1. DATE ISSUED MM/DD/YYYY	2. CFDA NO.	3. ASSISTANCE TYPE
03/03/2017	93.521	Cooperative Agreement

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except that any additions or restrictions previously imposed remain in effect unless specifically rescinded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
5 NU50CK000428-04-00 Formerly 3U50CK000428-02S1	Non-Competing Continuation

6. PROJECT PERIOD	MM/DD/YYYY		MM/DD/YYYY
From	03/31/2015	Through	07/31/2019

7. BUDGET PERIOD	MM/DD/YYYY		MM/DD/YYYY
From	08/01/2017	Through	07/31/2018

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)
42 USC 241 31 USC 6305 42 CFR 52

8. TITLE OF PROJECT (OR PROGRAM)

Enhance and increase the capacity of public health agencies to effectively detect, respond,prevent and control known and emerging or re-emerging infectious diseases.

9a. GRANTEE NAME AND ADDRESS

Missouri Dept. of Health and Senior Services/DSS&R
PO BOX 570
Missouri Department of Health and Senior Services
Jefferson City, MO 65102-0570

9b. GRANTEE PROJECT DIRECTOR

HOWARD PUE
920 WILDWOOD DRIVE P.O. BOX 570
MISSOURI STATE DEPT. OF HEALTH &
JEFFERSON CITY, MO 65102-0570
Phone: [NO DATA]

10a. GRANTEE AUTHORIZING OFFICIAL

Mr. Bret Fischer
920 Wildwood Dr
Jefferson City, MO 65102-0570
Phone: 573-751-6014

10b. FEDERAL PROJECT OFFICER

De'Lisa Simpson
1600 Clifton Rd
Atlanta, GA 30333
Phone: 404-639-3629

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	239,831.00
b.	Fringe Benefits	119,918.00
c.	Total Personnel Costs	359,749.00
d.	Equipment	0.00
e.	Supplies	17,586.00
f.	Travel	0.00
g.	Construction	0.00
h.	Other	51,157.00
i.	Contractual	0.00
j.	TOTAL DIRECT COSTS →	428,492.00
k.	INDIRECT COSTS	84,901.00
l.	**TOTAL APPROVED BUDGET**	513,393.00
m.	Federal Share	513,393.00
n.	Non-Federal Share	0.00

12. AWARD COMPUTATION

a. Amount of Federal Financial Assistance (from item 11m)	513,393.00
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**	513,393.00
13. Total Federal Funds Awarded to Date for Project Period	5,798,405.00

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. 5		d. **8**	
b. 6		e. **9**	
c. 7		f. **10**	

15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:

a. DEDUCTION
b. ADDITIONAL COSTS
c. MATCHING
d. OTHER RESEARCH (Add / Deduct Option)
e. OTHER *(See REMARKS)*

b

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 - [X] Yes [ ] No)

GRANTS MANAGEMENT OFFICIAL: **Shirley K Byrd, Grants Management Officer**

17. OBJ CLASS	41.51	18a. VENDOR CODE	[redacted]	18b. EIN	[redacted]	19. DUNS	878092600	20. CONG. DIST.	04

	FY-ACCOUNT NO.	DOCUMENT NO.	CFDA	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
21. a.	7-93907PB	b. 000428CK17PPHF17	c. 93.521	d. CK	e. $50,000.00	f. 75-X-0951
22. a.	7-93907QX	b. 000428CK17PPHF17	c. 93.521	d. CK	e. $102,225.00	f. 75-X-0951
23. a.	7-939ZDKP	b. 000428CK17PPHF17	c. 93.521	d. CK	e. $361,168.00	f. 75-X-0949

AWARD ATTACHMENTS

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

5 NU50CK000428-04-00

1. CK 428 MO TERMS AND CONDITIONS
2. CK 428 TECH REVIEWS
3. CK 428 TECH REVIEW
4. TECH REVIEW
5. CK 428 TECH REVIEW

Funding Opportunity Announcement (FOA) Number: RFA-CK14-1401PPHF14
Award Number: **NU50CK000428-04**
Award Type: **Cooperative Agreement**
Applicable Regulations: 45 Code of Federal Regulations (CFR) Part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards

AWARD INFORMATION

Incorporation: The Centers for Disease Control and Prevention (CDC) hereby incorporates Funding Opportunity Announcement number **RFA-CK14-1401PPHF14**, entitled **PPHF 2016 Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) – Building and Strengthening Epidemiology, Laboratory and Health Information Systems Capacity in State and Local Health Department**, and application dated February 8, 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 Funding Opportunity Announcement, the HHS GPS, 45 CFR Part 75, or applicable statutes/appropriations acts conflict, then statutes and regulations take precedence.

Approved Funding: Funding in the amount of **$2,394,079** is approved for the Year 04 budget period, which is August 1, 2017 through July 31, 2018. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

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

Available Funding: The CDC is operating under a continuing resolution; as a result, the total available funding for the Fiscal Year (FY) 04 budget period is contingent upon the enactment of applicable appropriation bill(s). Funding in the amount of **$513,393** in Financial Assistance (FA) is awarded on this NoA. The remainder of the budget period Approved Funding amount is subject to the availability of funds.

Award Funding: Funded by the Prevention and Public Health Fund

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.

FUNDING RESTRICTIONS AND LIMITATIONS

Indirect Cost: Indirect costs are approved based on the Indirect Cost Rate Agreement dated **February 4, 2016,** which calculates indirect costs as follows, a **Provisional 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 **07/01/2016** to **06/30/2019**.

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 of 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

Grantees at http://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Grantees_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.

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 December 1, 2018. Reporting timeframe is August 1, 2017 through July 31, 2018. The FFR 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 grantee 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, March 31, 2018, 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 .

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(0vkw1zaelyzjibnahocga5i0))/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 grantee must ensure that the subrecipients receiving CDC funds also meet these requirements. The grantee 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 grantee may consider whether subrecipient audits necessitate adjustment of the grantee's own accounting records. If a subrecipient is not required to have a program-specific audit, the grantee is still required to perform adequate monitoring of subrecipient activities. The grantee shall require each subrecipient to permit the independent auditor access to the subrecipient's records and financial statements. The grantee 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 grantee 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 grantee received this award. The term does not include the grantees 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 grantee or a sub-recipient considers a contract.

- Sub-recipient means an entity that receives a sub-award from you (the grantee) under this award; and is accountable to the grantee 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 grantee'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.

Prevention Fund Reporting Requirements: This award requires the grantee to complete projects or activities which are funded under the Prevention and Public Health Fund (PPHF) (Section 4002 of Public Law 111-148) and to report on use of PPHF funds provided through this award. Information from these reports will be made available to the public.

Grantees awarded a grant, cooperative agreement, or contract from such funds with a value of $25,000 or more shall produce reports on a semi-annual basis with a reporting cycle of January 1 - June 30 and July 1 - December 31; and email such reports to the CDC website (template and point of contact to be provided after award) no later than 20 calendar days after the end of each reporting period (i.e. July 20 and January 20, respectively). Grantee reports must reference the NoA number and title of the grant, and include a summary of the activities undertaken and identify any sub-awards (including the purpose of the award and the identity of each sub-recipient).

Responsibilities for Informing Sub-recipients: Grantees agree to separately identify each sub-recipient, document the execution date sub-award, date(s) of the disbursement of funds, the Federal award number, any special CFDA number assigned for PPHF fund purposes, and the amount of PPHF funds. When a grantee awards PPHF funds for an existing program, the information furnished to sub-recipients shall distinguish the sub-awards of incremental PPHF funds from regular sub-awards under the existing program.

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 grantee 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 grantee'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. Grantees 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 grantee must submit these requests by March 28, 2018 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

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 grantees 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 FOA, 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 grantees 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, **NU50CK000428**, 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 grantees 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 grantee 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 grantee without the express, written consent of either the CDC Project Officer or the CDC Grants Management Officer. It is the responsibility of the grantee 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 grantee must ensure written consent is received from the Project Officer and/or the Grants Management Officer. Further, the HHS and CDC logos cannot be used by the grantee without a license agreement setting forth the terms and conditions of use.

Equipment and Products: To the greatest extent practicable, 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 grantee 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 grantee may use its own property management standards and procedures, provided it observes provisions of 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 grantees only when grantees 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 grantee 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 grantee 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: Grantees 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,” “grantee,” “subgrant,” or “subgrantee”):

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), Grantees 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

If there is a change in the grantee'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 "P Account". Funds must be used in support of approved activities in the FOA and the approved application. All award funds must be tracked and reported separately.

The grant document number and subaccount title (below) must be known in order to draw down funds from this P Account.

Document Number: 000428CK17PPHF17
Subaccount Title: 000428CK17PPHF17

Acceptance of the Terms of an Award: By drawing or otherwise obtaining funds from the grant Payment Management Services, the grantee 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.

CLOSEOUT REQUIREMENTS

Grantees must submit closeout reports in a timely manner. Unless the Grants Management Specialist/Grants Management Officer (GMS/GMO) approves a deadline extension the grantee must submit all closeout reports within 90 days after the last day of the final budget period. Reporting timeframe is 08/01/2017 through 07/31/2018. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).

All manuscripts published as a result of the work supported in part or whole by the cooperative grant must be submitted with the progress reports.

The final and other programmatic reports required by the terms and conditions of the NoA are the following.

Final Performance Progress and Evaluation Report (PPER): This report should include the information specified in the FOA and is submitted after solicitation from the GMS/GMO via www.grantsolutions.gov . At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

Final Federal Financial Report (FFR, SF-425): The FFR should only include those funds authorized and actually expended during the timeframe covered by the report. The Final FFR, SF-425 is required and must be submitted to the GMO/GMS no later than 90 days after the project period end date. To

submit the FFR, login to www.grantsolutions.gov, select "Reports" from the menu bar and then click on Federal Financial Reports.

This report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Department of Health and Human Services' Payment Management Services (PMS), you will be required to update your reports to PMS accordingly. Remaining unobligated funds will be de-obligated and returned to the U.S. Treasury.

If the final reports (FFR and PPER) cannot be submitted within 90 days after the end of the project period, in accordance with 45 CFR Part 75.381 (Closeout), the grantee must submit a letter requesting an extension that includes the justification for the delay and state the expected date the CDC Office of Grants Services will receive the reports. All required documents must be submitted to the business contact identified in CDC Staff Contacts.

Equipment Inventory Report: A complete inventory must be submitted with final PPER documents for all major equipment acquired or furnished under this project with a unit acquisition cost of $5,000 or more. The inventory list must include the description of the item, manufacturer serial and/or identification number, acquisition date and cost, percentage of Federal funds used in the acquisition of the item. The grantee should also identify each item of equipment that it wishes to retain for continued use in accordance with 45 CFR Part 75. These requirements do apply to equipment purchased with non-federal funds for this program. The awarding agency may exercise its rights to require the transfer of equipment purchased under the assistance award referenced in the cover letter. CDC will notify the grantee if transfer to title will be required and provide disposition instruction on all major equipment. Equipment with a unit acquisition cost of less than $5,000 that is no longer to be used in projects or programs currently or previously sponsored by the Federal Government may be retained, sold, or otherwise disposed of, with no further obligation to the Federal Government. If no equipment was acquired under this award, a negative report is required.

Final Invention Statement: A Final Invention Statement must be submitted with the final PPER documents. Electronic versions of the form can be downloaded by visiting http://grants1.nih.gov/grants/hhs568.pdf. If no inventions were conceived under this assistance award, a negative report is required. This statement may be included in a cover letter.

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

Shirley Byrd, Grants Management Officer
USDHHS, Centers for Disease Control and Prevention
OCOO/Office of Financial Services
Grants Service Division, Infectious Disease Service Branch
2960 Brandywine Road, NE MS K15
Atlanta, GA 30341
(T) 770-488-2591
(F) 770-488-2868
Email: Sbyrd@cdc.gov

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:
Edna Green, Grants Management Specialist
USDHHS, Centers for Disease Control and Prevention
OCOO/Office of Financial Services
Grants Service Division, Infectious Disease Service Branch
2960 Brandywine Road, NE MS K15
Atlanta, GA 30341
(T) 770-488-2858
(F) 770-488-2868
Email: EGreen@cdc.gov

Program/Project Officer: The PO is the federal official responsible for the programmatic, scientific, and/or technical aspects of the grants and cooperative agreement including:

- The development of the programs and FOAs to meet the CDC 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 grantees in the performance of their project
- Post-award monitoring of grantee performance such as review of progress reports, review or prior approval requests, conducting site visits, and other activities complementary to those of the GMO/GMS

ELC STREAMLINED OBJECTIVE REVIEW FORM
CK14-1401PPHF FY2017

Program Announcement #: CK14-1401PPHF **FY: 2017**

Program Announcement Title: Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Continuation Application/Interim Progress Reports

Grantee Organization (State/City/Jurisdiction): Missouri

Name of Reviewer **ELC HIS Team**

Project Reviewing: C: Health Information Systems Capacity (HIS)

CIO/Phone/Email Address: Bill Morrill - CDC/OPHSS/CSELS wem1@cdc.gov 404.498.0108
Cassandra Davis - CDC/OPHSS/CSELS vts4@cdc.gov 404.498.3099

PROGRESS REPORT (PREVIOUSLY FUNDED)

- The jurisdiction provided a progress status and description of activities from the previous funding period.
- The jurisdiction provided a continuation plan and milestones/outputs for the upcoming funding period (if applicable).

Strengths:

- Key personnel were identified with the appropriate skill level and experience to carry out the ELR implementation.
- Key personnel were all current employees.
- Trainings were identified to assist personnel in continued professional development to support ELR implementation.
- All key personnel were sustained in 2015.
- The state has been participating and following guidelines such as scheduling the requested calls in a timely manner, having necessary people on the calls, and filling out data templates for the ELC HIS implementation support and monitoring.
- A plan was identified to bring on the final message mapping guides in the 2016 budget cycle and they identified the guides they will be implementing.
- A plan was described to increase public health laboratory capacity for electronic data exchange by the summer of 2016. They were able to make this judgement because they have already begun the process.
- Identified a reason as to why they didn't participate in the electronic case reporting due to a low ELR volume, but list other ways such as participating in conference calls that they were still able to be involved.
- They thoroughly identified that they main their existing surveillance systems and performed two different implementations to their WebSurv and ENVRSURV which increased functionality, efficiency and better ELR reports. They conducted maintenance which allowed bugs to be

identified and fixed. They also identified that one of the implementations focused on enhancements and several new conditions were added to the system.

- They were able to complete the STD surveillance for transitioning the STD surveillance into the existing integrated surveillance system.
- 1A. Filled new FTE position for ELR onboarding manager; all other key personnel maintained
- Attended PHI Conference and HL7 training
- 2A. Plans to increase ELR form 26 to 50%
- Completed mapping of 44 conditions
- Enhanced LIMS to send ELR for all reportable conditions
- Participated in all HIS support meetings
- 2F. Certified for TB 2.0 messages; postponed Generic v2 and Hepatitis
- 2G. Participating with several states in Public Health Data Exchange Project
- Holding regular WebSurv advisory group meetings
- 3A. Gonorrhea and Chlamydia reporting through WebSurv

Weaknesses:

- A lead public health information systems specialist was not identified.
- They noted that they would not be participating in activity to create capacity for ELR due to a low ELR volume.
- ELR at less than 75% at present
- 2B. Lost resources for mapping conditions

Additional Comments:

Qualitative Scoring:

Unsatisfactory	Poor	Fair	Good	Very Good	Outstanding
			X		

APPROACH & WORKPLAN FOR FY2017

Does the applicant clearly describe the following components outlined in the Continuation Guidance which includes the following? Consider the following elements:

- New projects only (e.g., Legionella):
    - Problem Statement: Describes core information relative to the specific CDC project and the problem for the jurisdictions or populations they will serve.
    - Purpose: Describes specifically how the application will address the project's problem as described in the component project's 'Problem Statement.'
    - Applicant Capacity: Addresses the jurisdiction's current capacity to successfully implement the proposed strategies and activities (including describing staff and other infrastructure already in place that they will build upon).

- For all projects:
    - Justification: Explains the importance of the proposed activity including why implementing this activity would address specific gaps and advance public health in your jurisdiction. Provides a brief justification as to why this activity should be completed.
    - Capacity: Describes the grantee's ability to successfully conduct the proposed activities as outlined.
    - Implementation Plan: Describes the process and steps that will be completed to carry out and complete this activity.
    - Milestones/Outputs: Describes major products and tangible capacities to be achieved as a result of completing this activity.

Strengths:

- They will serve as a pilot site for testing and implementing ELR messages with Quest diagnostics and will be partnering with CDC on this.
- They identified a plan to analyze the current situation with ELR and HIV messages.
- The activities necessary to automate the use of ELR into integrated surveillance systems was described.
- They listed activities to use standards-based ELR for reportable conditions through the testing and validation of an ELR feed to their surveillance system.
- They identified that they will continue to participate in conference calls, review and comment on documents and participate in the workgroup for the electronic case reporting.
- They identified specific ways that they plan to maintain their existing surveillance information systems by continuing complete implementation that will maintain efficiency, functionality and better ELR reports. In addition, they plan to prioritize certain items in their tracking system and work with the vendor to identify any issues and conduct user acceptance testing to implement fixes to WebSurv. They describe the activities they will perform to continue to improve functionality and efficiency of the system. For example, they discuss performing a business analysis and functional requirements to modify existing ENVRSURV ELR route to receive HL7 messages.
- The applicant lists the costs to maintain the centralized IT costs, software maintenance and personnel. They have plans in place to hire where there is a vacancy. They also work collaboratively across the department.
- Plans to increase ELR to 50%
- 2A. Established 2 new ELR feeds for labs
- 2B. Mechanism in place to automate ELR data upload to surveillance system, but only HIV LOINC mapping complete
- Attended all ELC HIS support and monitoring meetings
- 2F. Planning to implement Generic v2, Hepatitis and Arboviral 1.3 MMGs
- 2A.Two functionality upgrades implemented for surveillance system; additional upgrades planned
- 3E. All STD surveillance transferred from MIS to WebSurv
- Serving as pilot site for ELR feed from Quest Labs
- Plans for peer-to-peer travel with NC and SD

Weaknesses:

- Although a description of a plan and milestones were provided, it was unclear if the plan would address the state's low ELR volume.
- There was not a list included of the new ELR facilities including those with low volume.
- A plan was discussed to use a content validation tool to test incoming messages from hospitals and laboratories specifically for infectious diseases, but it is unclear if this will help to build capacity that adhere to the MU implementation guide.
- It is unclear if the pilot test with Quest Diagnostics or the business analysis for the HIV ELR messages will help to build specific capacity for ELR based meaningful use standards.
- They did not indicate steps needed to provide volume information for the ELC HIS implementation support and monitoring.
- It is unclear if they plan to increase the volume of the ELR so that they can have more activities on the electronic case reporting activity.
- They noted that they would not be participating in the capacity to transfer ELR.
- Although they describe the activities they will perform to improve functionality and efficiency of the existing system, they do not include specific information on exactly what will be updated or added.
- 1A. Lead Public Health Informatics System Specialist position still vacant
- 2A. Stalled progress on validation tool for onboarding new ELR feeds
- 2C. No existing ELR fees for hospitals
- 2G. No participation in electronic case reporting due to low volume of ELR
- No participation in case transfer activities
- 3D. No plans to move to cloud environment

Additional Comments:

- Overall, it is not clear if the activities planned will help them address the low ELR volume. However, they work collaboratively across the department and have a strong integrated system in place that is continuously being maintained, fixed and enhanced.

Qualitative Scoring:

Unsatisfactory	Poor	Fair	Good	Very Good	Outstanding
		X			

EVALUATION AND PERFORMANCE MEASUREMENT STRATEGY

- Did the grantee report on required measures?
- Did the grantee discuss how their plan and ability to collect the necessary data and report on each of the measures required in next year's progress report?

Strengths:

- The applicant did report on all required measures.
- The applicant discussed the various tracking systems they have in place to monitor trainings of staff, queries for ELR volume, database for new ELR feeds that are established, and automated reports for MMGs.

- Mechanism for tracking training in place
- Business analysis project identified to track automated ELR process

Weaknesses:

- They didn't give baseline numbers for any of the performance measures
- No plans for converting ELR feeds to MU-compliance
- Standards-based ELR not sent for all reportable conditions

Additional Comments:

Qualitative Scoring:

Unsatisfactory	Poor	Fair	Good	Very Good	Outstanding
		X			

BUDGET NARRATIVE: (NOT SCORED)

• The budget is thorough, specific, and supports the proposed project
• The proposed project budget presents expenses that are allowable, realistic, accurate, and clearly relate to and reflect project activities, objectives, and outcomes.
• The required personnel, professional and technical services, and/or travel for the proposed project are clearly and adequately explained.
• The justifications for expenditures are reasonable and clearly explained.

Strengths:

- They listed appropriate travel.
- Total budget request of $348,000 is reasonable
- All expenses acceptable

Weaknesses:

- There was one person listed in the budget who was not in the work plan.
- There are several (7) vacancies listed, but in the application they only mention that they have one vacancy to fill.

Additional Comments:

GENERAL COMMENTS TO GRANTEE REGARDING CONTENT OF APPLICATION:

Details about lost resources to complete LOINC mappings is not provided, but might have been useful.
Why no mention of 90/10 matching or cloud, even if not requesting funding?

ELC STREAMLINED OBJECTIVE REVIEW FORM
CK14-1401PPHF FY2017

Program Announcement #: CK14-1401PPHF **FY: 2017**

Program Announcement Title: Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Continuation Application/Interim Progress Reports

Grantee Organization (State/City/Jurisdiction): Missouri Department of Health & Senior Services

Group/panel reviewing (e.g., PulseNet Review Team): ELC

Project Reviewing: Cross-Cutting Epidemiology Capacity

PROGRESS REPORT (PREVIOUSLY FUNDED)

- The jurisdiction provided a progress status and description of activities from the previous funding period.
- The jurisdiction provided a continuation plan and milestones/outputs for the upcoming funding period (if applicable).

Strengths:

The progress report was very detailed.

Weaknesses:

No weaknesses noted.

Additional Comments:

The ELC supported enteric disease epidemiologist retired just prior to the start of the 2015 ELC grant period and the Bureau of Communicable Disease Control and Prevention (BCDCP) is in the process of filling the position.

Qualitative Scoring:

Unsatisfactory	Poor	Fair	Good	Very Good	Outstanding
				X	

APPROACH & WORKPLAN FOR FY2016

Does the applicant clearly describe the following components outlined in the Continuation Guidance which includes the following? Consider the following elements:

- New projects only (e.g., Legionella):

    - Problem Statement: Describes core information relative to the specific CDC project and the problem for the jurisdictions or populations they will serve.
    - Purpose: Describes specifically how the application will address the project's problem as described in the component project's 'Problem Statement.'
    - Applicant Capacity: Addresses the jurisdiction's current capacity to successfully implement the proposed strategies and activities (including describing staff and other infrastructure already in place that they will build upon).
- For all projects:
    - Justification: Explains the importance of the proposed activity including why implementing this activity would address specific gaps and advance public health in your jurisdiction. Provides a brief justification as to why this activity should be completed.
    - Capacity: Describes the grantee's ability to successfully conduct the proposed activities as outlined.
    - Implementation Plan: Describes the process and steps that will be completed to carry out and complete this activity.
    - Milestones/Outputs: Describes major products and tangible capacities to be achieved as a result of completing this activity.

Strengths:

No significant strengths noted.

Weaknesses:

None

Additional Comments:

The applicant wants continued funding to ensure the accurate and timely support documentation, tools, and training are available to BCDCP epidemiologists and LPHA communicable disease investigators.

No new proposed activities.

Qualitative Scoring:

Unsatisfactory	Poor	Fair	Good	Very Good	Outstanding
				X	

EVALUATION AND PERFORMANCE MEASUREMENT STRATEGY

- Did the grantee report on required measures?
- Did the grantee discuss how their plan and ability to collect the necessary data and report on each of the measures required in next year's progress report?

Strengths:

Weaknesses:

No weaknesses noted.

Additional Comments:

The grantee reports that ELC funded personnel supported the investigation for 42 of the 64 (66%) of all outbreaks reported.

The grantee reported on required measures and submitted data collection plan for the new project period.

Qualitative Scoring:

Unsatisfactory	Poor	Fair	Good	Very Good	Outstanding
					X

BUDGET NARRATIVE: (NOT SCORED)

• The budget is thorough, specific, and supports the proposed project
• The proposed project budget presents expenses that are allowable, realistic, accurate, and clearly relate to and reflect project activities, objectives, and outcomes.
• The required personnel, professional and technical services, and/or travel for the proposed project are clearly and adequately explained.
• The justifications for expenditures are reasonable and clearly explained.

Strengths:

The requested budget clearly and reasonably supports the proposed activities.

Weaknesses:

No weaknesses noted.

Additional Comments:

GENERAL COMMENTS TO GRANTEE REGARDING CONTENT OF APPLICATION:

The overall quality of the application is very good. The applicant clearly describes the progress of activities from previous years. The grantee submitted a continuation plan and identified milestones for proposed continuing activities.

ELC STREAMLINED OBJECTIVE REVIEW FORM
CK14-1401PPHF FY2017

Program Announcement #: CK14-1401PPHF **FY: 2017**

Program Announcement Title: Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Continuation Application/Interim Progress Reports

Grantee Organization (State/City/Jurisdiction): Missouri Department of Health & Senior Services

Group/panel reviewing (e.g., PulseNet Review Team): ELC

Project Reviewing: Cross-Cutting Laboratory Capacity

PROGRESS REPORT (PREVIOUSLY FUNDED)

- The jurisdiction provided a progress status and description of activities from the previous funding period.
- The jurisdiction provided a continuation plan and milestones/outputs for the upcoming funding period (if applicable).

Strengths:

No significant strenghts noted.

Weaknesses:

The applicant provided progress on all approved strategies from the previous budget period but they were not very detailed.

Additional Comments:

The PFGE section will begin doing PFGE on Listeria in the summer of 2016 instead of forwarding those few isolates to CDC as was the protocol. The grantee reports the PFGE section will begin working on whole genome sequencing (WGS) for Salmonella isolates during the grant year.

Qualitative Scoring:

Unsatisfactory	Poor	Fair	Good	Very Good	Outstanding
			X		

APPROACH & WORKPLAN FOR FY2016

Does the applicant clearly describe the following components outlined in the Continuation Guidance which includes the following? Consider the following elements:

- New projects only (e.g., Legionella):

    - Problem Statement: Describes core information relative to the specific CDC project and the problem for the jurisdictions or populations they will serve.
    - Purpose: Describes specifically how the application will address the project's problem as described in the component project's 'Problem Statement.'
    - Applicant Capacity: Addresses the jurisdiction's current capacity to successfully implement the proposed strategies and activities (including describing staff and other infrastructure already in place that they will build upon).
- For all projects:
    - Justification: Explains the importance of the proposed activity including why implementing this activity would address specific gaps and advance public health in your jurisdiction. Provides a brief justification as to why this activity should be completed.
    - Capacity: Describes the grantee's ability to successfully conduct the proposed activities as outlined.
    - Implementation Plan: Describes the process and steps that will be completed to carry out and complete this activity.
    - Milestones/Outputs: Describes major products and tangible capacities to be achieved as a result of completing this activity.

Strengths:

No significant strengths noted.

Weaknesses:

None

Additional Comments:

The grantee is requesting support for Laboratory Information Management System (LIMS) upgrade.

Qualitative Scoring:

Unsatisfactory	Poor	Fair	Good	Very Good	Outstanding
			X		

EVALUATION AND PERFORMANCE MEASUREMENT STRATEGY

- Did the grantee report on required measures?
- Did the grantee discuss how their plan and ability to collect the necessary data and report on each of the measures required in next year's progress report?

Strengths:

No significant strengths noted.

Weaknesses:

No weaknesses noted.

Additional Comments:

The grantee reports that ELC funded personnel supported the investigation for 42 of the 64 (66%) of all outbreaks reported.

The grantee reported on required measures and submitted data collection plan for the new project period.

Qualitative Scoring:

Unsatisfactory	Poor	Fair	Good	Very Good	Outstanding
			X		

BUDGET NARRATIVE: (NOT SCORED)

• The budget is thorough, specific, and supports the proposed project
• The proposed project budget presents expenses that are allowable, realistic, accurate, and clearly relate to and reflect project activities, objectives, and outcomes.
• The required personnel, professional and technical services, and/or travel for the proposed project are clearly and adequately explained.
• The justifications for expenditures are reasonable and clearly explained.

Strengths:

The requested budget clearly and reasonably supports the proposed activities.

Weaknesses:

No weaknesses noted.

Additional Comments:

GENERAL COMMENTS TO GRANTEE REGARDING CONTENT OF APPLICATION:

The overall quality of the application is good. The applicant describes the progress of activities from previous years. The grantee submitted a continuation plan and identified milestones for proposed continuing activities.

ELC STREAMLINED OBJECTIVE REVIEW FORM
CK14-1401PPHF FY2017

Program Announcement #: CK14-1401PPHF **FY: 2017**

Program Announcement Title: Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Continuation Application/Interim Progress Reports

Grantee Organization (State/City/Jurisdiction): __Missouri_____

Group/panel reviewing: NCIRD

Project Reviewing: R1 – VPD Surveillance

Activity Area: R1- VPD Surveillance – Surveillance Coordination

PROGRESS REPORT & CONTINUING ACTIVITIES

Strengths:

- Maintain linkages between surveillance staff and immunizations
- Ensure linkage of laboratory specimen data with epi and clinical case-patient data
- Maintain/ensure modern laboratory capacity for VPD testing
- Review ELR messages containing VPD reports

Qualitative Scoring:

Unsatisfactory	Poor	Fair	Good	Very Good	Outstanding
			X		

APPROACH & WORKPLAN FOR FY2016

Additional Comments:
Missouri proposes no new projects pertaining to VPD Surveillance Coordination activities, but will continue to conduct the enhanced surveillance activities initiated during 2015. In addition, they have demonstrated capacity to complete the necessary work, and have provided a reasonable implementation plan with appropriate and clear milestones, outputs, and timelines.

Qualitative Scoring:

Unsatisfactory	Poor	Fair	Good	Very Good	Outstanding
			X		

EVALUATION AND PERFORMANCE MEASUREMENT STRATEGY

Strengths:
The applicant reports using the surveillance indicators reports to drive the updating of VPD variables in their WebSurv.

Additional Comments:
Appropriate performance measures for VPD Surveillance Coordination were reported, and plans are provided for monitoring progress during 2016.

Qualitative Scoring:

Unsatisfactory	Poor	Fair	Good	Very Good	Outstanding
				X	

BUDGET NARRATIVE: (NOT SCORED) $105,939

Strengths:
The required personnel, professional and technical services, and/or travel for the proposed project are clearly and adequately explained.

Activity Area: R1- VPD Surveillance – Meningococcal Disease, Tier 2 – *H. influenzae*

PROGRESS REPORT & CONTINUING ACTIVITIES

Strengths:
Missouri proposes to continue conducting enhanced surveillance for meningococcal disease, which they have successfully done throughout the 2015 funding cycle. Their VPD surveillance coordinator is in place and will continue to collect the requested extended epidemiologic data elements and will coordinate with colleagues to ensure meningococcal isolates are shipped to CDC, when available.

Missouri will also continue their efforts to enhance surveillance of *H. influenzae*, ensuring that all requested extended data elements are collected while also working to ensure serotyping of all isolates and shipment of available isolates to CDC.

Weaknesses:
None.

Qualitative Scoring:

Unsatisfactory	Poor	Fair	Good	Very Good	Outstanding
				X	

APPROACH & WORKPLAN FOR FY2016

Strengths:
Missouri proposes no new projects pertaining to meningococcal disease or *H. influenzae* but will continue to conduct the enhanced surveillance activities initiated during 2015. Missouri has demonstrated sufficient capacity to complete the necessary work and provides a reasonable implementation plan with appropriate and clear milestones and outputs.

Weaknesses:
None.

Qualitative Scoring:

Unsatisfactory	Poor	Fair	Good	Very Good	Outstanding
				X	

EVALUATION AND PERFORMANCE MEASUREMENT STRATEGY

Strengths:
Appropriate performance measures for both meningococcal disease and *H. influenzae* were reported, and plans are provided for monitoring progress during 2016.

Weaknesses:
None.

Qualitative Scoring:

Unsatisfactory	Poor	Fair	Good	Very Good	Outstanding
				X	

Activity Area: R1- VPD Surveillance – Varicella

PROGRESS REPORT & CONTINUING ACTIVITIES

Strengths:
- The applicant will review varicella case data to determine quality, completeness, and existing barriers.
- The applicant will conduct an evaluation of varicella surveillance activities to identify any barriers or inconsistencies in reporting.
- The applicant will foster collaboration among schools, providers, and local health departments to improve varicella reporting.

- The applicant will provide quarterly reports to CDC with the requested information on varicella clusters/outbreaks.

Additional Comments:
In 2015, no varicella outbreak-associated cases were reported to CDC.

Qualitative Scoring:

Unsatisfactory	Poor	Fair	Good	Very Good	Outstanding
			X		

EVALUATION AND PERFORMANCE MEASUREMENT STRATEGY

Strengths:
- The applicant states the VPD Coordinator will report detailed information on varicella cases to CDC on a quarterly basis.
- The applicant will aim to increase completeness of varicella-specific data, and states specific targets for key variables where completeness is <50%, as well as for reduction in the proportion of unknown responses.

Additional Comments:
Although varicella is a reportable condition in Missouri, zero cases were reported in 2015.

Qualitative Scoring:

Unsatisfactory	Poor	Fair	Good	Very Good	Outstanding
			X		

Activity Area: R1- VPD Surveillance – Acute Flaccid Myelitis

PROGRESS REPORT & CONTINUING ACTIVITIES

Strengths:
- The applicant distributed educational information to increase awareness for AFM, and to encourage reporting and specimen collection.
- Applicant plans to provide outreach to the medical community to raise awareness of AFM; new information will be disseminated to LPHAs and medical providers through the BCDCP listserv and Public Health Messages System.
- Although surveillance for AFM is not being considered as mandatory at this point in time, applicant does intend to raise awareness of AFM.
- Applicant plans on facilitating transfer of specimens from AFM cases to the MSPHL and CDC.

Weaknesses:

- The application could be strengthened by including a more detailed description of the educational messages that were distributed, and how and to whom they were delivered.
- The application would be strengthened by a description of how AFM cases will be identified, and samples collected and transported.

Qualitative Scoring:

Unsatisfactory	Poor	Fair	Good	Very Good	Outstanding
			X		

EVALUATION AND PERFORMANCE MEASUREMENT STRATEGY

Strengths:

The applicant reports that AFM education is in place.

Weaknesses:

Zero cases of AFM were investigated, reported, or ruled out, which could indicate a need for increased education and awareness among providers to recognize the signs and symptoms of AFM.

Qualitative Scoring:

Unsatisfactory	Poor	Fair	Good	Very Good	Outstanding
			X		

GENERAL COMMENTS TO GRANTEE REGARDING CONTENT OF APPLICATION:

Overall, the applicant has described a plan to raise awareness of AFM among the medical community, which is in keeping with the request of the activities for the position. However, the application would benefit from a bit more detail in how they intend to execute this plan. Additionally, zero cases of AFM were investigated, reported, or ruled out, which could indicate a need for increased education and awareness among providers to recognize the signs and symptoms of AFM.