Health Fund (**PPHF**).

Direct Assistance (DA): DA is awarded in the amount of $0.00 in this budget period.

Technical Review Statement Response Requirement: The review comments on the strengths and weaknesses of the proposal are provided as part of this award. A response to the weaknesses in these statements must be submitted to and approved, in writing, by the Grants Management Specialist/Grants Management Officer (GMS/GMO) noted in the Staff Contacts section of this NoA, no later than 30 days from the budget period start date. Failure to submit the required information by the due date, August 1, 2014, will cause delay in programmatic progress and will adversely affect the future funding of this project.

Budget Revision Requirement: The information on the required segregation of budget by **PPHF and non-PPHF** was not available at the time of continuation application. As a result, the proposed budget was not segregated by non-PPHF and PPHF. Therefore, by August 1, 2014 the grantee must submit a revised budget in the SF 424a, section B format with a narrative justification and work plan prepared by using the following revised allocation of budget amounts by components and 4 divisional projects:

Main Project Component	Basic Component	Enhanced Component				Non PPHF Award Total
Project Subcomponents	School Health	Heart Disease & Stroke Prevention	Diabetes	Nutrition, Physical Activities, and Obesity	School Health	Sum of Basic and Enhanced Components
Funds Authorized	$50,224	$ 454,328	$ 342,157	$ 306,934	$ 145,000.	$ 1,298,643

Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the Staff Contacts section of this notice before the due date.

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

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.

Indirect Costs:

Approval of indirect cost is deferred until grantee submits revised budget.

Voluntary Matching Funds: Not applicable.

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

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

C. Proper Use of Appropriations - Publicity and Propaganda (LOBBYING) FY2012 (Div. H, Title V, Sec. 503):

- 503(a): No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation of the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.

- 503 (b): No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than normal and recognized executive legislative relationships or participation by an agency or officer of an State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

- 503(c): The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale of marketing, including but not limited to the advocacy or promotion of gun control.

For additional information, see Additional Requirement 12 at http://www.cdc.gov/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 (Div. H, Title V, Sec. 522): 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 (Div. E, Title VI, Sec. 623): 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 (Div. E, Title VI, Sec. 622, Div. H, Title V, Sec. 518): 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.

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) 2014 funds will expire September 30, 2018. All FY 2014 funds should be drawn down and reported to Payment Management Services (PMS) prior to September 30, 2018. After this date, corrections or cash requests will not be permitted.

REPORTING REQUIREMENTS

Annual Federal Financial Report (FFR, SF-425): The Annual Federal Financial Report (FFR) SF-425 is required and must be submitted through eRA Commons no later than 90 days after the end of the calendar quarter in which the budget period ends. The FFR for this budget period is due to the GMS/GMO by September 30, 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 Services' (PMS) cash transaction data. All Federal reporting in PMS is unchanged.

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

Detailed Costs/Activities Tracking of Annual FFR for 2U58DP004817-02						
Main Component	Basic Component	Enhanced Component				
Project Subcomponents (4 Divisional Projects) & CDC Common Account Number (CAN)	School Health (939ZRHR)	Heart Disease and Stroke(921Z 5SG)	Diabetes (939ZQZH)	Nutrition, Physical Activities & Obesity (939013H),(9390 13J), & (921019V)	School Health (939ZRHR)	Total (non-PPHF Awards)
Total Federal Funds Authorize	$ 50,224	$ 454,328	$ 342,157	$ 306,934	$ 145,000	$ 1,298,643
Federal Share of Expenditures						
Unobligated Balance						

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

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

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, June 29, 2015, and serves as the continuing application. This report should include the information specified in the FOA.

Audit Requirement:

Domestic Organizations ***(including US-based organizations implementing projects with foreign components)***: An organization that expends $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

After receipt of the audit report, the National External Audit Review Center will provide audit resolution instructions. CDC will resolve findings by issuing Final Determination Letters.

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

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

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

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

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

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

Definitions:

- Entity means all of the following, as defined in 2 CFR Part 25 (Appendix A, Paragraph(C)(3)):
  - Governmental organization, which is a State, local government, or Indian tribe;
  - Foreign public entity;
  - Domestic or foreign non-profit organization;
  - Domestic or foreign for-profit organization;
  - Federal agency, but only as a sub-recipient under an award or sub-award to a non-Federal entity.

- Executive means officers, managing partners, or any other employees in management positions.

- Sub-award: a legal instrument to provide support to an eligible sub-recipient for the performance of any portion of the substantive project or program for which the grantee received this award. The term does not include the grantees procurement of property and services needed to carry out the project or program (for further explanation, see 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.

GENERAL REQUIREMENTS

Travel Cost: In accordance with HHS Grants Policy Statement, travel costs are only allowable where such travel will provide direct benefit to the project or program. There must be a direct benefit imparted on behalf of the traveler as it applies to the approved activities of the NoA. To prevent disallowance of cost, the grantee is responsible for ensuring that only allowable travel reimbursements are applied in accordance with their organization's established travel policies and procedures. Grantees approved policies must meet the requirements of 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 by 2/29/2015 or no later than 120 days prior to this budget period's end date. Any requests received that reflect only one signature will be returned to the grantee unprocessed. Additionally, any requests involving funding issues must include an itemized budget and a narrative justification of the request.

The following types of requests require prior approval.

- Use of unobligated funds from prior budget period (Carryover)*
- Lift funding restriction, withholding, or disallowance
- Redirection of funds
- Change in scope
- Implement a new activity or enter into a sub-award that is not specified in the 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 of this award, 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:

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Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily do not 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, Division of Payment Management, 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 DPM staff within respective Payment Branches refer to the links listed below:

- University and Non-Profit Payment Branch:
  http://www.dpm.psc.gov/contacts/dpm_contact_list/univ_nonprofit.aspx?explorer.event=true
- Governmental and Tribal Payment Branch:
  http://www.dpm.psc.gov/contacts/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/Division of Payment Management
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 the CDC setup payment subaccounts within the Payment Management Services (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. A P-Account is a subaccount created specifically for the purpose of tracking designated types of funding in the PMS.

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

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

Grant Document Number: 004817DP14

Component:	Subaccount Title	Maximum Amount Available
Basic (School Health)	DP131305SCHOOLHEAL14	$50,224
Enhanced (Diabetes)	DP131305DIABETESPR14	$342,157
Enhanced (Heart Disease)	DP131305HEARTDISPR14	$454,328
Enhanced (Nutrition)	DP131305NUTRITIONP14	$306,934
Enhanced (School Health)	DP131305SCHOOLHEAL14	$145,000

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

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

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

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

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

GMO Contact: See Staff Contacts below for the assigned GMO

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

GMS Contact: See Staff Contacts below for the assigned GMS

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

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

Programmatic Contact:
See attached lists.

STAFF CONTACTS
Grants Management Specialist: Kang W Lee
Centers for Disease Control and Prevention (CDC)
Procurement and Grants Office
2920 Brandywine Road, MS E-15
Atlanta, GA 30341
Email: klee@cdc.gov **Phone**: (770) 488-2853 **Fax**: 770-488-2868

SPREADSHEET SUMMARY
GRANT NUMBER: 5U58DP004817-02

INSTITUTION: MISSOURI STATE DEPT/ HEALTH & SENIOR SRV

Budget	Year 2	Year 3	Year 4	Year 5
Other Costs	$1,298,643	$1,774,462	$1,774,462	$1,774,462
TOTAL FEDERAL DC	$1,298,643	$1,774,462	$1,774,462	$1,774,462
TOTAL FEDERAL F&A				
TOTAL COST	$1,298,643	$1,774,462	$1,774,462	$1,774,462

DP13-1305
Project Officers List

Grant	State	Project Officer	Telephone	Email
4791	Alabama	Sells, Michael	(770) 488-5465	ZNP1@cdc.gov
4792	Arizona	Borgogna, Bridget S	(770) 488-6206	HUE8@cdc.gov
4793	Alaska	Borgogna, Bridget S	(770) 488-6206	HUE8@cdc.gov
4794	Arkansas	Taylor, April J	(770) 488-5457	ILC9@cdc.gov
4795	California	West, Margaret R	(770) 488-6131	MRH0@cdc.gov
4796	Colorado	MacGowan, Carol	(770) 488-5626	DVX2@cdc.gov
4797	Connecticut	Blackwell, Jyotsna M	(770) 488-6137	IDS5@cdc.gov
4798	District of Columbia	Blackwell, Jyotsna M	(770) 488-6137	IDS5@cdc.gov
4799	Delaware	Carr, Annie B	(770) 488-6014	ABC1@cdc.gov
4800	Florida	Gearing, Margaret J	(770) 488-5324	JGG5@cdc.gov
4801	Georgia	Kuester, Sarah A	(770) 488-6019	SAK2@cdc.gov
4802	Hawaii	West, Margaret R	(770) 488-6131	MRH0@cdc.gov
4803	New York	Rahbari, Parul D	(678) 612-7896	PDN2@cdc.gov
4804	Idaho	Namageyo-funa, Apophia	(770) 488-1095	AEN5@cdc.gov
4805	Illinois	Richards, Brenda	(770) 488-5329	GFQ3@cdc.gov
4806	Indiana	Richards, Brenda	(770) 488-5329	GFQ3@cdc.gov
4807	Iowa	MacGowan, Carol	(770) 488-5626	DVX2@cdc.gov
4808	Kansas	Kohr, Jennifer M	(770) 488-5253	ENJ5@cdc.gov
4809	Kentucky	Lane, Kimberly G	(770) 488-6008	EOX8@cdc.gov
4810	Louisiana	Saunders, Magon M	(770) 488-5214	HCU1@cdc.gov
4811	Maine	Rahbari, Parul D	(678) 612-7896	PDN2@cdc.gov
4812	Maryland	Morrison, Cynthia M	(770) 488-8057	CWM3@cdc.gov
4813	Massachusetts	Lutz, Anne A	(770) 488-8207	AAL2@cdc.gov
4814	Michigan	Richards, Brenda	(770) 488-5329	GFQ3@cdc.gov
4815	Minnesota	Hall, Lori E	(770) 488-5324	JGG5@cdc.gov
4816	Mississippi	Gearing, Margaret J	(770) 488-5324	JGG5@cdc.gov
4817	Missouri	Ellis, Kamesha A	(770) 488-8489	EUI0@cdc.gov
4818	Montana	Ellis, Kamesha A	(770) 488-8489	EUI0@cdc.gov
4819	Nebraska	Kohr, Jennifer M	(770) 488-5253	ENJ5@cdc.gov
4820	Nevada	Namageyo-funa, Apophia	(770) 488-1095	AEN5@cdc.gov
4821	New Hampshire	Roberts-Ayers, Diane G	(770) 488-5433	ISH0@cdc.gov
4822	New Jersey	Carr, Annie B	(770) 488-6014	ABC1@cdc.gov
4823	New Mexico	Saunders, Magon M	(770) 488-5214	HCU1@cdc.gov
4824	North Dakota	Ellis, Kamesha A	(770) 488-8489	EUI0@cdc.gov
4824	North Carolina	Kuester, Sarah A	(770) 488-6019	SAK2@cdc.gov
4826	Ohio	Hall, Lori E	(770) 488-5324	JGG5@cdc.gov
4827	Wyoming	Ramsey, Fredrick A	(770) 488-6081	FAR0@cdc.gov
4828	Wisconsin	Saunders, Magon M	(770) 488-5214	HCU1@cdc.gov
4829	West Virginia	Houston, Jacquelyn	(770) 488-5206	KZH8@cdc.gov
4830	Washington	Recasner, Chanel A	(770) 488-8119	FUH0@cdc.gov
4831	Oklahoma	Taylor, April J	(770) 488-5457	ILC9@cdc.gov
4832	Virginia	Houston, Jacquelyn	(770) 488-5206	KZH8@cdc.gov
4833	Oregon	Recasner, Chanel A	(770) 488-8119	FUH0@cdc.gov
4834	Vermont	Lutz, Anne A	(770) 488-8207	AAL2@cdc.gov
4835	Utah	Ramsey, Fredrick A	(770) 488-6081	FAR0@cdc.gov
4836	Pennsylvania	Morrison, Cynthia M	(770) 488-8057	CWM3@cdc.gov
4837	Rhode Island	Roberts-Ayers, Diane G	(770) 488-5433	ISH0@cdc.gov
4838	Texas	Taylor, April J	(770) 488-5457	ILC9@cdc.gov
4839	Tennessee	Lane, Kimberly G	(770) 488-6008	EOX8@cdc.gov
4840	South Dakota	MacGowan, Carol	(770) 488-5626	DVX2@cdc.gov
4841	South Carolina	Sells, Michael	(770) 488-5465	ZNP1@cdc.gov

CDC-RFA-DP13-1305

State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health

Technical Review: Year 2 Work Plan and Budget

Date Reviewed: April 11, 2014

State: Missouri

Award Number: 1U58DP004817-02

Funding Amount Requested
Basic: $ 526,042
Enhanced: $ 1,248,419

Lead Project Officer: (Name & Signature) **Kamesha Ellis**

BASIC COMPONENT

Basic Work Plan

Comments on Year 1 APR, Basic Component

- Missouri provided a Year 1 Annual Performance Report for the Basic component that demonstrates initial progress toward achieving the performance measures.

Overarching Comments—Year 2 Basic Work Plan

- Performance measure baselines and targets must be entered for all selected strategies and interventions. If data sources are under development, estimated numbers can be entered and adjusted when final numbers are obtained. Please use the "Measure Notes" field as needed to provide the basis and necessary caveats for any estimates and to clarify the anticipated time frame for when better data are anticipated.

Strategy 1

- Recommendations on Activities:
  - No recommendations
- Recommendations on Performance Measures
  - Measure B.1.02: The grantee should include a year 2 target. (required)
  - Measure B.1.08: The grantee should include a year 2 and year 5 target. (required)

Strategy 2

- Recommendations on Activities:
  - No recommendations.

- Recommendations on Performance Measures
    - Measures B.2.01 and B.2.02: The grantee should include year 2 targets for these performance measures. (required)
    - Measures B.2.03 and B.2.04: The grantee does not need to include a denominator for either of these two performance measures. Please move the year 5 target to the numerator field instead of the denominator. (recommended)
    - Measures B.2.04: The grantee should adjust the year 5 target for this performance measure to show an increase over the course of the project period, unless the state has all components of a recess policy in place: requires recess every day for elementary school students (at least 20 minutes), prohibits the use of physical activity as punishment, and prohibits withholding of activity (including recess) as punishment. (recommended)

Strategy 3

- Recommendations on Activities:
    - No recommendations
- Recommendations on Performance Measures
    - No Recommendations

Strategy 4

- Recommendations on Activities:
    - No recommendations
- Recommendations on Performance Measures
    - No Recommendations

Strategy 5

- Recommendations on Activities:
    - No recommendations
- Recommendations on Performance Measures
    - Please note: BRFSS does not determine undiagnosed and is not an ideal measure for understanding progress for this strategy. While CDC is allowing BRFSS as a data source for B.5.01 to reduce data collection and reporting burden, we expect states to work toward the ideal measurement using health systems data. The ideal measurement to determine progress on diagnosing undiagnosed patients is: "Number of patients with a documented diagnosis of hypertension divided by the total number of patients with hypertension (diagnosed and undiagnosed)." The primary row in the spreadsheet may be used for BRFSS measure and the sub-rows can be used for reporting progress on collecting the ideal measurement using health systems data.

Strategy 6

- Recommendations on Activities:
    - The grantee should specify how it will work with organizations and how pre-diabetes awareness will increase for activity 1.
    - The grantee should provide additional detail on specific messages that will be developed and how they will increase awareness of pre-diabetes for activity 2.
    - The grantee should consider engaging community health workers and other health care extenders in using the diabetes risk test.

- The grantee should identify populations and geographic areas that are at the highest risk for pre-diabetes.
- Recommendations on Performance Measures
  - No Recommendations

Strategy 7

- Recommendations on Activities:
  - The grantee should conduct an assessment of its Diabetes Self Management Education (DSME) programs efforts statewide to assess facilitators and barriers before working to expand programs.
  - The grantee should use the CDC-provided data for American Diabetes Association (ADA) & American Association of Diabetes Educators (AADE) DSME encounters as a baseline unless a better data source exists in the state. CDC will provide encounter data annually throughout the project period.
  - The grantee should consider partnering with its state Quality Improvement Organization.
  - The grantee should consider providing an activity to increase referrals into the DSME program.
- Recommendations on Performance Measures
  - Measure B7.01: The grant needs to add a denominator. Please see operationalized profile for further guidance.

Basic Budget

Recommendations:

- The grantee should provide a justification for the budget item "Room Rental Fees"

ENHANCED COMPONENT

Enhanced Work Plan

Comments on Year 1 APR, Enhanced Component

- Missouri provided a Year 1 Annual Performance Report for the Enhanced component that demonstrates initial progress toward achieving the performance measures.

Overarching Comments—Year 2 Enhanced Work Plan

- None noted.

Domain 2

Strategy 1

- Recommendations on Activities:
  - The grantee should describe any work that will focus on reimbursement for participating in a CDC recognized lifestyle change program.
- Recommendations on Performance Measures
  - Measure 2.1.01: Grantee should double check that numbers are in correct numerator/count and denominator columns for this measure.
  - Measure 2.1.02: Grantee should include a year 2 and year 5 target. (required)

Strategy 2

- Recommendations on Activities:
  - No recommendations
- Recommendations on Performance Measures
  - Measure 2.2.03: Grantee should double check that numbers are in correct numerator/count and denominator columns for this measure.
  - Measure 2.2.06: Grantee should include a year 2 and year 5 target. (required)
  - Measure 2.2.07: Grantee must have the median intake of fruits (times per day) and median intake of vegetables (revised profile for PM) reported for Baseline, Year 2 and Year 5 Targets. Data source is BRFSS system. CDC will work with the state to add this data. (required)

Strategy 3

- Recommendations on Activities:
  - No recommendations.
- Recommendations on Performance Measures
  - Baselines and targets must be entered for all measures. If data sources are under development (e.g., 2.3.03, 2.3.05), estimated numbers can be entered and adjusted when final numbers are obtained. Please use the "Measure Notes" field as needed to provide the basis and necessary caveats for any estimates and to clarify the anticipated time frame for when better data are anticipated. (required)
    - Measures 2.3.04, 2.3.06, 2.3.07, 2.3.08, 2.3.09, 2.3.10, 2.3.11, and 2.3.12: The grantee should use 2012 School Health Profiles data, or available state-level percentages, to set baselines and to establish targets for year 2 and year

- Measures 2.3.13, 2.3.14, 2.3.15, and 2.3.16: The grantee should use the state's most recent YBRS data, or other available state-level data, for baselines and to establish year 2 and year 5 targets.

Strategy 4

- Recommendations on Activities:
  - No recommendations
- Recommendations on Performance Measures
  - No Recommendations

Strategy 5

- Recommendations on Activities:
  - No recommendations
- Recommendations on Performance Measures
  - No Recommendations

Strategy 6

- Recommendations on Activities:
  - No recommendations
- Recommendations on Performance Measures
  - Performance measure baselines and targets must be entered for all selected strategies and interventions. If data sources are under development, estimated numbers can be entered and adjusted when final numbers are obtained. Please use the "Measure Notes" field as needed to provide the basis and necessary caveats for any estimates and to clarify the anticipated time frame for when better data are anticipated. (required)
    - Measure 2.6.03: The grantee should use 2012 School Health Profiles data to estimate baselines and to establish year 2 and year 5 targets, until the 2014 School Health Profiles data are available. For example, the grantee could derive a baseline value using questions from the Profiles principal's survey by first taking an average value of affirmative answers to questions 13a-g to get an average response for question 13 and then using that to calculate an average for questions 13, 16,17,18,19 to get the CSPAP figure.
    - Measure 2.6.04: See above note regarding estimates for data sources under development
    - Measures 2.6.06, 2.6.07, and 2.6.08: The grantee should use the state's most recent YBRS data, or other available state-level data, for baselines and to establish year 2 and year 5 targets.

Strategy 7

- Recommendations on Activities:
  - No recommendations
- Recommendations on Performance Measures
  - No Recommendations

Domain 3

Strategy 1

- Recommendations on Activities:
  - No recommendations
- Recommendations on Performance Measures
  - Measure 3.1.05: Performance measure 3.1.05 is the same as the basic performance measure (B.4.01); no additional progress or additional data sources are proposed for enhanced, please clarify. The reach is expected to be greater for this enhanced performance measure than for what is reported under basic (refer to the profile for guidance.)
  - Measures 3.1.07, 3.1.08 and 3.1.09: Non-zero baselines and targets must be entered for all selected strategies and interventions. If data sources are under development, estimated numbers can be entered and adjusted when final numbers are obtained. Please use the "Measure Notes" field as needed to provide the basis and necessary caveats for any estimates and to clarify the anticipated time frame for when better data are anticipated. (required)
  - Measures 3.1.10 and 3.1.11: When possible, please report the numerator and denominator separately, following guidance in the performance measure profile. When this is not feasible, please use the "Measure Notes" field to provide a rationale.
  - Measure 3.1.12: It appears that an incorrect rate was entered for PM 3.1.12. As instructed in the profile, the age-adjusted rate per 1000 people with diabetes should be entered in the rate/percentage column. It appears that the state may have entered a rate per 100 people with diabetes. Also, due to a formatting error in the template, a percentage sign may be appended to any number entered in rate/percentage field. We will account for this problem in conducting the national analysis of this measure, and we will correct it in future versions of the template.

Strategy 2

- Recommendations on Activities:
  - No recommendations
- Recommendations on Performance Measures
  - Measures 3.2.07, 3.2.08, and 3.2.09: Non-zero baselines and targets must be entered for all selected strategies and interventions. If data sources are under development, estimated numbers can be entered and adjusted when final numbers are obtained. Please use the "Measure Notes" field as needed to provide the basis and necessary caveats for any estimates and to clarify the anticipated time frame for when better data are anticipated. (required)
  - Measures 3.2.10 and 3.2.11: When possible, please report the numerator and denominator separately, following guidance in the performance measure profile. When this is not feasible, please use the "Measure Notes" field to provide a rationale.
  - Measure 3.2.12: It appears that an incorrect rate was entered for PM 3.2.12. As instructed in the profile, the age-adjusted rate per 1000 people with diabetes should be entered in the rate/percentage column. It appears that the state may have entered a rate per 100 people with diabetes. Also, due to a formatting error in the template, a percentage sign may be appended to any number entered in rate/percentage field. We will account for this problem in conducting the national analysis of this measure, and we will correct it in future versions of the template.

Domain 4

Strategy 1

- Recommendations on Activities:
  - Not Selected
- Recommendations on Performance Measures
  - Not Selected

Strategy 2

- Recommendations on Activities:
  - The grantee should add activities around its work with health care providers and Diabetes Primary Prevention Sites to accomplish the following: increase pre-diabetes awareness, educate local health care providers on pre-diabetes screening, treatment, and benefits of participation in CDC recognized lifestyle change programs, to develop a referral system for patients diagnosed with pre-diabetes and to encourage employers to reimburse for participation in CDC recognized lifestyle change programs for employees with pre-diabetes.
- Recommendations on Performance Measures
  - Measures 4.201 and 4.2.03: Baselines and targets must be entered for all selected strategies and interventions. If data sources are under development, estimated numbers can be entered and adjusted when final numbers are obtained. Please use the "Measure Notes" field as needed to provide the basis and necessary caveats for any estimates and to clarify the anticipated time frame for when better data are anticipated. (required)
  - Measures 4.2.02 and 4.2.04: We did not yet provide you any information for PMs 4.2.02 and 4.2.04 from the DPRP since at least 3 organizations must have completed data submissions in order to do this. Please clarify the source of the information provided (it appears that you may have obtained this information directly from one or more of the recognized programs in your state.)

Strategy 3

- Recommendations on Activities:
  - No recommendations
- Recommendations on Performance Measures
  - Measures 4.3.05, 4.3.08 and 4.3.10: Non-zero baselines and targets must be entered for all selected strategies and interventions. If data sources are under development, estimated numbers can be entered and adjusted when final numbers are obtained. Please use the "Measure Notes" field as needed to provide the basis and necessary caveats for any estimates and to clarify the anticipated time frame for when better data are anticipated. PM 4.3.08 has July 1, 2014 as a set date. Is this date the same for all fields? If so, please note in each. (required)

Strategy 4

- Recommendations on Activities:
  - The grantee should collaborate with Local Health Departments to promote referrals and establish Chronic Self Management (CDSM) programs onsite.

- The grantee should conduct an assessment of current CDSM programs, numbers, locations, and utilization.

- Recommendations on Performance Measures
  - Measure 4.4.04: It appears that an incorrect rate was entered for PM 4.4.04. As instructed in the profile, the age-adjusted rate per 1000 people with diabetes should be entered in the rate/percentage column. It appears that the state may have entered a rate per 100 people with diabetes. Also, due to a formatting error in the template, a percentage sign may be appended to any number entered in rate/percentage field. We will account for this problem in conducting the national analysis of this measure, and we will correct it in future versions of the template.

Strategy 5

- Recommendations on Activities:
  - The grantee should include an activity to represent work completed with the contract proposed to provide professional development and training to school nurses on motivational support and counseling techniques. This information was found in the budget contract description but not in an activity.
- Recommendations on Performance Measures
  - Measure 4.5.01: For this measure, only the numerator is needed. The grantee is asked to report any denominators or rates it would like to reference as "Comments". (required)
  - Performance measure baselines and targets must be entered for all selected strategies and interventions. If data sources are under development, estimated numbers can be entered and adjusted when final numbers are obtained. Please use the "Measure Notes" field as needed to provide the basis and necessary caveats for any estimates and to clarify the anticipated time frame for when better data are anticipated. (required)
    - Measures 4.5.02, 4.5.05, and 4.5.08: The grantee should enter a baseline and targets for this performance measure that are not zero. The grantee should use 2012 School Health Profiles to develop baseline estimates and set year 2 and year 5 targets. Answers to principal survey questions 42, P41b-d and P43a-b., and P43a for asthma can be used to help derive these estimates. CDC project officers and evaluators can provide further guidance if needed.
    - Measure 4.5.04: The grantee should enter a baseline and targets for this performance measure that are not zero. According to a previous call, it appeared that the number of children has been determined, or at least an estimate.
    - Measures 4.5.06 and 4.5.07: The grantee should enter targets for these performance measures that are not zero and that mirror planned activities. Recommended: only a numerator is requested for this performance measure. If the grantee would like to provide denominators and percentages as reference, this information should be entered as a comment.
    - Measures 4.5.09 and 4.5.10: The grantee should enter baseline and targets for these performance measures that are not zero. Please note that the relevant denominator for these two measures is the number of students with chronic conditions in the targeted LEAs (not the number of LEAs).

Enhanced Budget
Recommendations:

Research Determination
DP13-1305 is only for non-research activities supported by CDC. (For the definition of research, please see the CDC Web site at the following Internet address: http://www.cdc.gov/od/ads/opspoll1.htm.)

_X_ No research activities have been proposed.

_____ Research activities have been proposed, but were disapproved/disallowed.