

1. DATE ISSUED MM/DD/YYYY 2. CFDA NO. 3. ASSISTANCE TYPE
 06/22/2018 93.945 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)AND317(K)(2)PHS42USC241(A)247B(K)2

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 in effect unless specifically rescinded

4. GRANT NO. 5. ACTION TYPE
 1 NU58DP006452-01-00 New
 Formerly

6. PROJECT PERIOD MM/DD/YYYY
 From 07/01/2018 Through 06/30/2023

7. BUDGET PERIOD MM/DD/YYYY
 From 07/01/2018 Through 06/30/2019

8. TITLE OF PROJECT (OR PROGRAM)
 State Public Health Approaches to Improving Arthritis Outcomes

9a. GRANTEE NAME AND ADDRESS
 HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF
 Alternate Name: MISSOURI STATE DEPT/ HEALTH & SENIOR SRV
 920 Wildwood Dr
 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
 Ms. Linda M. Cade
 920 Wildwood Drive
 MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES
 Jefferson City, MO 65109-5796
 Phone: 573-751-6028

10b. FEDERAL PROJECT OFFICER
 Michele Mercier
 1600 Clifton Rd
 Atlanta, GA 30333
 Phone: 770-488-4112

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	0.00
b. Fringe Benefits	0.00
c. Total Personnel Costs	0.00
d. Equipment	0.00
e. Supplies	0.00
f. Travel	0.00
g. Construction	0.00
h. Other	289,505.00
i. Contractual	0.00
j. TOTAL DIRECT COSTS →	289,505.00
k. INDIRECT COSTS	0.00
l. TOTAL APPROVED BUDGET	289,505.00
m. Federal Share	289,505.00
n. Non-Federal Share	0.00

12. AWARD COMPUTATION	
a. Amount of Federal Financial Assistance (from item 11m)	289,505.00
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	289,505.00
13. Total Federal Funds Awarded to Date for Project Period	289,505.00

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:		e
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 AWARDING 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.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
21. a. 8-939ZREX	b. 18NU58DP006452	c. DP	d. \$289,505.00	e. 75-18-0948
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 2	DATE ISSUED 06/22/2018
GRANT NO. 1 NU58DP006452-01-00	

Direct Assistance

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

AWARD ATTACHMENTS

MISSOURI STATE DEPT/ HEALTH & SENIOR SRV

1 NU58DP006452-01-00

1. Terms and Conditions
2. Summary Statement

AWARD INFORMATION

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number DP18-1803, entitled State Public Health Approaches to Addressing Arthritis, and application dated March 29, 2018, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

Approved Funding: Funding in the amount of \$289,505 is approved for the Year 01 budget period, which is July 1, 2018 through June 30, 2019. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

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

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

Financial Assistance Mechanism: Cooperative Agreement

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

CDC program staff will assist, coordinate, or participate in carrying out effort under the award, and recipients agree to the responsibilities therein, as detailed in the NOFO. CDC program support to recipients will help ensure the success of the cooperative agreement by:

- Collaborating across CDC divisions and programs to provide team based technical assistance to grantees.
- Engaging subject matter experts across relevant areas of expertise when needed.
- When feasible, project officers will strive to hold technical assistance calls with a team of experts from across the NCCDPHP portfolio who can assist states in areas (e.g., policy, communications, health systems, etc.) common to this program and one or more other programs.
- Jointly developing and/or disseminating resources and tools that focus on cross-cutting functions, settings, risk factors, conditions and diseases to ensure consistent messages and to meet grantee technical assistance needs.
- Planning joint site visits with other NCCDPHP programs, when possible. Collaborative site visits will include agenda items relevant to all included programs, as well as break out times for individual programs to meet with individual program staff.
- Ensuring that grantees know about the expertise available in the Division of Population Health and the process for how to access this expertise.

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 15, 2018, will cause delay in programmatic progress and will adversely affect the future funding of this project.

Budget Revision Requirement: By August 15, 2018 the recipient must submit a revised budget with a narrative justification. 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 CDC Staff Contacts section of this notice before the due date.

Expanded Authority: The recipient is not permitted the following expanded authority in the administration of the award.

FUNDING RESTRICTIONS AND LIMITATIONS

Notice of Funding Opportunity (NOFO) Restrictions:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
 - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC awardees.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible

Indirect Costs: Indirect costs are approved based on the negotiated indirect cost rate agreement dated March 7, 2017, which calculates indirect costs as follows, a Provisional is approved at a rate of 21.40% of the base, which includes, direct salaries and wages excluding all fringe benefits The effective dates of this indirect cost rate are from July 1, 2018 to June 30, 2020.

REPORTING REQUIREMENTS

Annual Performance Reporting: 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.**

Required Disclosures for Federal Awardee Performance and Integrity Information System

(FAPIS): 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
Keisha Thompson, Grants Management Specialist
Centers for Disease Control
Chronic Disease and Birth Defects Services Branch
2960 Brandywine Road
Atlanta, Georgia 30341
Email: dwt6@cdc.gov (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or
Email: MandatoryGranteeDisclosures@oig.hhs.gov

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

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

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

PAYMENT INFORMATION

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

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a newly established subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved

application. All award funds must be tracked and reported separately.

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

CDC Staff Contacts

Grants Management Specialist: The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards.

GMS Contact:

Keisha Thompson, Grants Management Specialist
Center for Disease Control and Prevention (CDC)
Office of Grants Services (OGS)
2960 Brandywine Road MS.E-01
Atlanta, GA 30341
Phone: 770-488-2681
Email: dwt6@cdc.gov

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

Programmatic Contact:

Michele Mercier Project Officer
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
4770 Buford Highway NE, MS F-78
Atlanta, Georgia 30341
Phone: 770-488-4112
Email: zaf5@cdc.gov

Grants Management Officer: The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards. The GMO is the only official authorized to obligate federal funds and is responsible for signing the NoA, including revisions to the NoA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization.

GMO Contact:

Grants Management Officer, Patricia French
Centers for Disease Control
Office of Grants Services
2960 Brandywine Road
Atlanta, Georgia 30341
Telephone: 770-488-2849
Email: PFrench@cdc.gov

**[National Center for Chronic Disease Prevention and Health Promotion]
Notice of Funding Opportunity [DP18-1803]
[State Public Health Approaches to Addressing Arthritis]**

SUMMARY STATEMENT

Date Reviewed: March 24, 2018
Applicant Name: State of Missouri
Application #: NU58DP2018005892
Score: 92.33 of 100

Brief Summary of Application:

Summary of Project:

The Missouri Department of Health and Senior Services (MDHSS) and its Missouri Arthritis and Osteoporosis Program (MAOP) will address the critical health problem of: “The rising number of adults with arthritis and associated pain and activity limitations, and its ability to complicate the management of other chronic conditions and risk factors responsible for death.” Missouri will offer three arthritis-appropriate evidence-based interventions (AAEBI) through this funding opportunity (CDC-RFA-DP18-1803) – the Chronic Disease Self-Management Program (CDSMP), Walk with Ease – Group version (WWE-G), and Walk with Ease Self-Directed version (WWE-SD). Missouri will also offer another self-management intervention, the Diabetes Self-Management Program (DSMP), which will specifically aim to reach Missourians who have both diabetes and arthritis. Missouri will expand upon offerings of the WWE-G and WWE-SD across the state in order to promote walking statewide. Missouri will increase healthcare provider counseling and referrals to selected AAEBIs and the DSMP, as well as expand physical activity counseling and referral directly with the WWE-G and WWE-SD programs. MDHSS has direct access to 3.1% of the state’s adult population through MDHSS programs partnering with MAOP to reach adults with arthritis, specifically those in Missouri’s disparate rural population.

Purpose—Missouri’s application addresses the ability to access at least 1.4% of the population including underserved and rural areas, targeting Missourians with arthritis, to help combat the arthritis and risk factor burden Missourians face. Missouri’s arthritis program will work to reduce the current number of 700,000 people with limitation due to arthritis and reduce from the 37% of people who report being inactive, and increase the percentage of people with arthritis that have reportedly taken a class to manage their condition (2015 MOBRFSS). Missouri will address the overall public health problem by leveraging existing partnerships, systems and resources to establish community and health provider approaches to improve arthritis management through delivery of AAEBIs and promotion of walking initiatives.

Reviewers’ Comments on Approach

Strengths of Section:

- The applicant has enlisted numerous public and private entities across the state to make referrals to AAEBIs (page 89),
- Applicant has selected 4 AAEBIs and a fourth related to persons with diabetes. (Page 86)
- Detailed and logical work plan. (Pages 96-104)
- Numerous public and private partnerships across the state. (Page 89)
- Role of partners well spelled out. (Page 89)
- Organizations’ mission spell out as well as level of access to adults with arthritis, commitments from key partners and lines for authority, especially for data collection and analysis. (Pages 89-92)
- Consistent outcomes (Page 92)
- SMART objectives and activities. (Pages 89-93).
- 5-year dissemination plan described for 3 interventions. (Page 86)
- Well-integrated among the four strategies. (Pages 86-88)
- Addresses underserved populations (Page 90)

- Increases enrollment and availability of AAEBI. (Page 88)
- Meaningful roles for collaborators. (Pages 88-89).
- Strong letters of support. (Pages 15-43).
- The applicant described strategies and activities that will have state-wide impact and provided a detailed work plan for Year 1 as well as high-level summary narrative for Years 2 through 5.
- The applicant provided sufficient background information and data to provide context of both the problem in the state as well as their mission and history provided AAEBIs in the state. They have authority to carry out project activities as well as already established relationships with key partners across the state.
- The applicant selected all 6 CDC Project Description outcomes as well as added their own to assess their implementation of the Diabetes Self-Management Program.
- The applicant includes activities that are SMART and are sufficient to achieve the outcomes of the project.
- The applicant describes a 5-year plan for dissemination of 3 AAEBIs – Chronic Disease Self-Management Program, as well as 2 versions of Walk with Ease (group and self-directed). The plan described includes development of new partnerships which will result in referring members to AAEBIs, as well as 7 new providers who are committed to implement or expand counseling and referral to AAEBIs.
- The applicant describes partnerships in the southern part of the state which specifically target the underserved rural population. These partnerships will train new health educators on counseling and referral to AAEBIs, as well as adopt and deliver the Walk with Ease program.
- The applicant describes existing and new partners who will either implement or enhance workflow processes for referral to AAEBIs. They also describe existing partners who are committed to enhancing electronic medical record referral to AAEBIs.
- Throughout the application, the applicant describes strong existing partnerships as well as commitments from new partners. They provide a table outlining key partnerships in the state including the year established, geographic reach, and commitment relevant to this NOFO. There are letters of support from many key partners, most of which outline the specific role of the partner in this project.
- The applicant describes a marketing plan which involves creation of media kits, press releases, and development of a white paper on AAEBI processes and successes.

Weaknesses of Section:

- It was difficult to disentangle the dissemination of the AAEBI's in Strategy 1 to the boosting in statewide walking in Strategy 3? It may be that they are so closely interwoven, that it's difficult to describe them as two separate interventions.
- The applicant could have strengthened the section on sustainability.
- Marketing and outreach programs might be strengthened.
- The applicant states in Activity 4.3 that from January 2019 through June 2019 they will assure inclusion of arthritis core and module questions in the 2019 BRFSS survey; however, this will be too late to ensure inclusion. For inclusion on the 2019 survey, they will need to undertake that activity in 2018.

Recommendations of Section:

- Strengthen the section on sustainability.
- If possible, provide more information on activities related to Strategy 3 (walking).
- Strengthen marketing and outreach programs.
- Very difficult to read an application with so many acronyms.

Reviewers' Comments on Evaluation and Performance Measurement

Strengths of Section:

- Process evaluation data with respect to program delivery and implementation will be used to formulate CQI processes and plans.

- Applicant will describe the monitoring, assessment or evaluation of program efforts and share results through reports, fact sheets, webinars, conference presentations, and through social and mass media. Applicant will hold regularly scheduled Missouri Quality Improvement Network meetings at which ongoing evaluation results will be presented to federally qualified health centers to inform continuous quality improvement efforts. (Page 91).
- Applicant states that it has been using Missouri BRFSS to routinely collect and analyze data related to the outcome measures of this NOFO since 2006. (page 91) BRFSS is housed internally, and additionally, the applicant has access to analytic and evaluation capacity. (Page 91)
- Applicant provides a letter of commitment from the Missouri BRFSS principal investigator. (Page 17)
- The applicant identifies a commitment from the Department of Health and Senior Services, which houses the MO BRFSS program, to include the arthritis questions on the survey. There is a letter of support indicating this commitment.
- The applicant will also use data from their already established COMPASS data system and a customer satisfaction survey.
- The applicant will participate in regularly scheduled Missouri Quality Improvement Network meetings where they will present evaluation findings to key stakeholders. The applicant also plans to report findings in a white paper, and disseminate them through a marketing campaign.
- The applicant describes a data management plan as well as mechanisms for providing access to and sharing the data.

Weaknesses of Section:

- Little information available about how evaluation and performance measures will contribute to developing an evidence base for programs or strategies that lack a strong effectiveness evidence base.
- The applicant could more clearly describe how key stakeholders will participate in the evaluation process.
- The applicant provided a letter of support from the MO BRFSS principal investigator, but did not specifically include an MOU.

Recommendations of Section:

- Provide more detail on how evaluation and performance measures will contribute to developing an evidence base for programs or strategies that lack a strong effectiveness evidence base.
- Provide more details on how key stakeholders will participate in the evaluation process.
- Include an MOU from the BRFSS PI.

Reviewers' Comments on Organizational Capacity to Implement the Approach

Strengths of Section:

- Indicates capacity to reach directly 3.1% of the state's adult population. (Page 85).
- Direct access to the population of interest and the networks with private and public organizations make it likely the proposed strategy will have a statewide impact. (page 94)
- The MAOP will fulfill the full-time (1.0 FTE) program manager position. Several other staff will provide additional support, serve as a contact for all partnership and support the analytic process.
- Staff CVs are provided. (Page 94)
- Org chart provided that outlines line of authority. (Page 67)
- Evaluation process includes ability to collect and use BRFSS data. (Page 91)
- Key staff members has 7 and 15 years of experience coordinating arthritis-related programs, including working with partners. (Page 94)
- By partnering with the Missouri Arthritis and Osteoporosis Program, the applicant has direct access to 3.1% (or 144,500) of the state's adult population through the Missouri Consolidated Health Care Plan, Show Me Healthy Women, and Home and Community Based Services. The applicant provided a table indicated which population each of these partners serves, as well as how many.

- The applicant identified many existing and new partnerships, and includes letters of support from many organizations indicating said relationships. They have also provided a table of these partnerships, which indicates which partners specifically target the underserved rural population.
- Through partnerships the applicant has direct access to 144,500 individuals and has commitments from existing health care partners to enhance work flow processes and electronic medical records to provide counseling and referral to AAEBIs.
- The applicant indicates commitment to maintain appropriate staffing for this project. They have identified program staff who have experience working on arthritis initiatives for several years. They have identified a 1.0 FTE program manager, as well as several other key staff members to support the project. They provided CVs for these key staff members.
- The applicant proposes an evaluation process that is less than 10% of the annual budget.

Weaknesses of Section:

- Sustainability of referral portion could be better documented.

-

Recommendations of Section:

- Better document sustainability of referrals to AAEBIs.

Reviewers' Comments on Budget and Budget Narrative

Comments (including strengths and weaknesses and appropriateness):

- At \$498,465, the proposed budget is about double the average expected award amount of \$280,000. The applicant estimates it will spend 3.3% of its annual funding on the "other" self-management intervention, and 4.7% on its evaluation process, both within the 10% maximum. Although I couldn't find anything in the budget that seemed out of line, it may be that the applicant could reduce its request somewhat and still deliver a strong program.
- The applicant is requesting \$498,465 for Year 1 of the project period; of which \$472,698 is contractual. There are also \$64,000 of in-kind funds provided.
- The budget narrative includes \$7500 for inclusion of the BRFS arthritis module. Only 3.3% of annual funding is intended for the Other Self-Management Intervention (Diabetes Self-Management Program), and only 4.7% is intended for evaluation; both of which are below the specified 10% level.