

1. DATE ISSUED MM/DD/YYYY 06/10/2019		1a. SUPERSEDES AWARD NOTICE dated except that any additions or restrictions previously imposed remain in effect unless specifically rescinded	
2. CFDA No. 93.197 - Childhood Lead Poisoning Prevention Projects_State and Local Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children			
3. ASSISTANCE TYPE Cooperative Agreement			
4. GRANT NO. 5 NUE2EH001375-02-00 Formerly		5. TYPE OF AWARD Other	
4a. FAIN NUE2EH001375		5a. ACTION TYPE Non-Competing Continuation	
6. PROJECT PERIOD MM/DD/YYYY From 09/30/2018		Through 09/29/2020	
7. BUDGET PERIOD MM/DD/YYYY From 09/30/2019		Through 09/29/2020	

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)
Section 317(k)(3) of the Public Health Service Act, [42 U.S.C. 247b
(k)(3)]

8. TITLE OF PROJECT (OR PROGRAM) Lead Poisoning Prevention-Childhood Lead Prevention	
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9a. GRANTEE NAME AND ADDRESS HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF 920 WILDWOOD DR JEFFERSON CITY, MO 65109-5796	9b. GRANTEE PROJECT DIRECTOR Mr. Jeff Wenzel 930 Wildwood Dr Jefferson City, MO 65109-5796 Phone: 573-526-4911
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10a. GRANTEE AUTHORIZING OFFICIAL Ms. Tonya R Loucks 920 WILDWOOD DR Jefferson City, MO 65109-5796 Phone: 573-751-6014	10b. FEDERAL PROJECT OFFICER Ms. Kelly Dyke 4770 Buford Hwy Ms: F-58 Atlanta, GA 30341-3717 Phone: 404.498.1215
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ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)		12. AWARD COMPUTATION									
I Financial Assistance from the Federal Awarding Agency Only		a. Amount of Federal Financial Assistance (from item 11m) 445,000.00									
II Total project costs including grant funds and all other financial participation		b. Less Unobligated Balance From Prior Budget Periods 0.00									
a. Salaries and Wages 187,193.00	I	c. Less Cumulative Prior Award(s) This Budget Period 0.00									
b. Fringe Benefits 121,404.00		d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 445,000.00									
c. Total Personnel Costs 308,597.00		13. Total Federal Funds Awarded to Date for Project Period 1,045,750.00									
d. Equipment 0.00		14. RECOMMENDED FUTURE SUPPORT									
e. Supplies 92.00		(Subject to the availability of funds and satisfactory progress of the project):									
f. Travel 9,997.00		YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS						
g. Construction 0.00		a. 3		d. 6							
h. Other 11,326.00		b. 4		e. 7							
i. Contractual 49,257.00		c. 5		f. 8							
j. TOTAL DIRECT COSTS 379,269.00		15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:		b							
k. INDIRECT COSTS 65,731.00	a. DEDUCTION										
l. TOTAL APPROVED BUDGET 445,000.00	b. ADDITIONAL COSTS										
m. Federal Share 445,000.00	c. MATCHING										
n. Non-Federal Share 0.00	d. OTHER RESEARCH (Add / Deduct Option)										
	e. OTHER (See REMARKS)										
17. OBJ CLASS 41.51		18a. VENDOR CODE		18b. EIN		19. DUNS 878092600		20. CONG. DIST. 03			
FY-ACCOUNT NO.		DOCUMENT NO.		CFDA		ADMINISTRATIVE CODE		AMT ACTION FIN ASST		APPROPRIATION	
21. a. 8-93908GK		b. 18NUE2EH001375		c. 93.197		d. EH		e. \$0.00		f. 75-1718-0947	
22. a. 8-9390A4T		b. 18NUE2EH001375		c. 93.197		d. EH		e. \$0.00		f. 75-X-0947	
23. a. 8-9390AEU		b. 18NUE2EH001375		c. 93.197		d. EH		e. \$0.00		f. 75-18-0947	

REMARKS (Other Terms and Conditions Attached - Yes No)

GRANTS MANAGEMENT OFFICIAL:
Tiffany Mannings, Grants Management Officer
2960 Brandywine Rd
Mailstop E01
Atlanta, GA 30341-5509
Phone: 770.488.2515

17. OBJ CLASS	41.51	18a. VENDOR CODE		18b. EIN		19. DUNS	878092600	20. CONG. DIST.	03		
FY-ACCOUNT NO.		DOCUMENT NO.		CFDA		ADMINISTRATIVE CODE		AMT ACTION FIN ASST		APPROPRIATION	
21. a.	8-93908GK	b.	18NUE2EH001375	c.	93.197	d.	EH	e.	\$0.00	f.	75-1718-0947
22. a.	8-9390A4T	b.	18NUE2EH001375	c.	93.197	d.	EH	e.	\$0.00	f.	75-X-0947
23. a.	8-9390AEU	b.	18NUE2EH001375	c.	93.197	d.	EH	e.	\$0.00	f.	75-18-0947

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 3	DATE ISSUED 06/10/2019
GRANT NO. 5 NUE2EH001375-02-00	

FY-ACCOUNT NO.	DOCUMENT NO.	CFDA	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
24.a. 9-9390AWW	b. 18NUE2EH001375	c. 93.197	d. EH	e. \$178,000.00	f. 75-19-0947
25.a. 9-9390BUU	b. 18NUE2EH001375	c. 93.197	d. EH	e. \$267,000.00	f. 75-X-0947

Direct Assistance

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

NOTICE OF AWARD (Continuation Sheet)

PAGE 3 of 3	DATE ISSUED 06/10/2019
GRANT NO. 5 NUE2EH001375-02-00	

Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
09/30/2018	09/29/2019	Annual	12/28/2019
09/30/2019	09/29/2020	Annual	12/28/2020

AWARD ATTACHMENTS

Missouri Department of Health

5 NUE2EH001375-02-00

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 EH17-1701, entitled Lead Poisoning Prevention – Childhood Lead Poisoning Prevention, and application dated April 23, 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 \$445,000 is approved for the Year 02 budget period, which is September 30, 2019 through September 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.

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 Support to Awardees

CDC will:

- Support awardees in the development/enhancement and implementation of their lead poisoning surveillance programs.
- Review the use of data and information collection methods and analysis instruments specific to the use of CDC HHLPPS.
- Provide guidance in implementing activities, and will identify major program issues, strategies, and priorities related to the cooperative agreement.
- Provide technical assistance in assessing program effectiveness.
- Promote collaboration with other federal, state, and local health; environmental; and housing agencies by initiating contacts, conference calls, and on-site visits to discuss programmatic issues.
- Provide HHLPPS at no cost, support awardees in deployment of the system and migration of data from other systems to HHLPPS, and provide ongoing maintenance of the system. (Note: Many states previously established HHLPPS under CDC-funded cooperative agreements.)

- Provide assistance in the evaluation of surveillance activities and reporting and disseminating reports to partners.
- Provide consultation and technical assistance regarding techniques and approaches used to deliver or render services.
- Review the use of data and information collected to support development, enhancement or implementation of population-based interventions and/or designating areas as lead-safe.

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 CDC 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, October 31, 2019, will cause delay in programmatic progress and will adversely affect the future funding of this project.

Work Plan Revision Requirement: Recipient must submit a revised work plan by the due date, October 31, 2019. (Please see the below Technical Review for details.)

Expanded Authority: The recipient is permitted the following expanded authority in the administration of the award.

- Carryover of unobligated balances from one budget period to the next successive budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved. If the GMO determines that some or all of the unobligated funds are not necessary to complete the project, the GMO may restrict the recipient’s authority to automatically carry over unobligated balances in the future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

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

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

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

FUNDING RESTRICTIONS AND LIMITATIONS

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 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

Performance Progress and Monitoring: Performance information collection initiated under this grant/cooperative agreement has been approved by the Office of Management and Budget under **OMB Number 0920-1132, “Performance Progress and Monitoring Report”, Expiration Date 8/31/2019.** The components of the PPMR are available for download at: <https://www.cdc.gov/grants/alreadyhavegrant/Reporting.html> .

Prevention Fund Recipient Reporting Rescission: Effective May 31, 2018, CDC grant award recipients that complete projects or activities which are funded under the Prevention and Public Health Fund (PPHF) (Section 4002 of Public Law 111-148) are no longer required to report separately on their use of PPHF funds, or distinguish sub-recipients use of PPHF funds. The rescission of PPHF reporting requirements does not alter or change administrative, programmatic, financial, or other reporting requirements indicated in a Notice of Award.

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
Victoria McBee, Grants Management Specialist
Centers for Disease Control and Prevention
OD, Environmental, Occupational Health & Injury Prevention Services Branch
2939 Brandywine Road, MS TV2
Atlanta, GA 30318
Fax: 770-488-2688 (Include “Mandatory Grant Disclosures” in subject line)
Email: YIG9@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

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 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:

Victoria McBee, Grants Management Specialist
Centers for Disease Control and Prevention (CDC)
Office of Grants Services
District at Chamblee
2939 Brandywine Road, Mail Stop TV2
Atlanta, GA 30341
Telephone: (770) 488-2825
Email: yig9@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:

Kelly Dyke, Project Officer

Division of Environmental Health Science & Practice
National Center for Environmental Health
Centers for Disease Control and Prevention (CDC)
4770 Buford Highway - Mailstop F58
Atlanta, Georgia 30341
Phone: 404-498-1215
E-mail address: nfn8@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.

**National Center for Environmental Health
Division of Environmental Health Science and Practice
Lead Poisoning Prevention Branch (proposed)**

Technical Review (EH17-1701)

Recipient Name: Missouri Department of Health and Senior Services

Cooperative Agreement (Grant Award) #: NUE2EH001375 **Budget Year:** 9/30/19 – 9/29/20

NOFO# and Title: CDC-RFA-EH17-1701: Lead Poisoning Prevention – Childhood Lead Poisoning Prevention

Requested Amount: \$445,000

Recommended Award Amount: \$445,000

1. Response to Technical Review (check one):

X The recipient must submit a response to the weaknesses and recommendations identified in the technical review as per OFR guidelines. **(Note: The recipient's response should be reflective only of the weaknesses identified therefore, resubmission of the entire application is not required.)**

No response to Technical Review is required.

2. Budget and Work-plan (check one):

Revised budget is required (provide reasons):

X Revised work plan is required (provide reasons):

The recipient should submit a revised workplan to include all missing elements, as indicated below in the "Recommendations" section of the New Budget Period Proposal Objectives.

Revised Budget and Work-plan are needed due to a reduction in proposed budget, which affects the proposed activities/work-plan. **(Attach budget mark-up and justification to be used by GMS to request revised budget and work-plan.)**

Revised budget and work-plan are **NOT** required.

3. Performance (check one):

X The project officer certifies performance is satisfactory to date and continued funding is recommended.

The project officer certifies performance is not fully satisfactory to date and weaknesses and recommendations should be addressed, continued funding should be restricted until attached recommendations are met.

The project officer has determined performance to date has been less than satisfactory and continued funding is denied. The project officer's determination is based on below factual data as published in the announcement.

National Center for Environmental Health
Division of Environmental Health Science and Practice
Lead Poisoning Prevention Branch (proposed)

Project Officer's Name:

Kelly Dyke

(Print Name)

Project Officer's Signature (mandatory):



Date:

5/9/19

**National Center for Environmental Health
Division of Environmental Health Science and Practice
Lead Poisoning Prevention Branch (proposed)**

Technical Review (EH17-1701)

Recipient Name: Missouri Department of Health and Senior Services

Cooperative Agreement (Grant Award) #: NUE2EH001375 **Budget Year:** 9/30/19 – 9/29/20

A thorough review of the non-competing continuation application has been performed. The review considered the evaluation criteria published in the Notice of Funding Opportunity. Based on the review, the following was identified:

A. Progress report:

Summary of Major Strengths:

The recipient targeted outreach and education to several stakeholder groups in the state, including local housing authorities, code enforcement agencies, and health professionals. Additionally, the recipient held fourteen outreach and education events at home shows and health fairs that focused on identifying and remediating lead hazards, renovating pre-1978 housing, and blood lead testing. The recipient educated a total of 4,549 people in their outreach and education efforts.

The recipient offered environmental risk assessments and case management activities to children less than six years of age with elevated blood lead levels (EBL) ≥ 5 $\mu\text{g/dL}$, which is lower than their current state action level.

The recipient updated their high risk maps using a new formula to identify high-risk counties in Missouri. The new formula for the map ranked each county based on the following: (1) EBL rate; (2) EBL confirmation rate; (3) total population blood lead testing rate; (4) percent of pre-1980 housing; (5) adult occupational EBL rate; and (6) active soil remediation areas.

The recipient partnered with the Department of Elementary and Secondary Education to provide information about the First Steps Early Intervention Program to the parents of children less than three years of age with $\text{EBL} \geq 10$ $\mu\text{g/dL}$.

The recipient reported a 3% increase in the number of blood lead tests after promoting their statewide lead testing plan to healthcare providers.

Summary of Major Weaknesses:

The recipient did not provide a Performance Progress and Monitoring Report, as required in the APR guidance and NOFO.

The recipient did not provide an Evaluation and Performance Measurement Plan, as required in the APR guidance and NOFO.

Although the recipient provided a success story that includes the three required elements (i.e. Issue, Intervention, and Impact), it could be strengthened with specific outcomes to better describe the long-term impact of the intervention.

Recommendations:

Please provide a completed Performance Progress and Monitoring Report.

Please provide an Evaluation and Performance Measurement Plan that aligns with requirements from the NOFO and includes the following: (1) purpose of evaluation project; (2) background/impetus for evaluation;

**National Center for Environmental Health
Division of Environmental Health Science and Practice
Lead Poisoning Prevention Branch (proposed)**

(3) evaluation question; (4) type of evaluation (i.e. process, outcome, or impact); (5) description of how evaluation aligns with the NOFO's logic model; (6) description of performance indicators; (7) description of data collection methods; (8) description of data sources; (9) description of data analysis approach; (10) target audience for evaluation results; (11) intended uses for evaluation results; (12) description of staff conducting evaluation; and (13) description of resources needed for evaluation.

The recipient will work with their Project Officer via monthly calls to strengthen their success story.

**Other Relevant Comments to include if recipient provided or known by Project Officer:
Completed Performance Measures Template**

The recipient did not submit a completed Performance Progress and Monitoring Report.

Success Story

The recipient submitted a success story titled, "If They Ask, We Shall Come", which described efforts to target educational trainings to healthcare providers and clinical staff about blood lead screening and testing. The success story aligns with the NOFO strategy to strengthen population-based interventions.

Evaluation and Performance Measurement Plan

The recipient did not submit an Evaluation and Performance Measurement Plan.

Status of Supplemental Activities

The recipient has two supplement funding projects, both related to Strategy 1: Strengthen Blood Lead Testing and Reporting. The first project is to collect and compare annual local zip code blood lead testing data, and the second project is to develop and implement provider report cards on blood lead testing.

The recipient has met, or has exceeded, their target goals for six of the eight short term outcomes for both supplemental funding projects, and is expected to complete the remaining two short term outcomes in the budget period. The recipient has not met any intermediate or long-term outcomes, but all are expected to be completed by the end of the budget period.

Statement to come under CDC's Data Management Plan (DMP) or developed their own DMP

The recipient has submitted their own DMP. An in-depth review will be conducted by CDC Lead Subject Matter Expert to include follow-up comments. Key information to be provided during future monthly calls with Project Officer.

ALPA Survey submitted: Yes No

Timely Quarterly Data Submissions: Yes No

B. New Budget Period Proposal Objectives:

Summary of the Project:

The recipient is requesting \$445,000 to achieve five outcomes in the new budget period: (1) increased number of children less than 6 years of age tested for blood lead; (2) improved availability and use of data that leads to improved identification of geographic areas and populations at high-risk for lead exposure; (3) increased ability to target interventions to high-risk geographic areas and populations; (4) increased knowledge and awareness among lay public, public health professionals, childhood lead prevention workforce members, and other partners and stakeholders about childhood lead poisoning and prevention interventions through tailored education and outreach; and (5) increased identification of lead-exposed children who receive appropriate linkages to recommended follow-up services. All five outcomes align with the four strategies outlined in the NOFO.

**National Center for Environmental Health
Division of Environmental Health Science and Practice
Lead Poisoning Prevention Branch (proposed)**

Summary of Major Strengths:

The recipient will continue to offer risk assessments and case management activities for children with EBL ≥ 5 $\mu\text{g/dL}$, which is lower than their current state action level. The recipient will also ensure that all children with EBL ≥ 5 $\mu\text{g/dL}$ are evaluated for possible referral services when available.

The recipient plans to continue their outreach and education efforts in identified high-risk geographic areas and to several stakeholder groups, including local housing authorities and code enforcement agencies.

The recipient's surveillance system, Missouri Health Strategic Architectures and Information Cooperative (MOHSAIC), captures all blood lead testing data, medical case data, and environmental investigation data. The recipient will continue to provide this data to all 115 local public health agencies through two monthly reports via MOHSAIC – the Monthly Testing Report and the Monthly Open Case Report. These reports assist local public health agencies in ensuring that all children with EBLs are receiving appropriate follow up.

The recipient has an interagency agreement with the state Medicaid program and they will continue to meet quarterly to discuss EBL case management and lead poisoning prevention. Additionally, MOHSAIC interfaces with the Missouri Department of Social Services' Medicaid data, which allows a child's Medicaid eligibility status to be auto-populated with their blood lead test results when entered into the system.

The recipient has identified several internal and external partners that they will continue to work with, including the Division of Medicaid Services, the Center for Local Public Health Services, the Maternal Child Health Services Program, the Missouri State Public Health Laboratory, local public health agencies, Children's Mercy Hospital, the Bureau of Health Services Daycare Regulation, and several Head Start programs.

Summary of Major Weaknesses:

The recipient's proposed activities in their workplan are not specific or actionable in their description of how they will achieve the five outcomes.

The recipient's workplan doesn't include performance or outcome measures, a timeline for each activity to be completed, or a description of who will complete the activities, as required by the APR guidance.

Recommendations:

Please submit a revised workplan for September 30, 2019 to September, 29, 2020. Each outcome in the revised workplan should include specific, achievable, and measureable activities that describe how each outcome will be accomplished. Additionally, each outcome should include a performance or outcome measure that assesses the effectiveness of the project, a timeline for accomplishment, and a description of staff members that are responsible for implementation. The recipient will also work with their Project Officer via monthly calls to strengthen their workplan.

Other Relevant Comments:

The recipient submitted their program logic model for FY2019, which aligns with the logic model provided in the NOFO.