**TITLE OF PROJECT (OR PROGRAM)**

**ACTIONS TO PREVENT CHRONIC DISEASE & CONTROL RISK FACTOR**

**GRANTOR**

Missouri Dept. of Health and Senior Services/DSS&R
920 WILDWOOD DR
COMMUNITY AND PUBLIC HEALTH
JEFFERSON CITY, MO 65109-5796

**AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION**

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Direct Costs</th>
<th>Year</th>
<th>Total Direct Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>893,519.00</td>
<td>7</td>
<td>99,007.00</td>
</tr>
<tr>
<td>6</td>
<td>0.00</td>
<td>8</td>
<td>0.00</td>
</tr>
<tr>
<td>7</td>
<td>157,905.00</td>
<td>9</td>
<td>0.00</td>
</tr>
<tr>
<td>8</td>
<td>37,856.00</td>
<td>10</td>
<td>0.00</td>
</tr>
<tr>
<td>9</td>
<td>473,717.00</td>
<td>11</td>
<td>0.00</td>
</tr>
<tr>
<td>10</td>
<td>15,228.00</td>
<td>12</td>
<td>0.00</td>
</tr>
<tr>
<td>11</td>
<td>0.00</td>
<td>13</td>
<td>0.00</td>
</tr>
</tbody>
</table>

**DISCLAIMER**

The above amounts are shown in USD. Financial assistance from the Federal awarding agency only.

**CONTRIBUTIONS**

- Salaries and Wages: $315,812.00
- Fringe Benefits: $157,905.00
- Total Personnel Costs: $473,717.00
- Equipment: $0.00
- Supplies: $5,596.00
- Travel: $15,228.00
- Construction: $0.00
- Other: $37,856.00
- Contractual: $361,122.00
- Total Direct Costs: $893,519.00
- Indirect Costs: $99,007.00
- Total Approved Budget: $992,526.00
- Federal Share: $992,526.00
- Non-Federal Share: $0.00

**NOTES**

- Correction to Page 1 line 13: The correct total for line 13 Total Federal Funds Awarded to Date for the Project Period is $4,901,405.

**REMARKS**

(X) Yes  ( ) No

Correction Page 1 line 13: The correct total for line 13 Total Federal Funds Awarded to Date for the Project Period is $4,901,405.
### FY-ACCOUNT NO.  DOCUMENT NO.  ADMINISTRATIVE CODE  AMT ACTION FIN ASST  APPROPRIATION

<table>
<thead>
<tr>
<th>24.a.</th>
<th>6-93906CG</th>
<th>b. 004817DP14</th>
<th>c. DP</th>
<th>d. $278,335.00</th>
<th>e. 75-16-0948</th>
</tr>
</thead>
<tbody>
<tr>
<td>25.a.</td>
<td>6-939ZQZH</td>
<td>b. 004817DP14</td>
<td>c. DP</td>
<td>d. $150,995.00</td>
<td>e. 75-16-0948</td>
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<tr>
<td>26.a.</td>
<td>6-939ZRHR</td>
<td>b. 004817DP14</td>
<td>c. DP</td>
<td>d. $39,756.00</td>
<td>e. 75-16-0948</td>
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</table>

### Direct Assistance

<table>
<thead>
<tr>
<th>BUDGET CATEGORIES</th>
<th>PREVIOUS AMOUNT (A)</th>
<th>AMOUNT THIS ACTION (B)</th>
<th>TOTAL (A + B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Travel</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Equipment</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Supplies</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Contractual</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Construction</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Other</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>
AWARD ATTACHMENTS

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

1. Terms and Conditions for Year 4 Non-PPHF Award
2. Technical Review
Funding Opportunity Announcement (FOA) Number: DP13-1305  
Award Number: U58DP004817-04  
Award Type: Cooperative Agreement  

45 CFR Part 75 supersedes regulations at 45 CFR Part 74 and Part 92

**AWARD INFORMATION**

**Incorporation:** The Centers for Disease Control and Prevention (CDC) hereby incorporates Funding Opportunity Announcement number DP13-1305, entitled, State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health under CDC – RFA – DP13-1305, and application dated March 1, 2016, 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, and 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 Grants Policy Statement, 45 CFR Part 75, or applicable statutes/appropriations acts conflict, then statutes and regulations take precedence.

**Approved Funding:** Funding in the amount of $992,526, including $156,752 unobligated balance, is approved for the Year 4 budget period, which is June 30, 2016 through June 29, 2017. 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.

**Award Funding:** Not funded by the Prevention and Public Health Fund

**Use of Unobligated Funds:** This NoA includes use of Year 1 unobligated funds in the amount of $128,153, and Year 2 unobligated funds in the amount of $28,599, totaling $156,752. These funds have been applied as an offset to the currently approved funding level for this budget period. The use of unobligated funds is approved based on the Year 1 Federal Financial Report (FFR) dated October 16, 2014, and the Year 2 FFR dated September 29, 2015. The amount of this NoA will be subject to reduction if the final amount of unobligated funds is less than the amount of unobligated funds reported on the referenced FFR.

*Please Note:*  
Year 01 unobligated funds are available for payment under the G account document number: UDP004817A.

Year 02 unobligated funds are available for payment under the following P account:
**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 Staff Contacts section of this NoA, no later than 30 days from the budget period start date. Failure to submit the required information by the due date, August 1, 2016, will cause delay in programmatic progress and will adversely affect the future funding of this project.

**Budget Revision Requirement:** The proposed budget is tentatively approved contingent upon the receipt of a revised budget.

The information on the required segregation of budgets by **Non-PPHF and PPHF** was not available at the time of the continuation application. As a result, the proposed budget was not segregated by Non-PPHF and PPHF. Therefore, by **August 1, 2016**, the recipient must submit a revised budget for the Non-PPHF portion of the budget in the SF 424a, section B format with a narrative justification and work plan in conjunction with the Domain based budget by using the DP13-1305 budget template. The two different formats of budgets should be reconcilable. For further guidance for using the domain based budget template, please consult with your assigned project officer. **Failure to submit the revised budget by the due date may result in a restriction of funds.** If the revised budget cannot be provided by the due date, the recipient must contact the assigned GMS/GMO before the due date.

The revised budget must be based on the authorized budget of Non-PPHF funds as indicated in the table below by each of the 4 divisional projects under the Basic Component and the Enhanced Component:

<table>
<thead>
<tr>
<th>Project Main Component</th>
<th>Basic Component</th>
<th>Enhanced Component</th>
<th>Non-PPHF TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 16 funds Authorized</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$ 422,889</td>
<td>$ -</td>
<td>$ 278,335</td>
<td>$ 134,550</td>
</tr>
<tr>
<td>Offset by year 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>unobligated balance</td>
<td>$ 103,153</td>
<td>$ -</td>
<td>$ 25,000</td>
</tr>
<tr>
<td>Offset by year 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>unobligated balance</td>
<td>$ -</td>
<td>$ 28,599</td>
<td>$ -</td>
</tr>
<tr>
<td>Total Budget</td>
<td>$ 526,042</td>
<td>$ -</td>
<td>$ 306,934</td>
</tr>
</tbody>
</table>

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

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

**Note:** The disposition of program income must have written prior approval from the GMO.
FUNDING RESTRICTIONS AND LIMITATIONS

Programmatic Restriction: Required Recipient Meeting:
Recipients are required to attend the DP13-1305 meeting November 30, 2016 thru December 2, 2016 in Atlanta, Georgia. If any recipient is not in compliance with this requirement of attending the 3 days, 2 nights meeting, the approved travel budget associated with the training activities will not be allowed to be redirected into other line item activities and the unobligated balance resulting from not attending the training activities will not be allowed to be used in future budget periods.

Indirect Costs: Indirect costs are approved based on the Indirect Cost Rate Agreement dated January 8, 2015, which calculates indirect costs as follows: a Provisional rate is approved at a rate of 20.90% of the base, which includes total direct salaries and wages including all fringe benefits. The effective dates of this indirect cost rate are from July 1, 2015 to June 30, 2018.

Matching Funds Requirement: The matching funds are not required, but strongly encouraged to contribute a level of non-federal participation computed by the following guidance:

Matching is calculated on the basis of the federal award amount and is comprised of grantee contributions proposed to support anticipated costs of the project during a specific budget period (confirmation of the existence of funding is supplied by the grantee via their Federal Financial Report). The grantee must be able to account separately for stewardship of the federal funding and for any required matching; it is subject to monitoring, oversight, and audit. The grantee may not use matching expenditures to count toward any Maintaining State Funding requirement.

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

Cost Limitations as Stated in the Consolidated and Further Continuing Appropriations Act, 2015 (Items A through E)

A. Cap on Salaries (Div. G, Title II, Sec. 203): 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. G, Title II, Sec. 217): 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. G, 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.


D. Needle Exchange (Div. G, Title V, Sec. 521): 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. G, Title V, Sec. 526): (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.

Rent or Space Costs: Grantees are responsible for ensuring that all costs included in this proposal to establish billing or final indirect cost rates are allowable in accordance with the requirements of the Federal award(s) to which they apply, including 45 CFR Part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards. The grantee also has a responsibility to ensure sub-recipients expend funds in compliance with applicable federal laws and regulations. Furthermore, it is the responsibility of the grantee to ensure rent is a legitimate direct cost line item, which the grantee has supported in current and/or prior projects and these same costs have been treated as indirect costs that have not been claimed as direct costs. If rent is claimed as direct cost, the grantee must provide a narrative justification, which describes their prescribed policy to include the effective date to the assigned Grants Management Specialist (GMS) identified in the CDC Contacts for this award.

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

Cancel Year: 31 U.S.C. Part 1552(a) Procedure for Appropriation Accounts Available for Definite Periods states the following, On September 30th of the 5th fiscal year after the period of availability for obligation of a fixed appropriation account ends, the account shall be closed and any remaining balances (whether obligated or un obligated) 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) 2016 funds will expire September 30, 2021. All FY 2016 funds should be drawn down and reported to Payment Management Services (PMS) prior to September 30, 2021. After this date, corrections or cash requests will not be permitted.

**REPORTING REQUIREMENTS**

The FFR for this budget period is due by September 29, 2017. Reporting timeframe is June 30, 2016 through June 29, 2017.

The FFR may be downloaded from the following website below and submitted to the GMS via email. https://www.whitehouse.gov/sites/default/files/omb/grants/approved_forms/SF-425.pdf

The following table of detailed costs tracking information by components and divisional projects must be submitted as an addendum to the annual FFR for this non-PPHF award to comply with the Congressional requirement:

```
<table>
<thead>
<tr>
<th>Project Subcomponents (Divisional Projects)</th>
<th>Basic Component</th>
<th>Enhanced Component</th>
</tr>
</thead>
<tbody>
<tr>
<td>DDT, DNPAO, School Health, and HDSP</td>
<td>Heart Disease and Stroke</td>
<td>Diabetes</td>
</tr>
<tr>
<td>Total Federal Funds Authorized</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Federal Share of Expenditures</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Unobligated Balance</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Non-PPHF Award</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
```

Note: Neither any cost transfer nor carryover of any unobligated balance between the basic component and the enhanced component, and among the 4 separate divisional project activities’ appropriation lines is allowed to comply with the Congressional intent.

The FFR should only include those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System’s (PMS) cash transaction data. All Federal reporting in PMS is unchanged.

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.

**Performance Reporting:** The Annual Performance Report is due no later than 120 days prior to the end of the budget period, March 1, 2017, and serves as the continuing application. This report should include the information specified in the FOA.

**Audit Requirement:**
Domestic Organizations: 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
After receipt of the audit report, CDC will resolve findings by issuing Final Determination Letters.

**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.

Note: The standards set forth in 45 CFR Part 75 Subpart F will apply to audits of fiscal years beginning on or after December 26, 2014.

**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](http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr170_main_02.tpl)

**FFATA:** [www.fsrs.gov](http://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](http://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](http://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).

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.

**GENERAL REQUIREMENTS**

**Travel Cost:** In accordance with HHS Grants Policy Statement, travel costs are only allowable where such travel will provide direct benefit to the project or program. There must be a direct benefit imparted on behalf of the traveler as it applies to the approved activities of the NoA. To prevent disallowance of cost, the grantee is responsible for ensuring that only allowable travel reimbursements are applied in accordance with their organization’s established travel policies and procedures. Grantees approved policies must meet the requirements of 45 CFR Part 75, as applicable.

**Food and Meals:** Costs associated with food or meals are allowable when consistent with applicable federal regulations and HHS policies and guidance, which can be found at [http://www.hhs.gov/asfr/ogapa/acquisition/effspendpol_memo.html](http://www.hhs.gov/asfr/ogapa/acquisition/effspendpol_memo.html). In addition, costs must be proposed in accordance with grantee approved policies and a determination of reasonableness has been performed by the grantees. Grantee approved policies must meet the requirements of 45 CFR Part 75, as applicable.

**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 1, 2017 or no later than 120 days prior to this budget period’s end date. Additionally, any requests involving funding issues must include an itemized budget and a narrative justification of the request.

The following types of requests require prior approval:  
- Use of unobligated funds from prior budget period (Carryover)  
- Lift funding restriction, withholding, or disallowance  
- Redirection of funds  
- 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
• Conferences or meetings that were not specified in the approved budget

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, DP004817, 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.
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, subgrant 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 logo 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 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

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.
(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 Services (PMS). PMS will forward instructions for obtaining payments.

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

Director, Payment Management Services  
P.O. Box 6021  
Rockville, MD 20852  
Phone Number: (877) 614-5533  
Email: PMSSupport@psc.gov  

**Note:** To obtain the contact information of PMS staff within respective Payment Branches refer to the links listed below:

- University and Non-Profit Payment Branch:  

- Governmental and Tribal Payment Branch:  

- Cross Servicing Payment Branch:  

- International Payment Branch: Bhavin Patel (301) 492-4918  
  Email: Bhavin.patel@psc.hhs.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.

For additional information and/or to obtain your agency point of contact at the PMS, see, http://www.dpm.psc.gov/contacts/dpm_contact_list/dpm_contact_list.aspx?explorer.event=true

Payment Management System Subaccount: Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC setup payment subaccounts within the Payment Management System (PMS) for all grant awards. Funds awarded in support of approved activities have been obligated in a newly established subaccount in the PMS, herein identified as the “P Account”. A P Account is a subaccount created specifically for the purpose of tracking designated types of funding in the PMS.

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.

This award contains funding from multiple components. The grant document number and a component’s applicable subaccount title (listed below) must be known in order to draw down funds from this P Account.

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<th>Component</th>
<th>Document #</th>
<th>Subaccount Title</th>
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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.

**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 nonprogrammatic 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:** See Staff Contacts below for the assigned GMO

**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 above are performed by the GMS on behalf of the GMO.

**GMS Contact:** See Staff Contacts below for the assigned GMS

**Program/Project Officer:** The PO is the federal official responsible for the programmatic, scientific, and/or technical aspects of grants and cooperative agreements including:
- The development of programs and FOAs to meet the CDC’s mission
- Providing technical assistance to applicants in developing their applications e.g. explanation of programmatic requirements, regulations, evaluation criteria, and guidance to applicants on possible linkages with other resources
- Providing technical assistance to grantees in the performance of their project
- Post-award monitoring of grantee performance such as review of progress reports, review of prior approval requests, conducting site visits, and other activities complementary to those of the GMO/GMS
Programmatic Contact:
Jennifer M. Kohr, Project Officer
Centers for Disease Control
NCCDPHP
4770 Buford Hwy.
Chamblee, GA 30341 Telephone: 770-488-1497
Fax:
Email: MYounger@cdc.gov

GMS Contact:
Kang Lee, GMS/GMO
Office of Grants Services (OGS)
Office of Financial Resources (OFR)
Office of the Chief Operating Officer (OCOO)
Centers for Disease Control and Prevention (CDC)
KLee@cdc.gov | 770-488-2853

GMO Contact:
Roslyn Curington, Grants Management Officer (GMO)/Team Lead
Office of Grants Services (OGS)
Office of Financial Resources (OFR)
Office of the Chief Operating Officer (OCOO)
Centers for Disease Control and Prevention (CDC)
RCurington@cdc.gov | 770-488-2832
Basic Component

Annual Performance Report (APR), Basic Component

Comments on Year 3 APR, Basic Component

- The grantee provided a Year 3 Annual Performance Report for the Basic component that demonstrates progress toward achieving the school health performance measures.
- The grantee has illustrated its accomplishments in Year 3 in nutrition, physical activity, and obesity (NPAO) strategies, including:
  - Revised its Eat Smart in Parks (ESIP) toolkit and promoted it with partners; and
  - Developed and distributed state car physical activity cards for state employees.
- The grantee has demonstrated progress towards achieving the performance measures in heart disease and stroke prevention efforts.
- The grantee reported delays in its Basic, Strategy 5 activities; however, statements about steps to address the delayed activities were provided.

Feedback/Recommendations on Year 3 APR Basic Component Performance Measures to be addressed by Awardee

Revisions to performance measures based on feedback noted below should be submitted to the lead CDC Project Officer and Lead evaluator within 30 days of receipt of this technical review.

- For performance measure B.5.01: Although CDC will allow BRFSS as an acceptable proxy for the entire 5-year period, grantees are expected to work towards the ideal measurement using health systems data, and to reflect those data in the sub-rows as they have the capacity to do so.
The grantee should also ensure that data being reported reflect activities during the appropriate Year 3 APR reporting period of February 1, 2015 – January 31, 2016.

Work Plan, Basic Component

Overarching Comments—Year 4 Basic Work Plan
Revisions to performance measures based on feedback noted below should be submitted to the lead CDC Project Officer and Lead evaluator within 30 days of receipt of this technical review.

- For Basic Strategies 1 and 3 in Nutrition, Physical Activity, and Obesity (NPAO), the grantee proposed activities that were in line with the strategies and built on its efforts in previous years.

Strategy B.1: Promote the adoption of food service guidelines/nutrition standards, which include sodium
- Recommendations on Activities:
  - The grantee proposes to meet with the Missouri Parks and Recreation Association and other stakeholders to identify supports needed to improve data collection and evaluation of its “Eat Smart in Parks” (ESIP) program (row 13). The grantee should clarify if the main activity to be completed is to meet with partners or to identify supports (with the assistance of partners)? If the latter, the grantee should rewrite this activity so that identifying supports is the major milestone (e.g., Identify supports needed to improve data collection and evaluation of Eat Smart in Parks (ESIP) efforts in local parks through the support of the Missouri Parks and Recreation Association and other stakeholders.)
  - Recommendations on Performance Measures
    - No recommendations noted.

Strategy B.2: Promote the adoption of physical education/physical activity (PE/PA) in schools
- Recommendations on Activities:
  - No recommendations noted.
- Recommendations on Performance Measures
  - No recommendations noted.

Strategy B.3: Promote the adoption of physical activity (PA) in early care and education (ECE) and worksites
- Recommendations on Activities:
  - No recommendations noted.
- Recommendations on Performance Measures
  - No recommendations noted.

Strategy B.4: Promote reporting of blood pressure and A1C measures; and, as able, initiate activities that promote clinical innovations, team-based care, and self-monitoring of blood pressure
- Recommendations on Activities:
No recommendations noted.

- Recommendations on Performance Measures
  - No recommendations noted.

### Strategy B.5: Promote awareness of high blood pressure among patients

- Recommendations on Activities:
  - The grantee should further define what is meant by “‘Expand reach of Million Hearts’ Hiding in Plain Sight in Federal Qualified Health Centers.” What specific strategies or activities will the grantee conduct to address Hiding in Plain Sight among patients with high blood pressure?

- Recommendations on Performance Measures
  - For performance measure B.5.01: Although CDC will allow BRFSS as an acceptable proxy for the entire 5-year period, grantees are expected to work towards the ideal measurement using health systems data, and to reflect those data in the sub-rows as they have the capacity to do so.

### Strategy B.6: Promote awareness of prediabetes among people at high risk for type 2 diabetes

- Recommendations on Activities:
  - Activity 1: Instead of asking the NDPP provider to provide technical assistance, the grantee (or its contractor) should provide the media awareness within the communities where the NDPP providers are located. The NDPP providers are not funded under 1305 and are not required to reach out to local media. The grantee should be doing this work.
  - Activity 2: The grantee should articulate which local media this activity will occur in. Will it be urban centers (St. Louis and Kansas City), rural areas, or somewhere else?

- Recommendations on Performance Measures
  - No recommendations noted.

### Strategy B.7: Promote participation in ADA-recognized, AADE-accredited, state-accredited/certified, and/or Stanford licensed diabetes self-management education (DSME) programs

- Recommendations on Activities:
  - Activity 2: The grantee should clarify what other information is included in the directory, in addition to DSME sites and providers. What is the dissemination plan for this? To whom will it be disseminated? How frequently will it be updated?

- Recommendations on Performance Measures
  - No recommendations noted.

### Basic Budget Recommendations

- In the “Personnel Salary and Fringe” tab:
  - The grantee does not use funds from Basic Activities to support Kathy Craig (row 141) or Karla Voss (row 153), although their work with physical activity and early care and
education, respectively, connect with Basic Strategies 1 and 3. Is there a reason for not aligning them with funds for Basic Activities?
Enhanced Component

APR, Enhanced Component

Comments on Year 3 APR, Enhanced Component

- The grantee provided a Year 3 Annual Performance Report for the Enhanced component that demonstrates progress toward achieving the school health performance measures.
- For Domain 2 School Health performance measures: The grantee reported reasonable performance measure values in the Year 3 Annual Performance Report for Enhanced Strategies 2.3 and 2.6 that demonstrate initial progress toward meeting Year 5 targets.
- The grantee has illustrated its accomplishments in Year 3 in nutrition, physical activity, and obesity (NPAO) strategies, including:
  - Developing additional resources to use with partners on its Stock Healthy, Shop Healthy program with food retail venues;
  - Working with 25 early care and education (ECE) facilities to implement physical activity policies/practices and submitting MOve Smart applications; and
  - Successfully promoting the Missouri Breastfeeding Friendly Worksite program and the Missouri Breastfeeding Friendly Child Care program to 251 worksites and 29 ECE facilities through its partners.
- The grantee is demonstrating progress toward achieving the heart disease and stroke prevention performance measures.
  - There are 23 of 28 Community Health Centers (CHCs) that have achieved Patient Center Medical Home (PCMH) status at 70 clinic sites.
  - Results of PCMH surveys that support the increase or continuations of PCMH status of CHCs were shared with CDC.

Feedback/Recommendations on Year 3 APR Enhanced Component Performance Measures to be addressed by Awardee

Revisions to performance measures based on feedback noted below should be submitted to the lead CDC Project Officer and Lead evaluator within 30 days of receipt of this technical review.

- For all Domain 3 and 4 Health System-related performance measures: The data in the parent row should reflect the statewide perspective for the both the numerator and denominator. If the numerator and/or denominator are unknown at the state level and there is no estimate available, then the parent row should be left blank to avoid the reporting of partial or misleading data. The grantee should include information on numerators or denominators (e.g., Total number of Health Care Systems in the state) in the Measure/APR notes field. Please use the sub-rows to report data that are specific to a particular data source and not state level. Please apply this update to all applicable performance measures. The grantee is also advised to review DHDSP Performance Measure profiles dated 02/2016 and work with their HDSP evaluator to properly define health systems and report data.
- For performance measure 3.2.05: The grantee is missing a numerator and denominator in the Year 3 Actuals submitted and the grantee did not include a detailed explanation with an
anticipated timeline for collecting the missing data. The grantee should submit a revised APR with updated data or a detailed explanation with an anticipated timeline for collecting the missing data in the “APR Notes” field.

- For performance measures 4.3.02 and 4.3.08: The grantee included zeros in the Year 3 Actuals. If the actual numerator is not zero, the grantee should submit a revised APR with the correct data. If the data is missing or unknown, the grantee should leave the field blank and include a detailed explanation with an anticipated timeline for collecting the missing data in the “APR Notes” field.

- For Domain 4 School Health performance measures:
  - 4.5.01- 4.5.05; 4.5.08-4.5.10: The Year 3 actual values are missing. In addition to the anticipated timeline, the grantee should provide details regarding the status of the data and actions planned to obtain/report the data in the measure notes.
  - 4.5.01 & 4.5.03: The grantee should report only the numerator/count for the performance measures. Additional information can be provided in the measure notes.

**Work Plan, Enhanced Component**

**Overarching Comments—Year 4 Enhanced Work Plan**

Revisions to performance measures based on feedback noted below should be submitted to the lead CDC Project Officer and Lead evaluator within 30 days of receipt of this technical review.

- For Domain 2 Nutrition, Physical Activity, and Obesity (NPAO) strategies, the grantee proposed activities that were in line with the strategies and built on its efforts in previous years.
- The grantee should revise some of the performance measure values and/or provide additional supporting information in the measure notes for the school health strategies in the Year 4 work plan. The grantee should see the specific recommendations for each strategy below.
- The activities proposed under Enhanced Strategies 4.1 and 4.2 do not meet the expectations of the funding opportunity, demonstrate a logical progression toward performance measures, or justify the use of allotted funds. Activities denoted under these strategies must be revised, as part of the response to the technical review.

**Domain 2**

**Strategy 2.1: Increase access to healthy foods and beverages**

- Recommendations on Activities:
  - The grantee suggests promoting the use of the Spanish versions of the Stock Healthy, Shop Healthy (SHSH) program in existing and new communities (row 15). This is a great idea. Will the grantee require the University of Missouri Extension staff to expand the SHSH program in specific Spanish-speaking communities while expanding to at least four new communities in Year 4 (row 12) or will the communities be selected by a different set of criteria?

- Recommendations on Performance Measures
For measures 2.1.06 and 2.1.07, CDC will populate these using data from the DNPAO interactive Data Trends and Maps database.

**Strategy 2.2: Implement food service guidelines/nutrition standards where foods and beverages are available. Guidelines and standards should address sodium**

- **Recommendations on Activities:**
  - The grantee proposes to work with 4 public service venues (row 44) and 5 local public health agencies (LPHAs) (row 45) to implement food service guidelines. Are these 4 new public service venues and 5 new LPHAs in Year 4, or did the grantee work with these venues and LPHAs in previous years?

- **Recommendations on Performance Measures**
  - For measures 2.2.07 and 2.2.08, CDC will populate these using data from the DNPAO interactive Data Trends and Maps database.

**Strategy 2.3: Create supportive nutrition environments in schools**

- **Recommendations on Activities:**
  - No recommendations noted.

- **Recommendations on Performance Measures**
  - For performance measure 2.3.02: The Year 5 target is lower than the Year 4 target. The target values should be cumulative. The grantee should revise the targets accordingly.
  - For performance measures 2.3.03-2.3.12; 2.3.15, and 2.3.16: The Year 3 actual value and the Year 4 target value are the same. The target values should be cumulative. The grantee should provide an explanation for the selected Year 4 target in the measure notes and revise the values, as needed.
  - For performance measures 2.3.04, 2.3.11, and 2.3.12: The grantee should review the Year 4 and Year 5 target values and determine whether the Year 5 value is feasible, given the Year 3 actual values.

**Strategy 2.4: Increase physical activity access and outreach**

- **Recommendations on Activities:**
  - The activities proposed are in line with the strategy and build from Year 3. The grantee is asked to spell out the acronyms “LS,” “MTP,” and “RPC” (rows 93-94).
  - The grantee will work with at least 5 new additional communities to implement LS/MTP policies (row 94). Will the grantee also provide continued technical assistance to the communities it and its contractors worked in Year 3? If so, in what ways?

- **Recommendations on Performance Measures**
  - For measures 2.4.04 and 2.4.05, CDC will populate these using data from the DNPAO interactive Data Trends and Maps database.

**Strategy 2.5: Implement physical activity in early care and education**

- **Recommendations on Activities:**
The grantee proposes to continue to contract with LPHAs to assist early care and education (ECE) providers to become MOve Smart certified (row 112). How many ECE providers will the grantee target in Year 4 for this activity?

**Recommendations on Performance Measures**
- No recommendations noted.

**Strategy 2.6: Implement quality physical education and physical activity in K-12 schools**

- **Recommendations on Activities:**
  - The grantee should revise Activity 2 to indicate physical activity content area, rather than nutrition.

- **Recommendations on Performance Measures**
  - 2.6.03, 2.6.04; 2.6.06-2.6.08: The Year 4 target values are the same as the Year 3 actual values (APR). The target values should be cumulative, building upon the values reported for previous years. The grantee should revise the targets in the Year 4 work plan.

**Strategy 2.7: Increase access to breastfeeding friendly environments**

- **Recommendations on Activities:**
  - No recommendations noted.

- **Recommendations on Performance Measures**
  - For measures 2.7.06 - 2.7.09, CDC will populate these using data from the DNPAO interactive Data Trends and Maps database.

**Domain 3**

**Strategy 3.1: Increase implementation of quality improvement processes in health systems**

- **Recommendations on Activities:**
  - For Strategy 3.1, Intervention 1, the grantee should clarify its proposed activity. There are several deliverables expected from the Primaris contract. The grantee should further define the activity and consider creating more than one activity for this intervention.

- **Recommendations on Performance Measures**
  - For all Domain 3 and 4 Health System-related performance measures: The data in the parent row should reflect the statewide perspective for both the numerator and denominator. If the numerator and/or denominator are unknown at the state level and there is no estimate available, then the parent row should be left blank to avoid the reporting of partial or misleading data. The grantee should include information on numerators or denominators (e.g., Total number of health care systems in the state) in the Measure/APR notes field. The grantee is advised to use the sub-rows to report data that are specific to a particular data source and not state level. The grantee should apply this update to all applicable performance measures. The grantee is also advised to review DHDSP Performance Measure profiles dated 02/2016 and work with its HDSP evaluator to properly define health systems and report data.
  - For performance measure 3.1.03: The targets are decreasing when they should be increasing. The grantee should adjust the targets.
For all performance measures under Enhanced Strategy 3.1, the grantee should clarify why there are different denominators in Years 4 and 5 targets.

**Strategy 3.2: Increase use of team-based care in health systems**

- **Recommendations on Activities:**
  - For Enhanced Strategy 3.2, Intervention 1, the grantee should provide specific information on how it plans to promote provider awareness of ABCs of heart disease and stroke prevention.
  - For Enhanced Strategy 3.2, Intervention 2, the grantee should provide specific information on plans to promote the Continuing Medical Education (CME) program for self-measured blood pressure (SMBP) that was developed by Dr. Blaine and other partners.

- **Recommendations on Performance Measures**
  - The grantee should see the comment under Enhanced Strategy 3.1 *Recommendations on Performance Measures* regarding the different denominators in Years 4 and 5 targets.
  - For performance measure 3.2.05: The grantee did not set complete targets in the Year 4 work plan. The grantee should submit a revised work plan with targets for this performance measure. If the target cannot be determined as this time, the grantee should include a detailed explanation for the missing targets with an anticipated timeline for setting the targets in the “Measure Notes” field.

**Domain 4**

**Strategy 4.1: Increase use of diabetes self-management programs in community settings**

- **Recommendations on Activities:**
  - Overall comment: After an initial informal review of the workplan, followed up by a conference call with the grantee, and a second formal review on a revised workplan the proposed activities still do not seek to establish or strengthen referral systems to support people with type 2 diabetes into existing recognized/accredited diabetes self-management education (DSME) programs. Additionally, the proposed activities are very similar to the activities that were approved and implemented in Year 2 and 3. The grantee has not clarified how the activities in Year 4 are leveraging what was done in Year 2 and 3. The grantee needs to explain how repeating this set of activities again in year 4 meets the goal of the strategy and clarify why the grantee is not funding other parts of the Enhanced 4.1 strategy (building referral systems and strengthening reimbursement for DSME). Alternatively, the grantee should consider removing Activities 1 and 2 and submit new activities that use those funds for establishing referral systems from health care providers or health systems to recognized/accredited DSME programs.
  - Some additional concerns with the activities around using the DASPA curriculum for training pharmacists for expansion of DSME services:
As of March 30, 2016, only 15 of the 46 DASPA-trained pharmacists were either accredited or seeking accreditation for a DSME program (based on program update notes). This means that 31 (67%) of the pharmacists who received scholarships are not establishing a DSME program and seeking accreditation.

Pharmacists who participate in the DASPA training are not required to commit to establishing accredited DSME programs, leading to large numbers of pharmacists who are not pursuing DSME-accreditation after receiving the scholarship for DASPA training.

The grantee and contractor have not articulated their strategy for determining what parts of the state need DSME programs and how they will identify and recruit pharmacists in areas where there are few DSME programs available to participate in the training.

In looking at a map of currently existing ADA and AADE DSME programs across the state there are many DSME programs currently in existence across Missouri. To date the grantee has not articulated where in the state DSME-accredited programs are needed the most.

The Year 4 contract for the Missouri Pharmacy Association sets aside approximately $1,000 for 50 pharmacists to be trained; however, the Year 4 work plan proposes 25 pharmacists to receive the DASPA training. The grantee should clarify this.

Activity 5: It is not clear how this activity will increase referrals or reimbursement to DSME programs. The grantee should consider replacing this activity or adding on an activity focused on increasing referrals.

Recommendations on Performance Measures

- For performance measures 4.1.01 and 4.1.02, the Year 4 targets are less than or same as the Year 3 actuals. The grantee should increase the Year 4 targets.

Strategy 4.2: Increase use of lifestyle intervention programs in community settings for the primary prevention of type 2 diabetes

- Recommendations on Activities:
  - The contracts for Missouri Broadcast Association and Elasticity Media state that they support activities related to the performance measures 4.2.01 and 4.2.02; however, there are no activities proposed in the work plan that seek to establish referral systems and/or policies with health systems. The one activity focusing on referring people with prediabetes in lifestyle change programs through health care provider referrals is unclear in describing how either contracts may be used to support this activity. Additionally, these contracts are with media organizations; it is difficult to understand how media contracts are the most appropriate contractor for establishing referral systems between health care providers and the National DPP.
  - Activity 1: This activity is very similar to what is proposed under Basic Strategy 6. The grantee is asked to consolidate this activity with what is in Basic Strategy 6.
Activity 3: The grantee should expand on what municipalities and counties will be targeted and the strategic process behind those selections.

Activity 4: The grantee should clarify which DSME programs will be selected for this activity and explain the strategic approach.

Activity 5: The grantee should expand this activity to include working with health care providers and/or systems to establish referral systems where National DPP programs exist. The grantee is asked to work with its Domain 4 Project Officer for any questions on how to do this.

Activity 6: This activity should be placed under Basic Strategy 6 since it is about communicating the National DPP and prediabetes with healthcare professionals. What is the desired outcome from these activities?

- Recommendations on Performance Measures
  - For performance measure 4.2.02, the grantee’s actuals (Years 2 and 3) and target (Year 4) suggest that the Year 5 target may not be met. The grantee should note the barriers/challenges to meeting targets.

Strategy 4.3: Increase use of health care extenders in the community in support of self-management of high blood pressure and diabetes

- Recommendations on Activities:
  - Proposed activities are appropriate.

- Recommendations on Performance Measures
  - For performance measure 4.3.05: The grantee should see the comment under 3.1 Recommendations on Performance Measures regarding the different denominators in Years 4 and 5 targets.

Strategy 4.4: Increase use of chronic disease self-management programs in community settings

- Recommendations on Activities:
  - Proposed activities are appropriate.

- Recommendations on Performance Measures
  - No recommendations noted.

Strategy 4.5: Implement policies, processes, and protocols in schools to meet the management and care needs of students with chronic conditions

- Recommendations on Activities:
  - No recommendations noted.

- Recommendations on Performance Measures
  - 4.5.07: The Years 4 and Year 5 target values do not align with the values reported in the Year 3 APR. The grantee should revise the target values in the Year 4 work plan, as needed.
Enhanced Budget Recommendations

- The grantee proposed a budget that higher than the ceiling amount by over $3,000. The budget should be revised to reflect the appropriate ceiling level.
- In the “Contracts” tab:
  - For the contract with Child Care Aware of Missouri, the numbers included in the justification for “Salary and Wages” (row 131) do not add up to the total amount listed ($4,118). The grantee is asked to clarify. In addition, the grantee needs to include a justification for “Consultant Costs” (row 133) for this contract.
  - The grantee needs to provide a breakdown of costs in the “Salary and Wages” boxes for the contract with:
    - University of Missouri Extension – Columbia (row 59)
    - University of Missouri Extension – St. Louis (row 221)
    - Local Education Agencies (LEAs) (row 239)
    - TrailNet (row 257)
    - To be determined with CSPAP (row 293)
    - To be determined with ECE (row 311)
    - TBD (row 347)
    - PedNet (row 365)
    - TBD (row 383)
    - AT Still University of Health Science... (row 419)
    - TBD—Local Public Health Agencies and/or Local University of Missouri Extension Offices (row 437)
    - To be determined with Culinary Skills Institute (row 455)
    - TBD—Local Public Health Agencies (row 473)
  - The grantee is charging 0.1% of the Nutrition, Physical Activity, and Obesity (NPAO) funds in Domain 2 Activities towards the contract with the Local Education Agencies (row 250). Either the grantee needs to move this 0.1% to the School Health (SH) box or include an activity in the Year 4 work plan that illustrates how it plans to implement nutrition in the schools-as-worksite setting through Enhanced Strategy 2.2.
  - Two contracts in the budget state that the grantee supports performance measures 4.2.01 and 4.2.02; however, it is unclear through the work plan and the itemized budget how these contracts (Missouri Broadcasters Association and Elasticity Media) are supporting activities that will impact 4.2.01 and 4.2.02. These contracts and their associated activities must be clarified. The grantee should see the comments in Enhanced Strategy 4.2 for further detail.
- In the “Domain 2 Budget” tab:
  - The grantee states that it will take 100% of the funds from NPAO to support exhibit fees for professional meetings (row 117); however, the justification also includes school health. Therefore, the grantee must use some school health funds to support this activity as well.
The grantee is asked to provide a justification for the “Printing of physical activity cards for child care providers” (row 120).

**Research Determination**

DP13-1305 is only for non-research activities supported by CDC. (For the definition of research, please see the CDC Web site at the following Internet address: [http://www.cdc.gov/od/ads/opspoll1.htm](http://www.cdc.gov/od/ads/opspoll1.htm))

☑ No research activities have been proposed.

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