

<b>1. DATE ISSUED</b> MM/DD/YYYY 06/10/2019		<b>1a. SUPERSEDES AWARD NOTICE</b> dated except that any additions or restrictions previously imposed remain in effect unless specifically rescinded	
<b>2. CFDA NO.</b> 93.426 - Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke-Financed in part by 2018 Prevention and Public Heal			
<b>3. ASSISTANCE TYPE</b> Cooperative Agreement			
<b>4. GRANT NO.</b> 5 NU58DP006520-02-00 Formerly		<b>5. TYPE OF AWARD</b> Other	
<b>4a. FAIN</b> NU58DP006520		<b>5a. ACTION TYPE</b> Non-Competing Continuation	
<b>6. PROJECT PERIOD</b> MM/DD/YYYY From 09/30/2018		<b>Through</b> MM/DD/YYYY 06/29/2023	
<b>7. BUDGET PERIOD</b> MM/DD/YYYY From 06/30/2019		<b>Through</b> MM/DD/YYYY 06/29/2020	
<b>8. TITLE OF PROJECT (OR PROGRAM)</b> Diabetes and Heart Disease & Stroke Prevent Programs-Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke			

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention  
CDC Office of Financial Resources**

1600 Clifton Road  
Atlanta, GA 30329

**NOTICE OF AWARD**

AUTHORIZATION (Legislation/Regulations)  
301(a) and 317(k)(2) of the Public Health Service Act, [42 U.S.C. Section 241(a) and 247b(k)(2)], as amended.

<b>9a. GRANTEE NAME AND ADDRESS</b> HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF 920 WILDWOOD DR JEFFERSON CITY, MO 65109-5796	<b>9b. GRANTEE PROJECT DIRECTOR</b> Mr. Steve Cramer 930 Wildwood Dr Jefferson City, MO 65109-5796 Phone: 5735222806
<b>10a. GRANTEE AUTHORIZING OFFICIAL</b> Ms. Tonya R Loucks 920 WILDWOOD DR Jefferson City, MO 65109-5796 Phone: 573-751-6014	<b>10b. FEDERAL PROJECT OFFICER</b> Mr. Robert Montierth 4770 Buford Hwy Atlanta, GA 30341-3717 Phone: 404.498.5378

**ALL AMOUNTS ARE SHOWN IN USD**

<b>11. APPROVED BUDGET</b> (Excludes Direct Assistance)		<b>12. AWARD COMPUTATION</b>	
I Financial Assistance from the Federal Awarding Agency Only		a. Amount of Federal Financial Assistance (from item 11m) 2,168,396.00	
II Total project costs including grant funds and all other financial participation <b>I</b>		b. Less Unobligated Balance From Prior Budget Periods 0.00	
a. Salaries and WageS	450,664.00	c. Less Cumulative Prior Award(s) This Budget Period 0.00	
b. Fringe Benefits	301,945.00	<b>d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</b> 2,168,396.00	
c. Total Personnel Costs	752,609.00	<b>13. Total Federal Funds Awarded to Date for Project Period</b> 3,942,538.00	
d. Equipment	0.00	<b>14. RECOMMENDED FUTURE SUPPORT</b> (Subject to the availability of funds and satisfactory progress of the project):	
e. Supplies	9,724.00	YEAR	TOTAL DIRECT COSTS
f. Travel	18,722.00	a. 3	d. 6
g. Construction	0.00	b. 4	e. 7
h. Other	60,820.00	c. 5	f. 8
i. Contractual	1,166,216.00	<b>15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:</b>	
j. TOTAL DIRECT COSTS	2,008,091.00	a. DEDUCTION	
k. INDIRECT COSTS	160,305.00	b. ADDITIONAL COSTS	
<b>l. TOTAL APPROVED BUDGET</b>	2,168,396.00	c. MATCHING	
m. Federal Share	2,168,396.00	d. OTHER RESEARCH (Add / Deduct Option)	
n. Non-Federal Share	92,975.15	e. OTHER (See REMARKS)	
<b>REMARKS</b> (Other Terms and Conditions Attached - <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No)		<b>16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDDING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:</b>	
		a. The grant program legislation	
		b. The grant program regulations.	
		c. This award notice including terms and conditions, if any, noted below under REMARKS.	
		d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.	
		In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.	

**GRANTS MANAGEMENT OFFICIAL:**  
Rhonda Latimer, Grants Management Officer  
2939 Brandywine Road  
Atlanta, GA 30341  
Phone: 7704888852

<b>17.OBJ CLASS</b> 41.51	<b>18a. VENDOR CODE</b> [REDACTED]	<b>18b. EIN</b> [REDACTED]	<b>19. DUNS</b> 878092600	<b>20. CONG. DIST.</b> 03
<b>FY-ACCOUNT NO.</b>	<b>DOCUMENT NO.</b>	<b>ADMINISTRATIVE CODE</b>	<b>AMT ACTION FIN ASST</b>	<b>APPROPRIATION</b>
21. a. 9-9390BZD	b. 18NU58DP006520	c. DP	d. \$1,084,198.00	e. 75-X-0948
22. a. 9-9390BZX	b. 18NU58DP006520	c. DP	d. \$1,084,198.00	e. 75-X-0948
23. a.	b.	c.	d.	e.

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 2	DATE ISSUED 06/10/2019
GRANT NO. 5 NU58DP006520-02-00	

**Direct Assistance**

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

# AWARD ATTACHMENTS

Missouri Department of Health

5 NU58DP006520-02-00

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1. Terms and Conditions
2. Technical Review

## AWARD INFORMATION

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number CDC-RFA-DP18-1815, entitled Improving the Health of Americans Through Prevention and Management of Diabetes and Heart Disease and Stroke, and application dated March 13, 2019, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NOA).

**Approved Funding:** Funding in the amount of \$2,168,396 is approved for the Year 2 budget period, which is June 30, 2019 through June 29, 2020. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third party in-kind contribution when applicable.

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

**Component/Project Funding:** The NOFO provides for the funding of multiple components under this award. The approved component funding levels for this notice of award are:

NOFO Component	Amount
Diabetes Category A	\$ 1,084,198
Heart Disease Category B	\$ 1,084,198

**Financial Assistance Mechanism:** Cooperative Agreement

**Substantial Involvement by CDC:** This is a cooperative agreement and CDC will have substantial programmatic involvement after the award is made. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews undertaken in the normal course of stewardship of federal funds.

CDC program staff will assist, coordinate, or participate in carrying out effort under the award, and recipients agree to the responsibilities therein, as detailed in the NOFO.

**CDC Program Supports to Recipients:** The CDC programs supporting this NOFO will be substantially involved beyond site visits and regular performance and financial monitoring during the project period. Substantial involvement means that the recipient can expect federal programmatic partnership in carrying out efforts under the award. CDC will work in partnership with the recipient to ensure the success of the cooperative agreement by:

- Supporting recipients in implementing cooperative agreements requirements and meeting program outcomes;
- Providing technical assistance to revise annual work plans;
- Assisting recipients in advancing program activities to achieve project outcomes.
- Providing scientific subject matter expertise (e.g., engaging non-physician team members, implementing and sustaining the National Diabetes Prevention Program) and resources in support of the selected strategies;

- Collaborating with recipients to develop and implement evaluation plans that align with CDC evaluation activities;
- Providing technical assistance on recipient's evaluation and performance measurement plans;
- Providing technical assistance to define and operationalize performance measures;
- Using webinars and other social media for recipients and CDC to communicate and share tools and resources;
- Establishing learning communities to facilitate the sharing of information among recipients;
- Providing professional development and training opportunities, either in person or through virtual, web-based training formats, for the purpose of sharing the latest science, best practices, success stories, and program models;
- Participating in relevant meetings, committees, conference calls, and working groups related to the cooperative agreement requirements to achieve outcomes;
- Coordinating communication and program linkages with other CDC programs and Federal agencies, such as the Health Resources and Services Administration (HRSA), Centers for Medicare & Medicaid Services (CMS), Indian Health Services (IHS), and the National Institute of Health (NIH);
- Providing surveillance technical assistance and state -specific data collected by CDC; □ Providing technical expertise to other CDC programs and Federal agencies on how to interface with recipients;
- Translating and disseminating lessons learned through publications, meetings, and other means on promising and best practices to expand the evidence base; and
- Hosting a meeting/training during the first year of the project period and later in the project period (for a total of 2 meetings/training for recipients).

**CDC will:**

1. Ensure that grantees have access to expertise found throughout NCCDPHP. For example, a team of subject matter experts could include, but is not limited to, the project officer, health scientist, epidemiologists, statisticians, policy analysts, communication specialist, health economists, and evaluators to provide technical assistance to grantees. Technical assistance teams will also work in collaboration with other programs and division across NCCDPHP to identify specific actions that improve efficiency and greater public health impact.
2. Collaborate with grantees to explore appropriate flexibilities needed to meet public health outcomes and goals. Flexibility in cooperative agreements includes grantee's ability to propose alternative methods to achieve the outcomes and goals of the cooperative agreement that align with grantee's opportunities for success, infrastructure, partner and stakeholder buy-in, demographics, and burden. This includes bringing together resources from multiple cooperative agreements to jointly advance the goals of each, and expanding the dialogue to bring in other CDC and grantee staff to reach a win/win solution.

3. Create greater efficiencies and consistency across NCCDPHP programs for grantees. Examples of how NCCDPHP divisions and programs work together to achieve this include but are not limited to:
  - Joint site visits that maximize the ability to do collaborative problem solving, offer insights and ideas to strengthen or augment grantee approaches, and increase understanding of grantee's context to accomplish chronic disease prevention and health promotion.
  - Jointly developed resources and tools that focus on cross-cutting functions, settings, domains, risk factors, conditions and disease to ensure consistent messages and to meet grantee technical assistance needs.
  - Joint training and technical assistance opportunities that help grantees produce policies and programs that are more holistic and fully supportive of work in tobacco, nutrition, physical activity, chronic disease management and other strategies and topics, as appropriate.
4. Continue and expand support for grantees to leverage NCCDPHP resources to address cross-cutting functions, domains, settings, risk factors and diseases.

***Defining terms:***

Cross-cutting functions: Functions that are necessary to all programs and include communication, epidemiology, evaluation, health equity, leadership, partnerships, planning, policy, and training among other; as well as functions specific to the cooperative agreement.

Domains:

1. Epidemiology and surveillance – to monitor trends and track progress.
2. Environmental approaches – to promote health and support healthy behaviors.
3. Health care system intervention – to improve the effective delivery and use of clinical and other high-value preventive services.
4. Community programs linked to clinical services – to improve and sustain management of chronic conditions.

Settings: Early care and education, schools, worksites, community, health care systems, etc.

Risk factors, conditions and diseases: Nutrition, physical activity, tobacco, sleep, excessive alcohol use, maternal and infant health, Alzheimer's arthritis, diabetes, cancer, chronic obstructive pulmonary disease, heart disease and stroke, and oral health.

**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 by the Grants

Management Specialist/Grants Management Officer (GMS/GMO) noted in the CDC Staff Contacts section of this NOA, no later than 30 days from the budget period start date. Recipients are required to work with the Project Officer(s) noted in the programmatic contacts section of the NoA prior to submission.

The response must be submitted in GrantSolutions as an amendment, type "Summary Statement/Technical Review Response to Weaknesses". Failure to submit the required information by the due date, July 30, 2019, will cause delay in programmatic progress and will adversely affect the future funding of this project.

**Budget Revision Requirement:** By July 30, 2019 the recipient must submit a revised budget with a narrative justification, to include the following:

- Designate the PI/PD in the personnel section, even if salary is not paid from award.
- Meals budgeted for contracts under the travel section should specify a set per diem rate.

Recipients are required to work with the Project Officer(s) noted in the programmatic contacts section of the NoA prior to submission. The revised budget must be submitted in GrantSolutions as an amendment, type "Budget Revision".

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, recipient is required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date.

All TBD contract costs, once determined, must be submitted to the GMS as a Budget Revision amendment in GrantSolutions. Recipient must have prior approval before the contract costs can be expended.

## **FUNDING RESTRICTIONS AND LIMITATIONS**

**Notice of Funding Opportunity (NOFO) Restrictions:** CDC-RFA-DP18-1815

- Recipients may not use funds for research
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies and services
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
  - Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body

- The salary or expenses of any grant or contract recipient or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action or Executive order proposed or pending before any legislative body.
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and Additional guidance on lobbying for CDC recipients
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or sub recipient, are strictly prohibited regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability  
<https://www.cdc.gov/grants/additonalrequirements/ar-35.html>

**Programmatic Requirements:**

Evaluation and Performance Measurement Plan: Recipients must submit final versions of their Evaluation and Performance Measurement Plans (EPMPs) with their technical review responses due July 30, 2019. The final EPMPs should include all required revisions noted by the recipient’s CDC Evaluators (Category A and Category B) and any other updates to the plans and performance measure baselines and targets. If the EPMP was previously approved without required revisions, recipients may submit the approved EPMP, or include any updates and submit the revised version, along with the technical review responses, via GrantSolutions.

**Indirect Costs:** Indirect costs are approved based on the negotiated indirect cost rate agreement dated March 9, 2018, which calculates indirect costs as follows: a Provisional type is approved at a rate of 21.30% of the base, which includes direct salaries and wages including all fringe benefits. The effective dates of this indirect cost rate are from July 1, 2019 to June 30, 2021.

**REPORTING REQUIREMENTS**

**Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS):** Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations



potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services  
Karen Clackum, Grants Management Officer/Specialist  
Centers for Disease Control and Prevention  
Chronic Diseases and Birth Defects Services Branch  
2939 Flowers Rd. S  
Chamblee, GA 30341  
Email: [KClackum@cdc.gov](mailto:KClackum@cdc.gov) (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services  
Office of the Inspector General  
ATTN: Mandatory Grant Disclosures, Intake Coordinator  
330 Independence Avenue, SW  
Cohen Building, Room 5527  
Washington, DC 20201  
Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or  
Email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

#### **PAYMENT INFORMATION**

*The HHS Office of the 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](mailto: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.*

**Payment Management System Subaccount:** Funds awarded in support of approved activities have been obligated in a newly established subaccount in the PMS, herein identified as the “P Account”. Funds must be used in support of approved activities in the NOFO and the approved application. All award funds must be tracked and reported separately.

The grant document number identified on the bottom of Page 1 of the Notice of Award must be known in order to draw down funds.

### **CDC Staff Contacts**

**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.

**GMS Contact:**

Karen Clackum, Grants Management Specialist  
Centers for Disease Control and Prevention  
Chronic Diseases and Birth Defects Services Branch  
2939 Flowers Rd. S  
Atlanta, GA 30341  
Telephone: 770-488-2680  
Email: KClackum@cdc.gov

**Program/Project Officer:** The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements, as well as contributing to the effort of the award under cooperative agreements.

**Programmatic Contact:**

Robert Montierth, Project Officer  
Centers for Disease Control and Prevention  
NCCDPHP  
4770 Buford Hwy.  
Chamblee, GA 30341  
Telephone: 404-498-5378  
Email: RMontierth@cdc.gov

**Grants Management Officer:** The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards. 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 information is located on Page 1 of this NOA.

CDC-RFA-DP18-1815  
Improving the Health of Americans Through Prevention and Management of  
Diabetes and Heart Disease and Stroke  
Technical Review: Year 1 Annual Performance Report (APR)/Year 2 Work Plan  
and Budget

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**State:** Missouri

**Date Reviewed:** April 8, 2019

**Award Number:** DP006520

**Funding Amount Requested:** \$2,168,396

**Funding Recommendation:** Approved with budget modifications

**Lead Project Officer:** ROBERT MONTIERTH

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*The applicant is required to work with its CDC project officers and evaluators post award to further refine the work plan, budget, and Evaluation and Performance Measurement Plan as needed.*

## Year 1 APR Comments

### Category A

- The recipient has made significant progress in its Year 1 activities. Many successes have occurred, including the establishment of Community e-Connect and helping 6 pharmacy diabetes self-management education and support (DSMES) sites achieve either recognition from the American Diabetes Association (ADA) or accreditation from the American Association of Diabetes Educators (AADE).
- The recipient leveraged strong relationships with the Missouri Pharmacy Association (MPA) and the National Association of Chronic Disease Directors (NACDD).
- The recipient also provided an update on year 1 challenges, and where applicable described options to pursue solutions moving forward.

### Category B

- In spite of the delay in getting contracts in place, the recipient was able to use previous work and partnerships to advance the work in Year 1. For example, working through the Missouri Primary Care Association (MPCA), the recipient provided technical assistance (TA) to advance quality improvement (QI) projects at community health centers by mapping the PRAPARE (Protocol for Responding to and Assessing Patient Assets, Risk, and Experiences) tool to existing electronic medical records (EMRs) to address patients' social determinants of health.
- The work throughout Year 1 demonstrates the recipient's commitment to sustain current and new program activities to improve cardiovascular health in the state. For example, the recipient

drafted an amendment to the state plan that includes reimbursement for community health worker (CHW) services and worked with the Missouri Credentialing Board to establish a certification process that enables payers to reimburse for CHW services.

[Click here to enter text.](#)

## Year 2 Work Plan

### Overarching Comments

- Moving into Year 2, the recipient plans to carry out activities that both continue and build upon the work from Year 1.
- The recipient described a number of well-crafted and detailed activities across 6 Category A strategies that include engagement of partners in the implementation process and work to ensure sustainability. Examples include:
  - 1) The recipient will engage in a new prediabetes awareness campaign effort with the Ad Council and pursue media play in movie theaters and use of Facebook.
  - 2) The recipient will work on a novel effort to train pharmacy technicians as CHWs.

### Category A

Recommendations on Activities:

- For Strategy A.3, activity 2, the recipient is proposing to conduct on-site pharmacy visits to identify facilitators and barriers. The recipient should provide specific information about how it plans to use the results of the visits to provide TA or share findings and lessons learned with other pharmacy sites.

### Category B

Recommendations on Activities:

- In Strategy B.3, the recipient should provide more details about the type of TA and support it will provide to help the community health centers make progress on the performance measures. CDC recommends that the recipient provide TA on ways to include CHWs trained to use the PRAPARE tool into the work of the non-physician health team; this may help to boost the community health centers' consistently low performance on the measures.
- For Strategy B.5, the recipient should clarify whether the PRAPARE training will be added to or separate from the existing CHW training conducted by the designated colleges/universities. In addition, the recipient should clarify whether the training offered to the pharmacy technicians will differ from the training offered to CHWs. The recipient should be prepared to discuss this with the Project Officer.
- For Strategy B.6, activity 1, the YMCA's Blood Pressure Self-Monitoring program. The recipient should revisit this activity and provide a full description including the expected reach, the initiation of referrals, the use of funds, and the tracking of participant outcomes.

## Budget Recommendations

### Category A

- The recipient should provide additional information on how the Missouri Pharmacy Association will use funds to build a sustainable CHW infrastructure. Paying for direct services by CHWs or pharmacists is not allowed.
- There are several instances where contract budgets list funds for meals. The recipient should provide additional information about this proposed expense. Using funds to provide meals at meetings is not an allowable expense.
- The recipient will need to list the names and positions of the 2 travelers attending the out of state Unity Conference.

### Category B

- The recipient needs to clarify how attendance at an Osteopathic Conference will advance the work of CHWs.
- The recipient needs to revise the current 50/50 allocation of funding between Category A and Category B to support the MPA project. Since the only activity related to Category B is “explore SMBP and HTN interventions,” the majority of the funding request should be allocated to Category A.
- Similarly, the recipient should revise the 50/50 allocation of funding for the CHW dental pilot. Since work in oral health is not an evidence-based strategy for Category B, the majority of the funding request should be allocated to Category A.

## Research Determination

DP18-1815 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.