

1. DATE ISSUED MM/DD/YYYY 08/21/2018  
 2. CFDA NO. 93.426  
 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 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded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 NU58DP006520-01-00 Formerly  
 5. ACTION TYPE New

6. PROJECT PERIOD MM/DD/YYYY  
 From 09/30/2018 Through 06/29/2023

7. BUDGET PERIOD MM/DD/YYYY  
 From 09/30/2018 Through 06/29/2019

8. TITLE OF PROJECT (OR PROGRAM)  
 Diabetes and Heart Disease & Stroke Prevent Programs-Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke

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. Tonya R Loucks  
 920 WILDWOOD DR  
 Business Official  
 JEFFERSON CITY, MO 65109-5796  
 Phone: 573-751-6014

10b. FEDERAL PROJECT OFFICER  
 Ms. Debra Sanchez-Torres  
 1600 Clifton Rd  
 Atlanta, GA 30333  
 Phone: 770.488.1097

ALL AMOUNTS ARE SHOWN IN USD

<b>11. APPROVED BUDGET (Excludes Direct Assistance)</b>	
I Financial Assistance from the Federal Awarding Agency Only	
II Total project costs including grant funds and all other financial participation <b>I</b>	
a. Salaries and Wages .....	322,730.00
b. Fringe Benefits .....	171,047.00
c. Total Personnel Costs .....	493,777.00
d. Equipment .....	0.00
e. Supplies .....	5,752.00
f. Travel .....	24,939.00
g. Construction .....	0.00
h. Other .....	28,435.00
i. Contractual .....	1,116,065.00
j. TOTAL DIRECT COSTS →	1,668,968.00
k. INDIRECT COSTS	105,174.00
<b>l. TOTAL APPROVED BUDGET</b>	<b>1,774,142.00</b>
m. Federal Share	1,774,142.00
n. Non-Federal Share	123,123.12

<b>12. AWARD COMPUTATION</b>	
a. Amount of Federal Financial Assistance (from item 11m)	1,774,142.00
b. Less Unobligated Balance From Prior Budget Periods	0.00
c. Less Cumulative Prior Award(s) This Budget Period	0.00
<b>d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</b>	<b>1,774,142.00</b>
<b>13. Total Federal Funds Awarded to Date for Project Period</b>	<b>1,774,142.00</b>

<b>14. RECOMMENDED FUTURE SUPPORT</b> (Subject to the availability of funds and satisfactory progress of the project):			
YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS
a. 2	1,774,142.00	d. 5	1,774,142.00
b. 3	1,774,142.00	e. 6	
c. 4	1,774,142.00	f. 7	

<b>15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:</b>		<b>b</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: **Stephanie Latham**

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. 8-93909TT	b. 18NU58DP006520	c. DP	d. \$887,071.00	e. 75-X-0948
22. a. 8-93909X8	b. 18NU58DP006520	c. DP	d. \$887,071.00	e. 75-X-0948
23. a.	b.	c.	d.	e.

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 2	DATE ISSUED 08/21/2018
GRANT NO. 1 NU58DP006520-01-00	

**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
<b>Total</b>	\$0.00	\$0.00	\$0.00

# AWARD ATTACHMENTS

MISSOURI STATE DEPT/ HEALTH & SENIOR SRV

1 NU58DP006520-01-00

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1. Terms and conditions
2. Technical Review

## AWARD INFORMATION

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number CDC-RFA-DP18-1815, entitled Improving the Health of Americans Through Prevention and Management of Diabetes and Heart Disease and Stroke, and application dated June 11, 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 \$ 1,774,142 is approved for the Year 1 budget period, which is **September 30, 2018** through **June 29, 2019**. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

Diabetes Category A	Heart Disease Category B
\$ 887,071	\$ 887,071

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 Supports to Recipients:**

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

- Supporting recipients in implementing cooperative agreements requirements and meeting program outcomes;
- Provide technical assistance to revise annual work plans;
- Assisting recipients in advancing program activities to achieve project outcomes.
- Providing scientific subject matter expertise (e.g., engaging non-physician team members, implementing and sustaining the National Diabetes Prevention Program) and resources in support of the selected strategies;
- Collaborating with recipients to develop and implement evaluation plans that align with CDC evaluation activities;
- Providing technical assistance on recipient's evaluation and performance measurement plans;
- Providing technical assistance to define and operationalize performance measures;

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

**CDC will:**

1. Ensure that grantees have access to expertise found throughout NCCDPHP. For example, a team of subject matter experts could include, but is not limited to, the project officer, health scientist, epidemiologists, statisticians, policy analysts, communication specialist, health economists, and evaluators to provide technical assistance to grantees. Technical assistance teams will also work in collaboration with other programs and division across NCCDPHP to identify specific actions that improve efficiency and greater public health impact.
2. Collaborate with grantees to explore appropriate flexibilities needed to meet public health outcomes and goals. Flexibility in cooperative agreements includes grantee's ability to propose alternative methods to achieve the outcomes and goals of the cooperative agreement that align with grantee's opportunities for success, infrastructure, partner and stakeholder buy-in, demographics, and burden. This includes bringing together resources from multiple cooperative agreements to jointly advance the goals of each, and expanding the dialogue to bring in other CDC and grantee staff to reach a win/win solution.
3. Create greater efficiencies and consistency across NCCDPHP programs for grantees: Examples of how NCCDPHP divisions and programs work together to achieve this include but are not limited to:
  - Joint site visits that maximize the ability to do collaborative problem solving, offer insights and ideas to strengthen or augment grantee approaches, and increase understanding of grantee's context to accomplish chronic disease prevention and health promotion.
  - Jointly developed resources and tools that focus on cross-cutting functions, settings, domains, risk factors, conditions and disease to ensure consistent messages and to meet grantee technical assistance needs.
  - Joint training and technical assistance opportunities that help grantees produce policies and programs that are more holistic and fully supportive of work in tobacco, nutrition, physical activity, chronic disease management and other strategies and topics, as appropriate.
4. Continue and expand support for grantees to leverage NCCDPHP resources to address cross-cutting functions, domains, settings, risk factors and diseases.

**Defining terms:**

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

Domains:

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

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

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

**Technical Review Statement Response Requirement:** The review comments on the strengths and weaknesses of the proposal are provided as part of this award. A response to the weaknesses in these statements must be submitted to and approved, 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. **The response must be submitted in GrantSolutions as an amendment, type “Summary Statement/Technical Review Response to Weaknesses”.** Failure to submit the required information by the due date, **October 30, 2018**, will cause delay in programmatic progress and will adversely affect the future funding of this project.

**Budget Revision Requirement:** By **October 30, 2018**, the recipient must submit a revised budget with a narrative justification to include the following:

- List the name of the PI/PI in the Personnel, Salary and Fringe section, even if salary is not funded by this award.
- For all contracts, list the name and/or title of the person who will be supervising each in the Method of Accountability section.

**The Budget Revision must be submitted in GrantSolutions as an amendment, type “Budget Revision”.** Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date.

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

**FUNDING RESTRICTIONS AND LIMITATIONS**

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

- Recipients may not use funds for research
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel,

supplies and services

- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
  - Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
  - The salary or expenses of any grant or contract recipient or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action or Executive order proposed or pending before any legislative body.
  - See Additional Requirement (AR) 12 for detailed guidance on this prohibition and Additional guidance on lobbying for CDC recipients
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or sub recipient, are strictly prohibited regardless of the source of funds, from performing abortions as a method of family planning or Engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability <https://www.cdc.gov/grants/additonalrequirements/ar-35.html>

**Programmatic Restriction(s):** Required Recipient Meeting: Recipients are required to attend the DP18-1815 meeting schedule for March 2019 in Atlanta, Georgia Key staff or contractors working on funded categories (Category A: Diabetes and/ or Category B: Cardiovascular Disease) should plan to participate. If any recipient is not in compliance with this requirement of attending the three (3) day two (2) night meeting, the approved travel budget associated with the training activities will not be allowed to be redirected into their other line item activities, and the un-obligated balance resulting from not attending the training activities, will not be allowed to use in future budget periods.

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

## REPORTING REQUIREMENTS

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

**Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS):** Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner,

in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services  
Karen Clackum, Grants Management Specialist  
Centers for Disease Control and Prevention  
Office of Grant Services (OGS)  
Office of Financial Resources (OFR)  
Office of the Chief Operating Officer (OCOO)  
Email: [KClackum@cdc.gov](mailto:KClackum@cdc.gov)

AND

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

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

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

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

#### **PAYMENT INFORMATION**

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

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

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

## CDC Staff Contacts

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

**GMS Contact:**

Karen Clackum, Grants Management Specialist  
Centers for Disease Control and Prevention  
OGS Chronic Disease and Birth Defects Services Branch  
2960 Brandywine Rd.  
Atlanta, GA 30341  
Telephone: 770-488-2680  
Email: KClackum@cdc.gov

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

**Programmatic Contact:**

Debra Sanchez-Torres, Project Officer  
Centers for Disease Control and Prevention  
NCCDPHP  
4770 Buford Hwy.  
Chamblee, GA 30341  
Telephone: 770-488-1097  
Email: DSanchezTorres@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:**

Stephanie Latham, Grants Management Officer  
Centers for Disease Control and Prevention  
OGS Chronic Disease and Birth Defects Services Branch  
2960 Brandywine Rd.  
Atlanta, GA 30341  
Telephone: 770-488-2917  
Email: fzv6@cdc.gov

# 1815 TECHNICAL REVIEW

CDC-RFA-DP18-1815: IMPROVING THE HEALTH OF AMERICANS THROUGH PREVENTION AND MANAGEMENT OF DIABETES AND HEART DISEASE AND STROKE

**Applicant:** Missouri

**Application Number:** NU58DP2018006567

**Project Period Dates:** September 30, 2018 – June 29, 2023

**Date Reviewed:** July 3, 2018

**Requested funding:** \$1,774,142

**Recommended Funding:** Approved with budget modifications

## OVERALL COMMENTS

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

## SUMMARY:

The Applicant has submitted a thorough and well-developed plan to meet the objectives of the DP18-1815, to prevent and manage diabetes, heart disease and stroke.

## MAJOR STRENGTHS:

### Category A:

- The Applicant has proposed several, diverse activities that will meet the strategic goals of DP18-1815 to support Missourians in the management of diabetes and prevention of type 2 diabetes.
- The Applicant describes the burden of prediabetes and diabetes very well in the program narrative.

### Category B:

- The Applicant has strong internal and external collaborative partnerships in place to conduct strategies outlined DP18-1815.

- The Applicant has identified target populations and methods for addressing health disparities in high risk populations within the state.
- The Applicant has the organizational structure, staff, and partners in place to fulfill the requirements of DP18-1815.
- The Applicant identifies settings and population of focus for proposed activities.
- The Applicant’s proposed work plan activities are appropriate for addressing the identification, management, and treatment of patients with high blood pressure and high blood cholesterol.

## MAJOR WEAKNESSES:

### **Category A:**

- Strategy A1, Activities 1 and 2, proposed activities are written broadly and do not specify how activities will meet the strategic objectives and performance measures.
- Strategy A3, Activity 3: Applicant is not clear how training pharmacy technicians and pharmacy delivery drivers to be CHWs will support the outcomes, specifically as it relates to patient care processes.
- Strategy A4, Activities 1 and 3: lack detail and specificity about how proposed activities will lead to achieving performance measures.
- Strategy A5, Activities 2 and 3 lack detail and specificity about how the proposed activities will meet the corresponding performance measures.
- Strategy A6, Activities 2 and 3: Activity 2 includes work that could be considered research. Activity 3 does not meet the intent of the strategy.

### **Category B:**

- The Applicant does not provide enough detail on how the PREPARE tool will be used to address Strategies B.2 and B.5.

## RECOMMENDATIONS:

### **Category A:**

- Strategy 1, Activity 1: The Applicant should revise proposed activity and specify how it will result in achieving performance measures.
- Strategy A3, Activity 3: Applicant should clarify how training pharmacy technicians and pharmacy delivery drivers to be CHWs will support the outcomes, specifically as it relates to patient care processes.

- Strategy A4, Activities 1 and 3: The Applicant is asked to rewrite the activities 1 and 3, provide greater detail about how proposed activities will achieve progress in corresponding performance measures.
- Strategy A5, Activities 2 and should be revised and provide more details about how the proposed activities will meet the corresponding performance measures.
- Strategy A6, Activities 2 and 3: Activity 2 should be removed as an activity if it is research. DP18-1815 funds may not be used for research. Activity 3 should be revised to meet the intent of the strategy and lead to achieving progress on performance measures.

**Category B:**

- The Applicant should provide more detail on how the PREPARE tool will be used to address Strategy B2 and lead to the expected performance measure outcome. Since the activity is repeated in Strategy B5, the Applicant should also provide detail on how this activity will be addressed differently in the B5 strategy, since its proposed performance measure outcome differs.

OTHER RELEVANT COMMENTS:

**Category A:**

The Applicant did not address all required components of the Evaluation and Performance Measurement Plan. The Applicant should address all required components in the Detailed Evaluation and Performance Measurement Plan due within 6 months of award and work with their assigned CDC evaluator for any technical assistance.

**Category B:**

- The Applicant should provide more detail around technical assistance that will be provided to advance quality improvement at community health centers (CHCs).
- The Applicant did not address all required components of the Evaluation and Performance Measurement Plan, such as how key evaluation questions will be answered and the amount of the award allocated to evaluation. The Applicant should address all required components in the Detailed Evaluation and Performance Measurement Plan due within 6 months of award and work with their assigned CDC evaluator for any technical assistance.

- The Applicant did not propose complete information for the data source, baseline and/or target for the short-term performance measures that align with the selected strategies. The Applicant should work with CDC to identify appropriate data sources, baselines and/or target values and resubmit within 6 months of award.

## BUDGET COMMENTS:

**Equal Division of Funds between Categories A & B?**  YES  NO

Overall, the budget looks good. However, some contracts are very large – is the Applicant able to spend down funds in a shortened (9-month) year 1?

### Contracts:

- Missouri Pharmacy Association: Contract includes iPad's, blood pressure monitors, scales and \$17,000 in "other supplies". Applicant needs to indicate why it is purchasing iPads and scales, how, and by whom, will they be used. Please identify what the "other supplies" are. Since the Applicant proposes the use of heart disease and stroke prevention (HDSP) funding to explore working with schools of pharmacy and pharmacy student in a clinical setting to increase pharmacy-based self-measured blood pressure monitoring (SMBP) and other HTN interventions, it should provide detail in its scope of work on plans to address HDSP efforts and specific strategies it addresses.
- University of Missouri – Columbia: This contract notes that it supports strategies A.1 and A.4, however the description is entirely about National DPP; please clarify if DSMES is a part of the work supported under this contract. Also, the contract amount is \$5000.00 to establish a bi-directional referral system; is that sufficient money to do the work? If not, consider reallocating funds from some of the larger contracts to supplement this contract.
- Elasticity Media – The Applicant is asked to clarify how the National DPP and SMBP work proposed within this contract is different from work conducted previously with CDC funds. HDSP funding does not support media campaigns, so the Applicant should provide detail on how this supports the intent of B6.
- National DPP Providers – The activity associated with this contract needs to be more fully described before approval. Please see note above related to work around incentives.

- Regional Arthritis Centers – This contract is only for Stanford-based chronic disease work. The DP18-1815 prioritizes work with ADA and AADE DSMES programs. The Applicant should rewrite the contract to reflect work to expand uptake and participation in ADA or AADE DSMES programs.
- Community colleges contract for CHWs – The scope of work described in this contract does not align with the activities outlined in Strategy A.7 or B.5. Strategy A.7 and B.5 does not include direct training of CHWs, rather focuses on infrastructure building. Funds should are not allowed for paying for CHWs to be trained.
- TBD Contract for CHW curriculum development – The Applicant is asked to clarify how the work proposed in this contract aligns with the community colleges contract. It seems that the work proposed in the TBD contract would come before the work in the community colleges contract.
- Since the Applicant proposes the use of HDSP funding to support the implementation of a bi-directional e-referral system, it should provide detail in its scope of work on plans to address HDSP efforts.
- Health Communications Research Center @ University of Missouri: The Applicant should provide more specific detail on its plans to make recommendations for media buys to promote SMBP and NDPP. The purchase of media is not an intent of any HDSP strategy.
- The Applicant should provide a detailed breakdown (\$25,000) for staff and wages required for conducting SMBP pilots in health centers.
- The Applicant should provide a detailed breakdown (\$34,260) for staff and wages required to recruit and provide technical assistance to self-insured employers.
- University of Missouri: The Applicant should provide additional detail on how webinars will address the intent of the strategy in its scope of work and lead to the expected performance measure outcomes.

## RESEARCH DETERMINATION

DP18-1815 is only for non-research activities supported by CDC. (For the definition of research, please see the CDC Web site at the following Internet address:

<http://www.cdc.gov/od/ads/opspoll1.htm>)

No research activities have been proposed.

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