**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)**  

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### 11. APPROVED BUDGET (Excludes Direct Assistance)

- Financial Assistance from the Federal Awarding Agency Only
- Total project costs including grant funds and all other financial participation

#### a. Salaries and Wages
- Quantity: 26,551.00

#### b. Fringe Benefits
- Quantity: 14,072.00

#### c. Total Personnel Costs
- Quantity: 40,623.00

#### d. Equipment
- Quantity: 0.00

#### e. Supplies
- Quantity: 240.00

#### f. Travel
- Quantity: 2,452.00

#### g. Construction
- Quantity: 0.00

#### h. Other
- Quantity: 2,103.00

#### i. Contractual
- Quantity: 95,889.00

#### j. TOTAL DIRECT COSTS
- Quantity: 141,307.00

#### k. INDIRECT COSTS
- Quantity: 8,693.00

#### l. TOTAL APPROVED BUDGET
- Quantity: 150,000.00

#### m. Federal Share
- Quantity: 150,000.00

#### n. Non-Federal Share
- Quantity: 0.00

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### 17. OBJ CLASS

#### 17a. VENDOR CODE

#### 17b. EIN

#### 17c. CFDA

#### 17d. ADMINISTRATIVE CODE

#### 17e. AMT ACTION FIN ASST

#### 17f. APPROPRIATION

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**REMARKS** (Other Terms and Conditions Attached - X Yes) No
### Federal Financial Report Cycle

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**GRANT NO.** 5 NU27DD000013-03-00

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**NOTICE OF AWARD (Continuation Sheet)**

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**DATE ISSUED**  
06/15/2018  

**GRANT NO.** 5 NU27DD000013-03-00
1. Terms and Conditions
2. Technical Review
**AWARD INFORMATION**

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at https://www.cdc.gov/grants/federalregulationspolicies/index.html, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number CDC-RFA-DD16-1603-03CONT18, entitled *Improving the Health of People with Mobility Limitations and Intellectual Disabilities through State-based Public Health Programs*, and application dated *March 23, 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 $150,000 is approved for the Year 03 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.

**Technical assistance:**

CDC staff will work in collaboration with the awardee on each of the activities defined in the work plan. Depending on the nature of the project CDC will ensure that people assigned from CDC have specific subject matter expertise, for example in program monitoring, technical assistance, or laboratory skills. CDC staff will also provide assistance in the developing of the annual work plans and in monitoring progress towards the strategic plan.

CDC will provide technical assistance to the awardee and in-country staff on data collection and analysis, as well as guidance on any lab related activities such as specimen collection needed in micronutrient assessments. CDC will help to identify global lab capabilities, plan and provide necessary trainings and support, and build capacity where required.

**Information sharing:**

CDC will facilitate the sharing of lessons learned throughout the 5-year cooperative agreement. Program information, and results will be shared through reports, guidance
developed, peer-reviewed publications, conferences and other meetings, working groups etc.

**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, **July 31, 2018**, will cause delay in programmatic progress and will adversely affect the future funding of this project.

**FUNDING RESTRICTIONS AND LIMITATIONS**

**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 21.4% 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, 2020.

**REPORTING REQUIREMENTS**

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 (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**
  - Ms. Stephanie Latham, Grants Management Officer
  - Centers for Disease Control and Prevention
  - Chronic Diseases and Birth Defects Branch (CDBDSB)
  - 2960 Brandywine Rd.
  - Atlanta, GA 30341
  - Fax: 404-248-4180 (Include “Mandatory Grant Disclosures” in subject line)
  - Email: SBledsoeLatham@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

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

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

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

**PAYMENT INFORMATION**

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

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

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

**CDC Staff Contacts**

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

**GMS Contact:**
LaShanda Washington, Grants Management Specialist
Centers for Disease Control and Prevention
Chronic Diseases and Birth Defects Branch (CDBDSB)
2960 Brandywine Road, MS K-69
Atlanta, GA 30341
Telephone: 770-488-2766
Fax: 404-248-4180
Email: LNWashington@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:**
JoAnn M. Thierry, PhD, Project Officer  
Centers for Disease Control and Prevention  
ONDIEH/NCBDD/DHDD/DHB  
CHAM Bldg 101  
Atlanta, GA 30341  
Telephone: 404.498.6730  
Fax: 770.488.0270  
Email: JThierry@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 Lathem, Grants Management Officer  
Centers for Disease Control and Prevention  
Chronic Diseases and Birth Defects Branch (CDBDSB)  
2960 Brandywine Rd  
Atlanta, GA 30341  
Telephone: 770-488-2917  
Fax: 404-248-4180  
Email: SBledsoeLatham@cdc.gov
Brief overview/summary of proposed continuation year activities

The Missouri Disability and Health Collaborative, located within the Missouri Department of Health and Senior Services (DHSS), in partnership with the University of Missouri-Kansas City-Institute of Human Development (UCEDD), is funded as a capacity building project to support individuals with intellectual disabilities (ID) to access the full range of evidence-based physical activity and nutrition programs provided through public health programs. The project will continue to build internal state capacity, expand disability and public health partnerships, and begin to implement proposed action plans in Year 3.

1. Comments on current year performance/progress in meeting the purpose and goals of the program.

Program staff are making significant progress towards meeting their Year 2 objectives. The awardee identified three annual objectives for Year 2. One of which exceeded its target; one that is anticipated to be completed by the end of June 2018; another might have to be carried over into Year 3, which has been reflected in the Year 3 work plan. The two outstanding objectives include increasing the: number of physical activity and nutrition strategies implemented in specified communities, which is on track for the end of June 2018; number of local public health agencies prepared to pilot inclusion strategies, which may have to carry over into Year 3 due to the anticipated release of pending federal block grant funds.

There are several highlights from the Year 2 objectives. The advisory committee formed three workgroups to review and recommend changes to resources/toolkits for three public health strategies implemented via the Better Communities for Better Health program. These include the Livable Streets initiative, which is designed to increase the accessibility of sidewalks and other areas; Stock Healthy Shop Healthy, an effort aimed at making healthier foods accessible to people with disabilities; and Workwell Missouri, a worksite wellness initiative.
Missouri succeeded in their objective to maintain the number of community partnerships represented on the statewide advisory committee. It should be noted that the awardee had an initial target of maintaining ten partnerships, and exceeded the target by two, making twelve agencies in total represented on this committee. In addition, staff plans to utilize the WebEx technology to further ensure full participation of members during future meetings.

While the awardee may be unable to meet their goal of increasing the number of local public health agencies prepared to pilot inclusion strategies by the end of Year 2, they were still able to implement the Missouri Disability and Collaborative website, which is now live, and contains both public health training information and resources. Overall, the awardee seems to be in a good position moving forward to begin implementation of their proposed action plans.

2. Comments on new budget year objectives as to being realistic, specific and measurable. Provide additional comments about the proposed work plan.

The awardee’s new budget year objectives are realistic, specific, and measurable, building upon Year 2 strategies and activities. The proposed objectives will address: Capacity Building; Partnerships; and Technical Assistance and Training. Specific milestones and evaluation measures are provided for each of the above objectives, however, they will need some minor revisions.

The proposed work plan will also need some revisions. For example, it appears the Capacity Building objective may actually be a Programmatic, Policy, Systems, and Environmental Change (PPSE) strategy, while the Partnership objective appears be an altogether new objective, rather than an updated objective. It addition, the Partnership objective, as written, may more accurately depict a key milestone rather than a stand-alone objective.

3. (Use only if appropriate) Identify and discuss any proposed changes in long-term objectives, methods of operation, and need for financial support, and the likelihood that such modifications will lead to achievement of project objectives.

The awardee has not proposed changes in long-term objectives, methods of operation, and/or need for financial support.

4. Human Subject Issues: Does the project adequately address the Human Subject requirements of Title 45 CFR 46 for the protection of human subjects? Specifically, comment on pending or now approved Human Subject Assurances and cite documentation of all IRB actions.

The project adequately addresses the Human Subject requirements of Title 45 CFR 46 for the protection of human subjects.
5. Comment on the continuation year budget request: Discuss whether the budget is reasonable, clearly justified, and consistent with the intended use of funds.

The budget is reasonable, clearly justified, and consistent with the intended use of funds.


The project partners with UCEDD, which has enabled DHSS staff to benefit from UCEDD’s knowledge of people with ID and their health needs. By virtue of their location within the DHSS, the project has access to other health department programs and is positioned to include people with ID in existing health promotion programs and data collection, surveillance and monitoring efforts. The project is on track to meet their Year 2 deliverables, save for their first capacity building annual objective, which was out of the awardee’s control due to the pending release of federal block grant funds designated for contractual obligations.

7. Summary of Weaknesses and Concerns.

As previously mentioned, the proposed work plan will need revisions. It appears the Capacity Building objective may actually be a Programmatic, Policy, Systems, and Environmental Change (PPSE) strategy, while the Partnership objective appears be an altogether new objective, rather than an updated objective. In addition, the Partnership objective, as written, may more accurately depict a key milestone rather than a stand-alone objective.

8. Recommendations for new budget year activities and award level.

It is recommended that the awardee work with the Project Officer to finalize the Year 3 work plan within 30 days of receiving the Notice of Award. The awardee should also provide updated information and a timeline for awarding the contract to support inclusion efforts in local public health agencies.

Overall Performance (Check one):

____X____ Project performance is satisfactory to date and continued funding is recommended.

_____ Project performance is unsatisfactory to date and continued funding is not recommended.

JoAnn M. Thierry, PhD

Project Officer Signature