

1. DATE ISSUED MM/DD/YYYY 07/20/2017 | 2. CFDA NO. 93.898 | 3. ASSISTANCE TYPE Cooperative Agreement

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

CDC Office of Financial Resources

2920 Brandywine Road
Atlanta, GA 30341

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.

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except that any additions or restrictions previously imposed remain in effect unless specifically rescinded

4. GRANT NO. 1 NU58DP006299-01-00 Formerly | 5. ACTION TYPE New

6. PROJECT PERIOD MM/DD/YYYY
From 06/30/2017 Through 06/29/2022

7. BUDGET PERIOD MM/DD/YYYY
From 06/30/2017 Through 06/29/2018

8. TITLE OF PROJECT (OR PROGRAM)
Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations

9a. GRANTEE NAME AND ADDRESS
Missouri Dept. of Health and Senior Services/DSS&R
920 Wildwood Dr
Community and Public Health
Jefferson City, MO 65109-5796

9b. GRANTEE PROJECT DIRECTOR
Mr. Steve Cramer
930 Wildwood Dr
Jefferson City, MO 65109-5796
Phone: 5735222806

10a. GRANTEE AUTHORIZING OFFICIAL
Mr. Bret Fischer
920 Wildwood Dr
Jefferson City, MO 65102-0570
Phone: 573-751-6014

10b. FEDERAL PROJECT OFFICER
Karen Boone
4770 Buford Highway
Chamblee, GA 30341
Phone: 770-488-3087

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)	
I Financial Assistance from the Federal Awarding Agency Only	I
II Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	603,205.00
b. Fringe Benefits	294,383.00
c. Total Personnel Costs	897,588.00
d. Equipment	0.00
e. Supplies	2,170.00
f. Travel	27,006.00
g. Construction	0.00
h. Other	87,637.00
i. Contractual	3,002,777.00
j. TOTAL DIRECT COSTS →	4,017,178.00
k. INDIRECT COSTS	202,013.00
l. TOTAL APPROVED BUDGET	4,219,191.00
m. Federal Share	4,219,191.00
n. Non-Federal Share	2,138,555.00

12. AWARD COMPUTATION	
a. Amount of Federal Financial Assistance (from item 11m)	4,219,191.00
b. Less Unobligated Balance From Prior Budget Periods	0.00
c. Less Cumulative Prior Award(s) This Budget Period	0.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	4,219,191.00
13. Total Federal Funds Awarded to Date for Project Period	4,219,191.00

14. RECOMMENDED FUTURE SUPPORT (Subject to the availability of funds and satisfactory progress of the project):			
YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS
a. 2		d. 5	
b. 3		e. 6	
c. 4		f. 7	

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

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:

a. The grant program legislation.
b. The grant program regulations.
c. This award notice including terms and conditions, if any, noted below under REMARKS.
d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.

In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS (Other Terms and Conditions Attached - Yes No)

GRANTS MANAGEMENT OFFICIAL: Patricia French, Grants Management Officer

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
21. a. 7-921Z1RU	b. 17NU58DP006299	c. 93.898	d. DP	e. \$2,700,000.00
22. a. 7-9390539	b. 17NU58DP006299	c. 93.898	d. DP	e. \$43,386.00
23. a. 7-9390540	b. 17NU58DP006299	c. 93.898	d. DP	e. \$64,981.00
				f. 75-17-0948
				f. 75-17-0948
				f. 75-17-0948

NOTICE OF AWARD (Continuation Sheet)

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GRANT NO. 1 NU58DP006299-01-00	

FY-ACCOUNT NO.	DOCUMENT NO.	CFDA.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
24.a. 7-9390541	b. 17NU58DP006299	c. 93.898	d. DP	e. \$263,350.00	f. 75-17-0948
25.a. 7-9390542	b. 17NU58DP006299	c. 93.898	d. DP	e. \$43,416.00	f. 75-17-0948
26.a. 7-9390543	b. 17NU58DP006299	c. 93.898	d. DP	e. \$54,058.00	f. 75-17-0948
27.a. 7-939ZRBL	b. 17NU58DP006299	c. 93.898	d. DP	e. \$1,050,000.00	f. 75-17-0948

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

AWARD ATTACHMENTS

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

1 NU58DP006299-01-00

1. Year 01 Terms and Conditions
2. NCCCP Summary Statement
3. BC Summary Statement
4. NPCR Summary Statement

AWARD INFORMATION

Incorporation: The Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity number **DP17-1701**, entitled **Cancer Prevention and Control Programs for State, Territorial, and Tribal Organizations**, and application dated February 17, 2017, 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, 45 CFR Part 75, requirements imposed by program statutes and regulations, Executive Orders, and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts. The term grant is used throughout this notice and includes cooperative agreements.

Note: In the event that any requirement in this Notice of Award, the Notice of Funding Opportunity, the HHS Grants Policy Statement, 45 CFR Part 75, or applicable statutes/appropriations acts conflict, then statutes and regulations take precedence.

Approved Funding: Funding in the amount of **\$4,219,191** is approved for the Year 01 budget period, which is **June 30, 2017** through **June 29, 2018**. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

NBCCEDP:	\$ 2,700,000
NCCCP:	\$ 469,191
NPCR (Component 1):	\$ 1,050,000
Screening:	\$ 0

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

Award Funding: *Select the appropriate item.* Not funded by the Prevention and Public Health Fund

Objective/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, **August 31, 2017**, will cause delay in programmatic progress and will adversely affect the future funding of this project.

Budget Revision Requirement: By **August 31, 2017** the recipient must submit a revised budget with a narrative justification and work plan. 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.

Please ensure your revised budget addresses the following:

NCCCP – Budget cut from \$520,966 as requested to \$469,191. Please submit a revised budget using the revised budget totals.

NBCCEDP – Budget cut from \$3,461,903 as requested to \$2,700,000. Please submit a revised budget using the revised budget totals.

NPCR – Budget cut from \$1,752,163 as requested to \$1,050,000. Please submit a revised budget

using the revised budget totals.

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

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

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

FUNDING RESTRICTIONS AND LIMITATIONS

Notice of Funding Opportunity (NOFO) Restrictions: N/A

Indirect Costs: Indirect costs are approved based on the Indirect Cost Rate Agreement dated February 4, 2016, which calculates indirect costs as follows, a PROV rate is approved at a rate of 23.6.% of the base, which includes, Direct Salaries and Wages including all Fringe Benefits. The effective dates of this indirect cost rate are from 07/01/2017 to 06/30/2019.

Matching Funds Requirement:

Matching is calculated on the basis of the federal award amount and is comprised of recipient contributions proposed to support anticipated costs of the project during a specific budget period (confirmation of the existence of funding is supplied by the recipient via their Federal Financial Report). The recipient 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 recipient may not use matching expenditures to count toward any Maintaining State Funding requirement.

When a recipient requests a carryover of unobligated funds from prior year(s), matching funds equal to the new requirement must be on record in the CDC grant file, or the recipient must provide evidence with the carryover request.

NBCCEDP: Recipient financial participation is required for this program in accordance with the authorizing legislation. Section 1502(a) and (b)(1), (2), and (3) of the Public Health Services (PHS) Act, as amended, requires matching funds from non-Federal sources in an amount not less than one dollar for every three dollars of Federal funds awarded under this program. However, Title 48 of the U.S. Code 1469a (d) requires DHHS to waive matching fund requirements up to \$200,000 for Guam, U.S. Virgin Islands, American Samoa and the Commonwealth of the Northern Mariana Islands.

Matching funds may be cash, in-kind or donated services or equipment. Contributions may be made directly or through donations from public or private entities. Public Law 93-638 authorizes tribal organizations contracting under the authority of Title I to use funds received under the Indian Self-Determination Act as matching funds.

Applicants may also designate as State/Tribal/Territorial/Pacific Island Jurisdiction matching funds any non-Federal amounts spent pursuant to Title XIX of the Social Security Act for the screening and case management of women for breast and cervical cancers.

Matching funds may not include: (1) payment for treatment services or the donation of treatment services; (2) services assisted or subsidized by the Federal government; or (3) the indirect or overhead costs of an organization. All costs used to satisfy the matching requirements must be documented by the applicant and will be subject to audit.

To maintain the \$3:\$1 Non-Federal Match required the level of Non-Federal financial participation is \$766,667. This amount is the required ratio of cost sharing. The amount reflected on this Notice

of Award, \$1,215,493, is the amount reflected in your submitted budget and exceeds the required ratio of cost sharing.

NCCCP: Cost sharing funds are encouraged in an amount not less than ten percent of Federal funds awarded under this program. Cost sharing is encouraged if it helps to leverage federal and state resources, is responsive to stated CDC recipient activities, supports the National Comprehensive Cancer Control Program priorities, and does not compromise the integrity or the ability of the comprehensive cancer control program to accomplish proposed activities. Matching funds are not required under this cooperative agreement, but are encouraged.

The encouraged level of Non-Federal financial participation is \$46,919. This amount represents the encouraged ratio of cost sharing. The amount reflected on this Notice of Award, \$52,097 is the amount reflected in your submitted budget and exceeds the encouraged ratio of cost sharing.

NPCR: Per PHS Act (42 USC 280e-280e-4), matching funds are required for Program 3, NPCR applicants in an amount not less than 25 percent of such costs or one dollar for every three dollars of Federal funds awarded under this program; [Title 42, Chapter 6A, Subchapter II, Part M, § 280e(b)(1)]. Matching funds may be cash, in-kind, or donated services or equipment. Contributions may be made directly or through donations from public or private entities. However, Title 48 of the U.S. Code 1469a (d) requires DHHS to waive matching fund requirements for Guam, U.S. Virgin Islands, American Samoa and the Commonwealth of the Northern Mariana Islands up to \$200,000. Public Law 93-638 authorizes tribal organizations contracting under the authority of Title 1 to use funds received under the Indian Self-Determination Act as matching funds. Non-federal financial contributions in excess of the Maintenance of Effort may be used for matching.

Matching funds may not include: (1) payment for treatment services or the donations of treatment services (2) services assisted or subsidized by the Federal government; or (3) the indirect or overhead costs of an organization. All costs used to satisfy the matching requirement must be documented by the applicant and will be subject to audit. Documentation of appropriate matching is to be provided in the detailed budget and narrative justification.

To maintain the \$3:\$1 Non-Federal Match required the level of Non-Federal financial participation is \$350,000. This amount is the required ratio of cost sharing. The amount reflected on this Notice of Award, \$584,054, is the amount reflected in your submitted budget and exceeds the required ratio of cost sharing.

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

NBCCEDP: Maintenance of Effort is required for this program in accordance with the authorizing legislation PL 101-354. The average amount of non-Federal contributions toward breast and cervical cancer programs and activities for the two-year period preceding the first Federal fiscal year of funding for NBCCEDP is referred to as Maintenance of Effort (MOE). Only those non-Federal contributions in excess of the MOE amount may be considered matching funds. Supplanting, or replacing, existing program efforts currently paid with Federal or non-Federal sources is not allowable.

NCCCP: Maintenance of effort is not required for this program.

NPCR: Maintenance of Effort is required for this program. Recipients must agree to make

available (directly or through donations from public or private entities) non-Federal contributions equal to the amount expended during the fiscal year preceding the first year of the original NPCR cooperative agreement award for the collection of data on cancer, as noted in Public Health Service Act (42 USC 280e-280e-4).

In determining the amount of non-Federal contributions for cost-sharing or matching, the recipient may include only those contributions that are in excess of the amount of contributions made by the State for collection of data on cancer for the fiscal year preceding the first year of the original NPCR cooperative agreement award. CDC may decrease the amount of non-Federal contributions required if the State can show that the amount will cause them financial hardship [Title 42, Chapter 6A, Subchapter II, Part M, § 280e(b)(2)(B)].

Cost Limitations as Stated in the Consolidated Appropriations Act, and Further Continuing and Security Assistance Appropriations Act, 2017 (Items A through E)

A. Cap on Salaries (Division H, Title II, General Provisions, Sec. 202): 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. 210): None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.

C. Lobbying Restrictions (Div. 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 or marketing, including but not limited to the advocacy or promotion of gun control.

For additional information, see Additional Requirement 12 at <http://www.cdc.gov/grants/additionalrequirements/index.html> and Anti Lobbying Restrictions for CDC

Recipients at http://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Recipients_July_2012.pdf

D. Needle Exchange (Div. H, Title V, Sec. 520): Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

E. Blocking access to pornography (Div. H, Title V, Sec. 521): (a) None of the funds made available in this Act may be used to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography; (b) Nothing in subsection (a) shall limit the use of funds necessary for any Federal, State, tribal, or local law enforcement agency or any other entity carrying out criminal investigations, prosecution, or adjudication activities.

Trafficking In Persons: This award is subject to the requirements of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. Part 7104(g)).

Cancel Year: 31 U.S.C. Part 1552(a) Procedure for Appropriation Accounts Available for Definite Periods states the following, On September 30th of the 5th fiscal year after the period of availability for obligation of a fixed appropriation account ends, the account shall be closed and any remaining balances (whether obligated or unobligated) in the account shall be canceled and thereafter shall not be available for obligation or expenditure for any purpose. An example is provided below:

Fiscal Year (FY) 2017 funds will expire September 30, 2022. All FY 2017 funds should be drawn down and reported to Payment Management Services (PMS) prior to September 30, 2022. 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 to your GMS/GMO no later than 90 days after the end of the budget period. To submit the FFR, login to www.grantsolutions.gov, select "Reports" from the menu bar and then click on Federal Financial Reports.

The FFR for this budget period is due by **September 30, 2018**. Reporting timeframe is **June 30, 2017** through **June 29, 2018**. The FFR is cumulative and should only include those funds authorized and disbursed during the timeframe covered by the report.

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 recipient is required to contact the Grants Officer listed in the contacts section of this notice before the due date.

Annual Performance Progress Reporting: The Annual Performance Progress and Monitoring Report (is due no later than 120 days prior to the end of the budget period, and serves as the continuation application for the follow-on budget period. This report should include the information specified in the solicitation from the GMS/GMO via www.grantsolutions.gov .

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**.

Any change to the existing information collection will be subject to review and approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

Audit Requirement:

Domestic Organizations (**including US-based organizations implementing projects with foreign components**): An organization that expends \$750,000 or more in a fiscal year in Federal awards shall have a single or program-specific audit conducted for that year in accordance with the provisions of 45 CFR Part 75. The audit period is an organization's fiscal year. The audit must be completed along with a data collection form (SF-SAC), and the reporting package shall be submitted within the earlier of 30 days after receipt of the auditor's report(s), or nine (9) months after the end of the audit period. The audit report must be sent to:

Federal Audit Clearing House Internet Data Entry System

Electronic Submission:

[https://harvester.census.gov/facides/\(S\(0vkw1zaelyzibnahocga5i0\)\)/account/login.aspx](https://harvester.census.gov/facides/(S(0vkw1zaelyzibnahocga5i0))/account/login.aspx)

AND

Office of Grants Services, Financial Assessment and Audit Resolution Unit

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

Audit requirements for Subrecipients to whom 45 CFR 75 Subpart F applies: The recipient must ensure that the subrecipients receiving CDC funds also meet these requirements. The recipient must also ensure to take appropriate corrective action within six months after receipt of the subrecipient audit report in instances of non-compliance with applicable Federal law and regulations (45 CFR 75 Subpart F and HHS Grants Policy Statement). The recipient may consider whether subrecipient audits necessitate adjustment of the recipient's own accounting records. If a subrecipient is not required to have a program-specific audit, the recipient is still required to perform adequate monitoring of subrecipient activities. The recipient shall require each subrecipient to permit the independent auditor access to the subrecipient's records and financial statements. The recipient must include this requirement in all subrecipient contracts.

Federal Funding Accountability and Transparency Act (FFATA):

In accordance with 2 CFR Chapter 1, Part 170 Reporting Sub-Award And Executive Compensation Information, Prime Awardees awarded a federal grant are required to file a FFATA sub-award report by the end of the month following the month in which the prime awardee awards any sub-grant equal to or greater than \$25,000.

Pursuant to 45 CFR Part 75, §75.502, a grant sub-award includes the provision of any commodities (food and non-food) to the sub-recipient where the sub-recipient is required to abide by terms and conditions regarding the use or future administration of those goods. If the sub-awardee merely consumes or utilizes the goods, the commodities are not in and of themselves considered sub-awards.

2 CFR Part 170: http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr170_main_02.tpl

FFATA: www.fsrs.gov.

Reporting of First-Tier Sub-awards

Applicability: Unless you are exempt (gross income from all sources reported in last tax return is under \$300,000), you must report each action that obligates \$25,000 or more in Federal funds that does not include Recovery funds (as defined in section 1512(a)(2) of the American Recovery and Reinvestment Act of 2009, Pub. L. 111-5) for a sub-award to an entity.

Reporting: Report each obligating action of this award term to www.fsrs.gov. For sub-award information, report no later than the end of the month following the month in which the obligation was made. (For example, if the obligation was made on November 7, 2010, the obligation must be reported by no later than December 31, 2010). You must report the information about each obligating action that the submission instructions posted at www.fsrs.gov specify.

Total Compensation of Recipient Executives: You must report total compensation for each of your five most highly compensated executives for the preceding completed fiscal year, if:

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

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

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

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

You must report sub-recipient executive total compensation to the recipient 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 recipient received this award. The term does not include the recipient's procurement of property and services needed to carry out the project or program (for further explanation, see 45 CFR Part 75). A sub-award may be provided through any legal agreement, including an agreement that the recipient or a sub-recipient considers a contract.
- Sub-recipient means an entity that receives a sub-award from you (the recipient) under this award; and is accountable to the recipient 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 recipient'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.

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
 Pamela Render, Grants Management Officer/Specialist
 Centers for Disease Control
 National Center for Chronic Disease Prevention and Health Promotion

Fax: (Include "Mandatory Grant Disclosures" in subject line)
 Email: (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))

If the total value of your currently active grants, cooperative agreements, and procurement contracts from all Federal awarding agencies exceeds \$10,000,000 for any period of time during the period of performance of this Federal award, then you as the recipient during that period of time must maintain the currency of information reported to the System for Award Management (SAM) that is made available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)) about civil, criminal, or administrative proceedings described in section 1 of this award term and condition. This is a statutory requirement under section 872 of Public Law 110-417, as amended (41 U.S.C. 2313). As required by section 3010 of Public Law 111-212, all information posted in the designated integrity and performance system on or after April 15, 2011, except past performance reviews required for Federal procurement contracts, will be publicly available.

1. *Proceedings About Which You Must Report*

Submit the information required about each proceeding that:

- a. Is in connection with the award or performance of a grant, cooperative agreement, or procurement contract from the Federal Government;
- b. Reached its final disposition during the most recent five year period; and
- c. If one of the following:
 - (1) A criminal proceeding that resulted in a conviction, as defined in paragraph 5 of this award term and condition;
 - (2) A civil proceeding that resulted in a finding of fault and liability and payment of a monetary fine, penalty, reimbursement, restitution, or damages of \$5,000 or more;
 - (3) An administrative proceeding, as defined in paragraph 5 of this award term and condition, that resulted in a finding of fault and liability and your payment of either a monetary fine or penalty of \$5,000 or more or reimbursement, restitution, or damages in excess of \$100,000; or
 - (4) Any other criminal, civil, or administrative proceeding if:
 - (i) It could have led to an outcome described in paragraph 2.c.(1), (2), or (3) of this award term and condition;
 - (ii) It had a different disposition arrived at by consent or compromise with an acknowledgement of fault on your part; and
 - (iii) The requirement in this award term and condition to disclose information about the proceeding does not conflict with applicable laws and regulations.

2. Reporting Procedures

Enter in the SAM Entity Management area the information that SAM requires about each proceeding described in section 1 of this award term and condition. You do not need to submit the information a second time under assistance awards that you received if you already provided the information through SAM because you were required to do so under Federal procurement contracts that you were awarded.

3. Reporting Frequency

During any period of time when you are subject to this requirement in section 1 of this award term and condition, you must report proceedings information through SAM for the most recent five year period, either to report new information about any proceeding(s) that you have not reported previously or affirm that there is no new information to report. Recipients that have Federal contract, grant, and cooperative agreement awards with a cumulative total value greater than \$10,000,000 must disclose semiannually any information about the criminal, civil, and administrative proceedings.

4. Definitions

For purposes of this award term and condition:

a. Administrative proceeding means a non-judicial process that is adjudicatory in nature in order to make a determination of fault or liability (e.g., Securities and Exchange Commission Administrative proceedings, Civilian Board of Contract Appeals proceedings, and Armed Services Board of Contract Appeals proceedings). This includes proceedings at the Federal and State level but only in connection with performance of a Federal contract or grant. It does not include audits, site visits, corrective plans, or inspection of deliverables.

b. Conviction, for purposes of this award term and condition, means a judgment or conviction of a criminal offense by any court of competent jurisdiction, whether entered upon a verdict or a plea, and includes a conviction entered upon a plea of nolo contendere.

c. Total value of currently active grants, cooperative agreements, and procurement contracts includes—

(1) Only the Federal share of the funding under any Federal award with a recipient cost share or match;

(2) The value of all expected funding increments under a Federal award and options, even if not yet exercised

GENERAL REQUIREMENTS

Travel Cost: In accordance with HHS Grants Policy Statement, travel costs are allowable when the travel will provide a direct benefit to the project or program. To prevent disallowance of cost, the recipient is responsible for ensuring travel costs are clearly stated in their budget narrative and are applied in accordance with their organization's established travel policies and procedures. The recipient's established travel policies and procedures must also meet the requirements of 45 CFR Part 75.474.

Food and Meals: Costs associated with food or meals are allowable when consistent with applicable federal regulations and HHS policies. In addition, costs must be clearly stated in the budget narrative and be consistent with organization approved policies. Recipients must make a determination of reasonableness and organization approved policies must meet the requirements of 45 CFR Part 75.432.

Prior Approval: All requests, which require prior approval, must bear the signature of the authorized organization representative. The recipient must submit these requests by **February 28, 2017** or no later than 120 days prior to this budget period's end date. 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

- Significant redirection of funds (i.e. cumulative changes of 25% of total award)
- Change in scope
- Implement a new activity or enter into a sub-award that is not specified in the approved budget
- Apply for supplemental funds
- Change in key personnel
- Extensions to period of performance

PRIOR APPROVAL REQUIREMENT: Recipient must submit a separate prior approval request for each applicable Program.

***Note incomplete requests will not be reviewed and will be returned to recipient.**

Templates for prior approval requests can be found at:

<http://www.cdc.gov/grants/alreadyhavegrant/priorapprovalrequests.html>

Key Personnel: In accordance with 45 CFR Part 75.308, CDC recipients 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 NOFO, 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 rs 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, **NU58DP006299**, 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 recipients 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 recipient must include the following statement on conference materials, including promotional materials, agenda, and internet sites:

Funding for this conference was made possible (in part) by the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Logo Use for Conference and Other Materials: Neither the Department of Health and Human Services (HHS) nor the CDC logo may be displayed if such display would cause confusion as to the funding source or give false appearance of Government endorsement. Use of the HHS name or logo is governed by U.S.C. Part 1320b-10, which prohibits misuse of the HHS name and emblem in written communication. A non-federal entity is unauthorized to use the HHS name or logo governed by U.S.C. Part 1320b-10. The appropriate use of the HHS logo is subject to review and approval of the HHS Office of the Assistant Secretary for Public Affairs (OASPA). Moreover, the HHS Office of the Inspector General has authority to impose civil monetary penalties for violations (42 CFR Part 1003).

Accordingly, neither the HHS nor the CDC logo can be used by the recipient without the express, written consent of CDC. The Project Officer or Grants Management Officer/Specialist detailed in the CDC Staff Contact section can assist with facilitating such a request. It is the responsibility of the recipient 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 recipient must ensure written consent is received. Further, the HHS and CDC logo cannot be used by the recipient without a license agreement setting forth the terms and conditions of use.

Equipment and Products: To the greatest extent practical, 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 recipient 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 recipient may use its own property management standards and procedures, provided it observes provisions in applicable grant regulations found at 45 CFR Part 75.

Federal Information Security Management Act (FISMA): All information systems, electronic or hard copy, that contain federal data must be protected from unauthorized access. This standard also applies to information associated with CDC grants. Congress and the OMB have instituted laws, policies and directives that govern the creation and implementation of federal information security practices that pertain specifically to grants and contracts. The current regulations are pursuant to the Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002, PL 107-347.

FISMA applies to CDC recipients only when recipients 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 recipient 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 recipient 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: <https://www.gpo.gov/fdsys/pkg/PLAW-107publ347/pdf/PLAW-107publ347.pdf>

Pilot Program for Enhancement of Contractor Employee Whistleblower Protections: Recipients 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," "recipient," "subgrant," or "subrecipient"):

3.908 Pilot program for enhancement of contractor employee whistleblower protections.

3.908-1 Scope of section.

(a) This section implements [41 U.S.C. 4712](#).

(b) This section does not apply to-

(1) DoD, NASA, and the Coast Guard; or

(2) Any element of the intelligence community, as defined in section 3(4) of the National Security Act of 1947 (50 U.S.C. 3003(4)). This section does not apply to any disclosure made by an employee of a contractor or subcontractor of an element of the intelligence community if such disclosure-

(i) Relates to an activity of an element of the intelligence community; or

(ii) Was discovered during contract or subcontract services provided to an element of the intelligence community.

3.908-2 Definitions.

As used in this section-

"Abuse of authority" means an arbitrary and capricious exercise of authority that is inconsistent with the mission of the executive agency concerned or the successful performance of a contract of such agency.

"Inspector General" means an Inspector General appointed under the Inspector General Act of 1978 and any Inspector General that receives funding from, or has oversight over contracts awarded for, or on behalf of, the executive agency concerned.

3.908-3 Policy.

(a) Contractors and subcontractors are prohibited from discharging, demoting, or otherwise discriminating against an employee as a reprisal for disclosing, to any of the entities listed at paragraph (b) of this subsection, information that the employee reasonably believes is evidence of gross mismanagement of a Federal contract, a gross waste of Federal funds, an abuse of authority relating to a Federal contract, a substantial and specific danger to public health or safety, or a violation of law, rule, or regulation related to a Federal contract (including the competition for or negotiation of a contract). A reprisal is prohibited even if it is undertaken at the request of an executive branch official, unless the request takes the form of a non-discretionary directive and is within the authority of the executive branch official making the request.

(b) Entities to whom disclosure may be made.

- (1) A Member of Congress or a representative of a committee of Congress.
- (2) An Inspector General.
- (3) The Government Accountability Office.
- (4) A Federal employee responsible for contract oversight or management at the relevant agency.
- (5) An authorized official of the Department of Justice or other law enforcement agency.
- (6) A court or grand jury.
- (7) A management official or other employee of the contractor or subcontractor who has the responsibility to investigate, discover, or address misconduct.

(c) An employee who initiates or provides evidence of contractor or subcontractor misconduct in any judicial or administrative proceeding relating to waste, fraud, or abuse on a Federal contract shall be deemed to have made a disclosure.

3.908-9 Contract clause.

Contractor Employee Whistleblower Rights and Requirement to Inform Employees of Whistleblower Rights (Sept. 2013)

(a) This contract and employees working on this contract will be subject to the whistleblower rights and remedies in the pilot program on Contractor employee whistleblower protections established at [41 U.S.C. 4712](#) by section 828 of the National Defense Authorization Act for Fiscal Year 2013 (Pub. L. 112-239) and FAR [3.908](#).

(b) The Contractor shall inform its employees in writing, in the predominant language of the workforce, of employee whistleblower rights and protections under [41 U.S.C. 4712](#), as described in section [3.908](#) of the Federal Acquisition Regulation.

(c) The Contractor shall insert the substance of this clause, including this paragraph (c), in all subcontracts over the simplified acquisition threshold.

PAYMENT INFORMATION

Automatic Drawdown (Direct/Advance Payments): Payment under this award will be made available through the Department of Health and Human Services (HHS) Payment Management System (PMS). PMS will forward instructions for obtaining payments.

PMS Access Procedures for New Grant Recipients:

To obtain access to the Payment Management System (PMS), Recipients must complete the below forms

- [Direct Deposit Instructions and SF-1199A Form for Domestic Bank Accounts](#)
- [Direct Deposit Instructions and SF-1199A Form for International Bank Accounts](#)
- [PMS System Access Form](#)

The forms can be submitted to your [PSC Liaison Accountant](#) by emailing the forms directly to them.

If there is a change in the recipient's banking institution or account number, a new SF-1199A must be submitted to PSC.

PMS correspondence, mailed through the U.S. Postal Service, should be addressed as follows:

HHS/PSC Payment Management Services
P.O. Box 6021
Rockville, MD 20852

Phone Number: (877) 614-5533
Email: PMSSupport@psc.gov
Website: <https://pms.psc.gov/>

If a carrier other than the U.S. Postal Service is used, such as United Parcel Service, Federal Express, or other commercial service, the correspondence should be addressed as follows:

U.S. Department of Health and Human Services
Division of Payment Management
7700 Wisconsin Avenue, Suite 920
Bethesda, MD 20814

To expedite your first payment from this award, attach a copy of the Notice of Grant/Cooperative Agreement to your payment request form.

Note: To obtain the contact information of PMS staff based on your organization type: Government, Tribal, Universities, Hospitals, Non-Profit, For-Profit; refer to the link for HHS accounts: https://pms.psc.gov/contact_us/contactus.html

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 “ 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 (below) must be known in order to draw down funds from this P Account.

Document Number: 17NU58DP006299

Acceptance of the Terms of an Award: By drawing or otherwise obtaining funds from the grant Payment Management System, the recipient 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 Staff Contacts 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 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 in the GMO section are performed by the GMS, on behalf of the GMO.

GMS Contact:

Pamela Render, Grants Management Specialist
Centers for Disease Control
Chronic and Birth Defects Branch
2920 Brandywine Road, MS E-09
Atlanta, GA 30341-4146
Telephone: 770-488-2712

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 NOFOs 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 recipients in the performance of their project
- Post-award monitoring of recipient 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:

NBCCEDP Contact:

Karen Boone, Program Consultant
Centers for Disease Control
National Center for Chronic Disease Prevention and Health Promotion
Chamblee Bldg 107
Atlanta, GA 30341
Telephone: 770-488-3087
Email: ikn7@cdc.gov

NCCCP Contact:

Kristi Fultz-Butts, Program Consultant
Centers for Disease Control
National Center for Chronic Disease Prevention and Health Promotion
Chamblee Bldg 107
Atlanta, GA 30341
Telephone: 770-488-4202
Email: kjf3@cdc.gov

NPCR Contact:

Olivia Marr, Program Consultant
Centers for Disease Control
National Center for Chronic Disease Prevention and Health Promotion
Chamblee Bldg 107
Atlanta, GA 30341
Telephone: 770-488-3137
Email: oag0@cdc.gov

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 NOFO
- Ensuring objective reviews are conducted in an above-the-board manner and according to guidelines set forth in grants policy
- Ensuring recipient compliance with applicable laws, regulations, and policies
- Negotiating awards, including budgets
- Responding to recipient inquiries regarding the business and administrative aspects of an award
- Providing recipients 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:

Merlin Williams, Grants Management Officer
Centers for Disease Control
Chronic and Birth Defects Branch
2920 Brandywine Road, MS E-09
Atlanta, GA 30341-4146
Telephone: 770-488-2851
Email: mqw6@cdc.gov

Applicant Final Panel Summary Report

Average Score: 96.67

Application Number: 2-NU8DP2017002387

Application Name: State of Missouri

State: MO City: null

Criteria Name (Max Score)

1. Approach (40 Points)
2. Evaluation and Performance Measurement (20 Points)
3. Applicant's Organizational Capacity to Implement the Approach (40 Points)

TOTAL: 100

Non-Scoring Criteria

1. Budget

Scoring Criteria

Criterion 1: Approach

Strength:

Page: 1-21

The Missouri Comprehensive Cancer Control Program (CCCP) adequately describes the following areas:

1. Cancer burden in the applicant's jurisdiction, including cancer incidence and mortality, cancer survivors' access and challenges, and descriptions of disproportionate health outcomes among disparate populations within applicant's community.
- 2) Policy, environmental, and health systems change activities to promote or support healthy lifestyle behaviors, cancer screening, and improved quality of life for cancer survivors (e.g., created a flyer for distribution to enrollees and providers that highlights cessation benefits and promotes the tobacco Quitline).
- 3) Improved access to services and programs and increased use of preventive services (e.g. utilize community clinical linkages to reduce client out-of-pocket costs and by fostering health systems change with provider reminders).
- 4) Plan for engaging stakeholders and plans to implement activities described in the state's cancer control plan.
- 5) Collaboration--the CCCP Manager will recruit and convene the Leadership Team, comprised of the NCCCP, NBCCEDP and NPCR Program Directors, and facilitate collaboration across all three programs to coordinate and maximize efforts to decrease cancer incidence in Missouri. The CCCP work plan includes program collaboration activities with the Comprehensive Tobacco Control Program (CTCP) to address tobacco cessation among Medicaid enrollees and high tobacco use populations and to reduce tobacco use initiation among youth and young adults; the Show Me Healthy Women (SMHW) program; the Bureau of Senior Programs and the Bureau of Long Term Services and Supports to increase cancer screening in Missouri; the Bureau of

Community Health and Wellness (BCHW) Obesity Prevention Program, including the Healthy Eating Active Living Program and the Chronic Disease Primary Prevention Program to incorporate cancer as a chronic disease in their program activities at the local level; Missouri Actions to Prevent Chronic Disease and Control Risk Factors (MAP) to ensure that the newly developed Community Health Worker (CHW) training program incorporates supplemental training specific to cancer as a chronic disease; and other programs within the DHSS to facilitate collaboration between programs and to develop interventions and strategies to fill the gaps in cancer prevention and control, Missouri Cancer Registry (MCR), Bureau of Immunization, Bureau of HIV, STD and Hepatitis, BCHW, and Bureau of Environmental Epidemiology.

6) Core Intervention efforts that emphasize primary prevention of cancer (e.g. smoking cessation awareness and utilization of smoking cessation services and benefits, and tobacco prevention strategies), promote early detection and screening for colorectal, breast and cervical cancers by (1) using provider assessments, reminder and recall system to increase service delivery by healthcare providers, (2) using small media and client reminders to increase community demand for cancer screening services and (3) reducing structural barriers to increase community access to cancer screening services, and improve the quality of life among cancer survivors (e.g., on educating health care providers about cancer survivorship issues, promoting patient navigation programs to facilitate optimum care for cancer survivors and improving coordination of cancer activities within the Missouri DHSS)

7) Incorporate plan to address disparities in health outcomes (e.g., the priority populations are minorities, particularly African Americans, individuals living at or below the federal poverty level, living in rural areas, the uninsured/underinsured and cancer survivors; cancer screening efforts are targeted population characterized by low socioeconomic status; target the southeast region of Missouri, a rural area where colorectal cancer (CRC) rates are highest and chronic disease risk factors are most prevalence).

Page: 246

Missouri clearly describes their cancer burden. Missouri describes five leading causes of cancer deaths in Missouri in 2014, lung, bronchus and trachea, colon, rectum and anus, breast, pancreas, and leukemia, and includes a state map divided into counties of age-adjusted lung cancer incidence rates by gender.

Page: 251

The CCCP Manager will be recruiting and convening a Leadership Team that will comprise of the NCCCP, NBCCEDP, and the NPCR Program Directors to foster collaboration and synergy in reducing cancer incidence in the state.

Page: 253-261

Strength 1: Collaboration and Partnerships were excellent and related directly to the intermediate and long term goals that the State of Missouri as attempting to achieve. It was impressive that Missouri was relying on the successful partnerships used in the past and adding new approaches. Particularly on pg. 258 where they discussed collaborating with the MCC Survivorship workgroup and Center for Practical bioethics to develop workshops aimed at improving communication between clinicians and patients.

Strength 2: Recognizing the important contributions of the departments that contribute directly and indirectly to cancer control and conducting a self-analysis to identify gaps. Applicant will present their findings to specialists outside of DHSS.

It was apparent that the state of Missouri has given considerable thought to the challenges facing rural cancer survivors; those at or below the poverty line; African Americans; and those smoking in rural areas. Their work plan and logic model demonstrate that Missouri intends to strengthen existing systems and provide new routes to help improve the health of the priority populations.

Page: 260

In Year 1, CCCP will collaborate with one of Missouri's public health schools to create training modules, exploring MAP on extension for community health care outcomes (ECHO) for rural and isolated providers.

Page: 268

In Missouri's logic model, the applicant's strategies to reduce smoking prevalence, cancer incidence, morbidity, and mortality, and increase survivorship practices and quality of life is clearly described.

Weakness:

Page: 260

Although one of the outcomes is to improve quality of life among cancer survivors, the strategies are mostly targeted towards clinicians.

Criterion 2: Evaluation and Performance Measurement

Strength:

Page: 19-22

The applicant's evaluation plan includes process and outcome evaluations related to the priority areas: cancer prevention, screening, early detection, health equity and survivorship, and performance monitoring of the overall program. Their evaluation team will follow the CDC Program Evaluation Framework and will engage key stakeholders and work with the CDC during the first six months of the grant, to refine and finalize a 5-year evaluation plan and determine performance measures. The applicant is committed to using evaluation findings to optimize program quality and resource utilization. Based on evaluation results, interventions may be continued, adjusted or discontinued.

Page: 266

The applicant indicates that their evaluation plan includes process and outcome evaluations with a focus on cancer prevention, screening, early detection, health equity and survivorship, and performance monitoring. The applicant indicates that they will follow the CDC evaluation framework and finalize it during the first 6 months of the grant.

Page: 266

The applicant will include in their annual evaluation activities, reports to CDC and partners on key findings for programmatic decisions and continuous program improvement.

Page: 267

The DHSS will participate in regularly scheduled Missouri Quality Improvement Network meetings where ongoing evaluation results will be presented to FQHCs to inform continuous quality improvement efforts.

Weakness:

Page: 259

The evaluation plan could have discussed a little more how they were going to collect information on the effectiveness of their efforts to decrease smoking prevalence, particularly their tobacco cessation programs.

Page: 267

Missouri does not clearly describe developing at least 4 dissemination documents that deal with the monitoring, assessment, or evaluation of program efforts. These documents may be briefing reports, Success Stories, and presentations at local and national conferences (including CDC-sponsored conferences.) At least one peer-reviewed manuscript should be developed.

Criterion 3: Applicant's Organizational Capacity to Implement the Approach Strength:

Page: 16-18

The applicant has extensive experience in the following areas:

- 1) Successfully managed federally funded projects for early detection of breast and cervical cancer, comprehensive control of cancer, and a statewide comprehensive cancer registry for over five years.
- 2) Managed funded projects from federal, state, and private foundations to implement policy and environmental approaches, health system interventions and community-based programs for chronic disease prevention and control.
- 3) Management, administration, and technical aspects of chronic disease prevention and control programs such as asthma, heart disease and stroke prevention, breast and cervical cancer, and diabetes.
- 4) Using epidemiology and surveillance to identify those populations most affected by cancer to guide actions to prevent and control cancer. One example of this is the MCC using cancer burden data to update the state cancer action plan.
- 5) Implementing environmental approaches to promote health and support healthy behaviors. The approaches include a campaign to increase knowledge among the public and health care providers about smoking cessation services such as the tobacco quitline, training for corner store retailers to increase the availability and promotion of fruits and vegetables, assisting communities in creating livable streets to promote physical activity, assisting park systems to change their purchasing and menu policies to offer more healthy nutrition choices, and educating state and regional coalitions and advisory boards about policy and system changes to prevent and control cancer.
- 6) Implementing health care system interventions to improve the quality of clinical and preventive services (for example, Missouri's CCCP implemented educational campaigns to increase CRC screening, reduce smoking and increase breast and cervical cancer screening in two rural counties with the last year).
- 7) Implementing several strategies to link community and clinical services. For example, Stanford University's chronic disease self-management program is offered to people with chronic conditions through regional arthritis centers, Area Agencies on Aging, senior centers and LPHAs, among others. The National Diabetes Prevention Program is being conducted at various locations in the state. The staff has collaborated with partners to identify state competencies for training CHWs. The applicant has contracts with community colleges to train CHWs to help people manage chronic diseases including breast and cervical cancer. The Missouri Pharmacy Association and MPCA are helping to train pharmacists to provide education about cardiovascular disease and diabetes to their clients.

Page: 261-264

Missouri has demonstrated that they have relevant experience and capacity by utilizing various departments in Division of Community and Public Health, and the Missouri Cancer Consortium. The leadership team has members with experience implementing programs at the local level.

The state has many well-established programs whose works help contribute to Missouri Cancer Action Plan and has a plan to use community resources to reach priority populations.

The applicant has provided a detailed staffing plan that includes appropriate use for the funding of a policy director, policy systems and environmental change strategy, and program evaluator.

Page: 262

The applicant has over 5 years of experience managing and administering chronic disease and prevention and control programs, including a breast and cervical cancer program that was established in 1992.

Weakness:

Page: 264

The staffing chart does not correspond with the budget narrative.

Non-Scoring Criteria

Criterion 1: Budget

Strength:

Page: 5

Budget allocated 60 percent for program implementation and no more than 40 percent for staffing. They provided an itemized budget narrative, and the activities are within the scope of work in the FOA.

Weakness:

Page: 287

Missouri's budget seems reasonable, and less than 40 percent of budget is allocated to staffing.

Applicant Final Panel Summary Report

Average Score: 76.67

Application Number: 1-NU8DP2017002387

Application Name: State of Missouri

State: MO City: null

Criteria Name (Max Score)

1. Approach (35 Points)
2. Evaluation and Performance Measurement (25 Points)
3. Applicant's Organizational Capacity to Implement the Approach (40 Points)

TOTAL: 100

Non-Scoring Criteria

1. Budget

Scoring Criteria

Criterion 1: Approach

Strength:

Page: 193-199

The applicant's project description and work plan align with integrated Cancer logic model and National Program of Cancer Registries (NPCR) logic model.

The applicant proposes an efficient and effective way of using the funds to implement the strategies and activities and attain the project period outcomes.

They plan for operating and managing a central center surveillance registry, including what software the central cancer registry currently uses and what will be used over the next five years. They have prior experience with collecting data.

The applicant plans to operate and manage a central cancer surveillance registry, using software that's currently in use, and with plan to use the same software for the next five years. They have prior experience with collecting data and very strong informatics expertise. The applicant has been collecting data since their first data submission to NPCR (2001 for 1998 diagnosis year), and has met data completeness and quality standards.

In 1996, the applicant made a strategic decision to focus initially on data quality rather than completeness or timeliness, requiring training for staff and providing training to reporting facility staff. The applicant has a great internal and external partner collaboration plan in place.

Page: 210; 216-218

The proposed interventions align with improving efficiency and accountability. The applicant proposes using innovative (use of mobile screening vans) and traditional (provider reminders, client reminders) methods to provide access to hard-to-reach population groups. The applicant also proposes to tap into non-traditional partners in cancer screening, such as the Housing and Urban Development (HUD).

Weakness:

Page: 218-220

Proposed partnerships mostly help with data collection and information but not with implementing interventions to increase breast and cervical cancer screening among the target population groups. Federally Qualified Health Center (FQHC) and Community Health Center (CHC) are the only two healthcare provider networks that have been tapped.

Interventions are not clearly stated. Patient navigators will be used, but no details provided on implementation. Limited health-systems changes proposed.

Criterion 2: Evaluation and Performance Measurement

Strength:

Page: 10-12

The applicant has a strong data collection background. In 1995, the Missouri Cancer Registry (MCR) was initially awarded NPCR funds. At that time, only a small number of hospitals electronically reported data. MCR informed hospitals to report data using the North American Association of Central Cancer Registries (NAACCR) data layout with standard codes.

The applicant describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementing and reporting project activities. The applicant seems to have identified the most cost-efficient way for the facilities and MCR to obtain the needed data.

MCR was recognized as an NPCR 2015 Registry of Distinction and anticipates to be recognized as an NPCR 2016 Registry of Excellence by meeting the Advance National Data Quality (ANDQ).

MCR has developed policies for accessing and sharing record-level data. Their data linkage policies are on the MCR website.

Page: 226

Evaluation will be done by a team of three people, two of whom are health care professionals.

Weakness:

Page: 225-227

The Evaluator is experienced in economic evaluation, but not so much in outcomes evaluation. No description is provided on key evaluation quest, evaluation studies or analysis methods. The applicant admits input will be required from the Centers for Disease Control and Prevention (CDC) to finalize the logic model. The application is not specific about how evaluation findings will inform program planning. Although the evaluation will be conducted using data from participating partners, dissemination of evaluation findings is only proposed for FQHCs.

Criterion 3: Applicant's Organizational Capacity to Implement the Approach**Strength:**

Page: 12-14

The applicant has a very strong Information Technology (IT) staff. MCR's Director and Operations Manager have extensive experience with the system. Since 1999, MCR has had a very low staff turnover. In 2016, the MCR team received the School of Medicine's Team Staff Recognition Award, a high honor for a team in a non-clinical department. This award demonstrates MCR leadership's partnership-building ability.

MCR's IT unit can manage and ensure security of large datasets, interface with software vendors and state IT departments and support direct electronic reporting from external facilities to handle ePath reporting.

Page: 225

The applicant demonstrates its access to multiple health data systems, such as clinic, Medicaid, hospital, etc.

Weakness:

Page: 12-14

More positions are needed for the upcoming large data.

Page: 212-214

The applicant does not seem to have partnered with other chronic disease programs. It proposes to do so after the project is funded. A medical advisor with expertise in breast and cervical cancer screening is needed to serve as clinical consultant; no such candidate has been identified.

Non-Scoring Criteria

Criterion 1: Budget

Strength:

Page: 167-175

There are no budget issues.

Page: 5-7

The budget aligns with the proposed work plan, and the applicant will not need more funds for IT for the larger data.

Weakness:

None

Applicant Final Panel Summary Report

Average Score: 95.33

Application Number: 31-NU58DP2017002387

Application Name: State of Missouri

State: MO City: null

Criteria Name (Max Score)

1. Approach (25 Points)
2. Evaluation and Performance Measurement (25 Points)
3. Applicant's Organizational Capacity to Implement the Approach (50 Points)

TOTAL: 100

Non-Scoring Criteria

1. Budget

Scoring Criteria

Criterion 1: Approach

Strength:

Page: 0

Overall, this is a clear and thorough proposal covering each element requested of the applicant.

Page: 111-125

The work plan in general is comprehensive. It outlines objectives, activities, measures, data, a timeframe, and team members responsible.

Page: 127-132

Within budget documents they document the percentage of time to be contributed by each staff member to project and activities.

Page: 17-20; 46; 147-150

Provide several clear, easy to read organizational charts.

Page: 19-208; 111-125

They lay out their project description in a very easy to follow format that addresses all the required categories. They also have a good comprehensive work plan laid out in an organized manner that explains how the project will be implemented.

Page: 191

The Missouri Cancer Registry (MCR) was established in 1972; Missouri legislation mandating report of inpatient cancer cases diagnosed starting in 1985. MO Department of Health started receiving NPCR funding in 1995, standardizing data elements and codes. In 1999, expanded cancer reporting bill was signed into law; revision to the law has not been necessary since.

Page: 191, 196

The applicant documents the legal authority under which the cancer registry falls. They note that some regulations need to be updated to reflect current needs and electronic reporting. They address these needs in the work plan.

Page: 191,196

The applicant describes a long history of partnerships with accomplishments such as garnering support for legislation supporting the registry. Internal partners include other cancer programs, environmental health, and epidemiology. External partners include MOSTRA, NCRA, NAACCR, the Health and Behavioral Risk Research Center at MU, and Washington University.

Page: 192

MCR was recognized as a 2015 NPCR Registry of Distinction. MCR is a Gold-certified registry with the North American Association of Central Cancer Registries (NAACCR).

Page: 193-198

Approach (Project description and work plan) aligns with the Integrated Cancer Logic Model and NPCR logic model.

Page: 194-195

Appears they have already needed to update legal authority to collect data, and the update seems to have been well thought out. They appear to have identified an area in data collection that will require a future update to allow enhanced compliance with data collection by being able to impose penalties and the possibility to charge facilities.

Page: 195

They are currently using CDC's Registry Plus program which is compatible with reporting required information.

Page: 196

The applicant describes in detail the plan for operating and managing a central cancer surveillance registry. They use, and will continue to use, the Registry Plus suite. They also indicate other MS Office software, SEER Prep, SEER Stat, SAS, and GIS /mapping software as part of their work.

Page: 196-199

The applicant fully describes all the required Project Description components. They identify and provide training for staff. They indicate they've gained wide recognition for innovative, well-trained staff. They have many current linkages with organizations and groups such as Show Me Healthy Women and IHS.

Page: 199, 110-125

Work plan outlines 6 strategies in detail and includes thorough listing of activities, measures of effectiveness, data, timeframe, and team members responsible for each task.

Page: 20, 46, 193

The applicant proposes a solid project management and administrative plan. They document how much time each staff will spend on each activity.

They include organizational charts that explain how the staff reports and works together.

Page: 21-32; 70-109; 140-146

Provide very detailed CVs on leadership positions; staff appear to have good background and experience in positions that they fill.

Page: 33-38; 49-61; 151-163

Have multiple partnerships and collaborations in place with letters supporting the project and the roles they expect to play in implementing the project.

Page: 49-61

Letters of commitment from internal (Comprehensive Cancer Control Programs; Division of Community and Public Health) and external (Health and Behavioral Risk Research Center; NAACCR; National Cancer Registrars Association; Missouri State Tumor Registrars' Association; Washington University in St. Louis; partners are included.

Weakness:

Page: 111

The work plan fails to include a hiring plan for the vacant staff positions.

Page: 111-125

The work plan does not always identify appropriate partners involved in activities.

Criterion 2: Evaluation and Performance Measurement

Strength:

Page: 11

Have specifically named at least two superior staff who have helped them to obtain and analyze cancer registry data. Document very low percentage of missing data. Document have always made timely submission of reports.

Page: 195

Name multiple partners that support and/or advise central cancer registry activities.

Page: 199-200

Have progressed in collecting data since 1995, have larger pool of facilities reporting.

Use up to date software, have changed legal authority to collect data, get data from regional and national labs, smaller facilities can submit data from EHR.

Have met all NPCR standards since submission year 2001. Have received Gold Standard in 2013, received distinction in 2015, and expect same in 2017.

Page: 200

In terms of electronic capture of cases, the applicant identified weaknesses of the program in the past and cited ways they have been improving the majority of cases are submitted electronically. For rural critical access hospitals, they create PDFs and upload files since they cannot send data from an electronic health record (EHR). Ways of improving are also anticipated, as in 2018 a portal for clinics and physician offices is expected to go live, enabling these providers to direct report EHR data.

Page: 200

The applicant acknowledges how they capture cancer cases and how that can be improved upon. They indicate they submit data according to standards.

Page: 200

MCR data was first evaluated in 2001. MCR was recognized as 2015 NPCR Registry of Distinction. In 2017, they anticipate recognition as an NPCR 2016 Registry of Excellence by meeting data completeness and other standards of quality.

Page: 200-201

The applicant indicates the ability to analyze, apply, and disseminate cancer data. They have an interactive website with data, and publish reports.

Page: 200-202

The applicant shared a clear monitoring and evaluation plan, detailing their capacity and intent to analyze, apply and disseminate cancer registry data. They acknowledged internal and external partners that support or will be invited to advise the central cancer registry.

Page: 202

The applicant indicates they will work with partners and stakeholders to revise regulations and to improve the registry.

Page: 47-48

The applicant provided data and reports demonstrating completeness and timeliness of the system.

Weakness:

Page: 202

The applicant does not clearly identify staff who are responsible for evaluation activities.

Criterion 3: Applicant's Organizational Capacity to Implement the Approach Strength:

Page: 1-307

The application for the grant is well organized. Within the application everything is broken down into the areas that are to be evaluated, with a good narrative explaining how they meet those requirements. Organization charts, position descriptions, CVs, staffing plan, letters of commitment and support from partners, and budget with complete breakdown are included. They have met Gold standard level of reporting and also received distinction in reporting. They have identified areas that need to be strengthened, i.e. more legal support for collecting data. They have experienced staff to carry out the implantation of the project and the analysis of the data.

Page: 127-138

The Budget justification contains the estimated % time for staff activities and tasks. The applicant gave an example of how to convert % time to hours for full-time employees who are fully dedicated to the NPCR (but not for part-time personnel).

Page: 192

Data sharing agreements with all eight bordering states and 11 other states are in place. The applicant has listed a comprehensive list of linkages with other databases to supplement records for missing data and other information of interest.

Page: 193, 202-203

MCR is a well-established central cancer registry, with documented support from multiple partners and a highly qualified and dedicated staff (i.e. staff retention).

Page: 202-203

The identified staff all appear well qualified and highly experienced. They appear to function well as a team, based on comments from partners.

Page: 203

The applicant recognizes the additional burdens they will be facing soon with electronic health record data coming in, and that their current staff, while capable, simply do not have the time to do the work. They've included staff requests for new positions to meet this need.

Page: 204

The applicant describes IT and security support staff essential to the program's success. They have a designated Security Officer.

Page: 204-208

Applicant meets Infrastructure and Experience requirements (p 204-206) and provides thorough description for prior experience with data collection, submission, and application (p 206-208).

Page: 206

MCR has consistently met or exceeded NPCR or NAACC standards for data quality, completeness and timeliness from 2002 to today.

Page: 206

The applicant has achieved NPRC National Data Quality standards for inclusion in US Cancer Statistics every year since 2001. They've been recognized as a Registry of Distinction.

Page: 207

The applicant has published many relevant reports and staff frequently give presentations to a variety of audiences.

Page: 208

The applicant has a specific objective (I.A.2) dedicated to maintaining an Advisory Board.

Page: 49-61

The applicant provides letters of support from a variety of partners.

Weakness:

Page: 127, 129-132, 193, 202

Although staffing was discussed on page 193 and then again on 202, those listed as 'Personnel' on page 127 (Budget Justification) are not found in these descriptions or on the MCR org chart.

Page: 129

There are several vacant positions, and there does not appear to be an explicit hiring plan for these.

Non-Scoring Criteria

Criterion 1: Budget**Strength:**

Page: 126-138, 193

An itemized budget is provided (p126-138).

In-kind match and Maintenance of Effort funds are provided in the budget (p135-136).

Page: 135-136

The applicant describes substantial in-kind and matching funds.

Page: 5-6; 127-138

Budget seems to align with staffing and proposed project and work plan.

There is an itemized budget narrative provided.

No more than 20% of total budget appears to be allocated for registry software support.

There appears to be matching funds, etc. provided in the budget.

Weakness:

None