**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
Centers for Disease Control and Prevention  
CDC Office of Financial Resources  
2920 Brandywine Road  
Atlanta, GA 30341  

**NOTICE OF AWARD**  
AUTHORIZATION (Legislation/Regulations)  
301(a) and 317(k)(2) of the Public Health Service Act, [42 U.S.C. Section 241(a) and 247b(k)(2)], as amended.

**GRANTS MANAGEMENT OFFICIAL:**  
Merlin Williams

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### 1. DATE ISSUED
06/14/2018

### 2. CFDA NO.
93.898

### 3. ASSISTANCE TYPE
Cooperative Agreement

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### 8. TITLE OF PROJECT (OR PROGRAM)
Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations

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### 9. GRANTEE NAME AND ADDRESS

#### HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF

Alternate Name: MISSOURI STATE DEPT/ HEALTH & SENIOR SRV  
920 Wildwood Dr  
Community and Public Health  
Jefferson City, MO 65109-5796

#### Alternate Name: MISSOURI STATE DEPT/ HEALTH & SENIOR SRV

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### 10a. GRANTEE AUTHORIZING OFFICIAL

Ms. Patricia Bedell  
920 WILDWOOD DR  
Division of Administration  
JEFFERSON CITY, MO 65109-5796  
Phone: 573-751-6814

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### 10b. FEDERAL PROJECT OFFICER

Mr. Steve Cramer  
930 Wildwood Dr  
Jefferson City, MO 65109-5796  
Phone: 5735222806

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

#### Financial Assistance from the Federal Awarding Agency Only

| a. Salaries and Wages | $617,261.00 |
| b. Fringe Benefits | $321,218.00 |
| c. Total Personnel Costs | $938,479.00 |
| d. Equipment | $0.00 |
| e. Supplies | $4,471.00 |
| f. Travel | $20,536.00 |
| g. Construction | $0.00 |
| h. Other | $116,607.00 |
| i. Contractual | $2,901,818.00 |
| j. TOTAL DIRECT COSTS | $3,981,911.00 |
| k. INDIRECT COSTS | $237,280.00 |
| l. TOTAL APPROVED BUDGET | $4,219,191.00 |

### 12. AWARD COMPUTATION

- a. Amount of Federal Financial Assistance (from item 11m) $4,219,191.00
- 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 $4,219,191.00

### 13. Total Federal Funds Awarded to Date for Project Period $8,438,382.00

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### 14. RECOMMENDED FUTURE SUPPORT

(Subject to the availability of funds and satisfactory progress of the project):

<table>
<thead>
<tr>
<th>Year</th>
<th>TOTAL DIRECT COSTS</th>
<th>Year</th>
<th>TOTAL DIRECT COSTS</th>
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<tr>
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<td>a.  3</td>
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<td></td>
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<td>f.  8</td>
<td>617,261.00</td>
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### 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)

### 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:

- 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.

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**REMARKS**

(Other Terms and Conditions Attached - **X** Yes **No**)

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**GRANTS MANAGEMENT OFFICIAL**  
Merlin Williams
### Direct Assistance

<table>
<thead>
<tr>
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</table>
1. Year 02 NCC Terms and Conditions
2. Funding Spreadsheet
3. NCCCP TR
4. NPCR TR
5. BC TR
**AWARD INFORMATION**

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at [https://www.cdc.gov/grants/federalregulationspolicies/index.html](https://www.cdc.gov/grants/federalregulationspolicies/index.html), the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number DP17-1701, entitled *Cancer Prevention and Control Programs for State, Territorial, and Tribal Organizations*, and application dated , as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

**Approved Funding:** Funding in the amount of $4,219,191 is approved for the Year 02 budget period, which is June 30, 2018 through June 29, 2019. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

- **NBCCEDP:** $ 2,700,000
- **NCCCP:** $ 469,191
- **NPCR (Component 1):** $ 1,050,000
- **NPCR (Component 2):** $ 0

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

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

**Financial Assistance Mechanism:** Cooperative Agreement

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

CDC program staff will assist, coordinate, or participate in carrying out effort under the award, and recipients agree to the responsibilities therein, as detailed in the NOFO.

CDC activities in this NOFO are as follows:

- Collaboration between program consultants across the division to provide coordination of program monitoring and technical assistance activities such as joint program calls, site visits, and regional consultations.
- Team Leads, Project Officers, and Subject Matter Experts from across the division jointly plan and participate in trainings and other capacity building activities that address crosscutting strategic areas.
- Resources and guides that address key programmatic needs across the FOA will be jointly developed and/or disseminated to ensure consistent messages with meeting grantee technical assistance needs.
- Technical assistance in the areas of program implementation, fiscal and grants management, surveillance and epidemiology, health education and promotion, evaluation, community-clinical linkages, and environmental approaches will be coordinated across programs to ensure consistency and build awardee capacity.
• CDC Chronic Project Officers will continue to identify collaboration and coordination opportunities through the NCCDPHP Regional Team meeting
• Coordinated Program Directors meetings and Cancer Conferences will be prioritized to reduce burden on grantees
• Establish program policies and guidelines collaboratively with grantees.
• Facilitate the exchange of information and coordination, collaboration, and service integration between grantees and chronic disease counterparts.
• Provide ongoing guidance, consultation and technical assistance to support the planning, implementation, monitoring, and evaluation of the activities listed within the components funded in this FOA.
• Monitor grantees progress in implementing the program and work with grantees through email, conference calls, and site visits, and review of progress reports and other data reports to support program progress and program improvement.
• Convene trainings, capacity building exercises, meetings, web forums, conference calls, and site visits with grantees.
• Provide relevant scientific research findings, peer-reviewed publications, success stories, public health recommendations, and up-to-date clinical guidelines related to the FOA.
• Provide eligible population estimates for available geographic units. Estimates are currently available at the national, state, and county level. Estimates can be found at: [http://www.census.gov/hhes/www/sahie/data/index.html](http://www.census.gov/hhes/www/sahie/data/index.html).
• Design, implement, and evaluate program implementation of screening and patient support services.
• Provide strategies to work effectively with health care systems and community-based organizations to use available data and target populations to decrease disparities.
• Provide guidance on practical application of appropriate Public Laws based on the program specific needs. These laws include; Public Law101-354, including amendments to the law, Public Health Service Act, (42 USC 280e-280e-4; Public Law 102-515), as amended and Public Health Service Act, [42 U.S.C. section247b (e) and (k)(2)], as amended.
• Provide tools and methodologies to conduct linkages between the screening program data and central cancer registries data, and reporting registry stage data in the MDE.
• Develop regular data monitoring feedback reports based on clinical data submissions to support data use for quality assurance, program improvement, and program monitoring and evaluation.
• Evaluate, monitor, and report on progress toward meeting performance standards using interim progress reports, end of year reports, MDE reports, annual surveys, and others described in FOA.
• Provide analytic datasets through CDC’s Research Data Center, restricted data access files for NPCR-sponsored registries, and a public use dataset.
• Provide mechanisms to facilitate external data linkages through CDC’s National Death Index and Social Security Administration’s Administrative Databases.
• Provide assistance with dissemination of information, including evaluation results, about awardee’s program efforts to the public and public health audiences. When appropriate, evaluation findings will be described for individual awardees by name.
• Provide technical assistance and support to central cancer registries for electronic pathology, biomarkers and physician reporting/Meaningful Use efforts.
• Develop and provide publicly available software programs for collecting, receiving, validating, processing, and analyzing cancer registry data.
• Provide NPCR Program Standards and Program Manual to ensure standardized
operations and data collection.

- Collaborate with national partners and organizations to standardize the reporting of cancer, promote education for cancer registrars, and advocate for central cancer registries by actively participating as chairs-members of committees-workgroups.
- Assess the quality of central cancer registry data by conducting NPCR-sponsored Data Quality Evaluations of central cancer registries.
- Receive, evaluate, and disseminate cancer surveillance data received from central cancer registries through the NPCR Cancer Surveillance System.
- Maintain online dissemination tools [http://www.cdc.gov/cancernpcr/tools.htm](http://www.cdc.gov/cancernpcr/tools.htm)

**Technical Review Statement Response Requirement:** The review comments on the strengths and weaknesses of the proposal are provided as part of this award. A response to the weaknesses in these statements must be submitted to and approved, in writing, by the Grants Management Specialist/Grants Management Officer (GMS/GMO) noted in the CDC Staff Contacts section of this NoA, no later than 30 days from the budget period start date. Failure to submit the required information by the due date, **July 31, 2018**, will cause delay in programmatic progress and will adversely affect the future funding of this project.

**Budget Revision Requirement:** By **July 31, 2018** the recipient must submit a revised budget with a narrative justification. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date.

Please ensure your budget revision addresses the following:

1. **NCCCP budget has been cut from $544,191 as requested to $469,191 due to lack of funds availability.**

2. **NPCR budget has been cut from $1,305,285 as requested to $1,050,000 due to lack of funds availability.**

**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**

**Notice of Funding Opportunity (NOFO) Restrictions:**

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services. Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget. Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient. Other than for normal and recognized executive-legislative relationships, no funds may be used for:

- publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
- the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body

See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.

The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (https://www.cdc.gov/grants/additionalrequirements/ar-35.html).

**Program 1: NBCCEDP**

- As specified in PL 101-354, use of federal funds for treatment is prohibited.
- As specified by PL 101-354, not more than 10 percent of cooperative funds awarded may be spent annually for administrative expenses. These administrative expenses are in lieu of and replace indirect costs [Section 1504(f) of the PHS Act, as amended].

**Program 3: NPCR**

- As specified in the Public Health Service Act, (42 USC 280e-280e-4), as amended, cooperative agreement funds must not be used for purposes other than those outlined in this announcement.
- Purchase, licensing, or development of central cancer registry applications or database systems that perform the same functions as tools provided by CDC/NPCR (see CDC/NPCR Registry Plus module description).
- Design and development of new software and/or enhancement of an existing central cancer registry database management system where publicly available products exist.
- Funding for activities associated with the maintenance and support of a central registry database system that exceeds 20 percent of the total direct budget request per year. For additional information see http://www.cdc.gov/cancer/dcpc/about/foa-dp17-1701/
- Direct data collection in reporting facilities unless justified. For additional information see http://www.cdc.gov/cancer/dcpc/about/foa-dp17-1701/
- Abstracting from hard-copy medical records at the central cancer registry unless justified.
additional information see http://www.cdc.gov/cancer/dcpc/about/foa-dp17-1701/
• Promotional items.
• International travel (exception Canada for NAACCR conference).
• Travel to meetings not directly related to cancer registries.
• Travel for non-registry staff  NOTE: In accordance with Health and Human Services (HHS) Grants Policy Statement, travel is only allowable for personnel directly charged and approved on the grant/cooperative agreement.
• Cell phones, blackberries, palm pilots, or any other personal electronic device.
• Automobiles.
• Construction.
• Funds must be used to supplement not to supplant existing State and/or other Federal resources.

Indirect Costs: Indirect costs are approved based on the negotiated indirect cost rate agreement dated March 7, 2017, which calculates indirect costs as follows, a FIXED rate is approved at a rate of 21.40% of the base, which includes Direct salaries and wages excluding all fringe benefits. The effective dates of this indirect cost rate are from 07/01/2016 to 06/30/2018.

Matching Funds Requirement: Matching is generally calculated on the basis of the federal award amount and is comprised of recipient contributions proposed to support anticipated costs of the project during a specific budget period (confirmation of the existence of funding is supplied by the recipient via their Federal Financial Report). The recipient 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 recipient may not use matching expenditures to count toward any Maintaining State Funding requirement.

When a recipient 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 recipient must provide evidence with the carryover request.

NBCCEDP: Recipient financial participation is required for this program in accordance with the authorizing legislation. Section 1502(a) and (b)(1), (2), and (3) of the Public Health Services (PHS) Act, as amended, requires matching funds from non-Federal sources in an amount not less than one dollar for every three dollars of Federal funds awarded under this program. However, Title 48 of the U.S. Code 1469a (d) requires DHHS to waive matching fund requirements up to $200,000 for Guam, U.S. Virgin Islands, American Samoa and the Commonwealth of the Northern Mariana Islands.

Matching funds may be cash, in-kind or donated services or equipment. Contributions may be made directly or through donations from public or private entities. Public Law 93-638 authorizes tribal organizations contracting under the authority of Title I to use funds received under the Indian Self-Determination Act as matching funds.

Applicants may also designate as State/Tribal/Territorial/Pacific Island Jurisdiction matching funds any non-Federal amounts spent pursuant to Title XIX of the Social Security Act for the screening and case management of women for breast and cervical cancers.

Matching funds may not include: (1) payment for treatment services or the donation of treatment services; (2) services assisted or subsidized by the Federal government; or (3) the indirect or overhead costs of an organization. All costs used to satisfy the matching requirements must be
To maintain the $3:$1 Non-Federal Match required the level of Non-Federal financial participation is $900,000. This amount is the required ratio of cost sharing. The amount reflected on this Notice of Award, $900,000 is the amount reflected in your submitted budget and exceeds (or equals) the required ratio of cost sharing.

NCCCP: Cost sharing funds are encouraged in an amount not less than ten percent of Federal funds awarded under this program. Cost sharing is encouraged if it helps to leverage federal and state resources, is responsive to stated CDC recipient activities, supports the National Comprehensive Cancer Control Program priorities, and does not compromise the integrity or the ability of the comprehensive cancer control program to accomplish proposed activities. Matching funds are not required under this cooperative agreement, but are encouraged.

The encouraged level of Non-Federal financial participation is $46,919. This amount represents the encouraged ratio of cost sharing. The amount reflected on this Notice of Award, $0 is the amount reflected in your submitted budget and exceeds the encouraged ratio of cost sharing.

NPCR: Per PHS Act (42 USC 280e-280e-4), matching funds are required for Program 3, NPCR applicants in an amount not less than 25 percent of such costs or one dollar for every three dollars of Federal funds awarded under this program. [Title 42, Chapter 6A, Subchapter II, Part M, § 280e(b)(1)]. Matching funds may be cash, in-kind, or donated services or equipment. Contributions may be made directly or through donations from public or private entities. However, Title 48 of the U.S. Code 1469a (d) requires DHHS to waive matching fund requirements for Guam, U.S. Virgin Islands, American Samoa and the Commonwealth of the Northern Mariana Islands up to $200,000. Public Law 93-638 authorizes tribal organizations contracting under the authority of Title 1 to use funds received under the Indian Self-Determination Act as matching funds. Non-federal financial contributions in excess of the Maintenance of Effort may be used for matching.

Matching funds may not include: (1) payment for treatment services or the donations of treatment services (2) services assisted or subsidized by the Federal government; or (3) the indirect or overhead costs of an organization. All costs used to satisfy the matching requirement must be documented by the applicant and will be subject to audit. Documentation of appropriate matching is to be provided in the detailed budget and narrative justification.

To maintain the $3:$1 Non-Federal Match required the level of Non-Federal financial participation is $350,000. This amount is the required ratio of cost sharing. The amount reflected on this Notice of Award, $350,000, is the amount reflected in your submitted budget and exceeds (or equals) the required ratio of cost sharing.

Maintenance of Effort (MOE) Requirement: MOE represents an applicant/recipient historical level of contributions related to federal programmatic activities which have been made prior to the receipt of federal funds “expenditures (money spent).” MOE is used as an indicator of non-federal support for public health before the infusion of federal funds. These expenditures are calculated by the recipient without reference to any federal funding that also may have contributed to such programmatic activities in the past. Recipients must stipulate the total dollar amount in their grant applications. Recipients must be able to account for MOE separately from accounting for federal funds and separately from accounting for any matching funds requirement; this accounting is subject to ongoing monitoring, oversight, and audit. MOE may
not include any matching funds requirement.

**NBCCEDP**: Maintenance of Effort is required for this program in accordance with the authorizing legislation PL 101-354. The average amount of non-Federal contributions toward breast and cervical cancer programs and activities for the two-year period preceding the first Federal fiscal year of funding for NBCCEDP is referred to as Maintenance of Effort (MOE). Only those non-Federal contributions in excess of the MOE amount may be considered matching funds. Supplanting, or replacing, existing program efforts currently paid with Federal or non-Federal sources is not allowable.

**NCCCP**: Maintenance of effort is not required for this program.

**NPCR**: Maintenance of Effort is required for this program. Recipients must agree to make available (directly or through donations from public or private entities) non-Federal contributions equal to the amount expended during the fiscal year preceding the first year of the original NPCR cooperative agreement award for the collection of data on cancer, as noted in Public Health Service Act (42 USC 280e-280e-4).

In determining the amount of non-Federal contributions for cost-sharing or matching, the recipient may include only those contributions that are in excess of the amount of contributions made by the State for collection of data on cancer for the fiscal year preceding the first year of the original NPCR cooperative agreement award. CDC may decrease the amount of non-Federal contributions required if the State can show that the amount will cause them financial hardship [Title 42, Chapter 6A, Subchapter II, Part M, § 280e(b)(2)(B)].

**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 **September 30, 2019**. Reporting timeframe is **June 30, 2018 through June 29, 2019**. The FFR is cumulative and 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 recipient is required to contact the Grants Officer listed in the contacts section of this notice before the due date.

**Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS)**: Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations.
potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services  
Pamela Render, Grants Management Officer/Specialist  
Centers for Disease Control and Prevention  
**Chronic Disease and Birth Defects Services Branch**  
Email: plr3@cdc.gov (Include “Mandatory Grant Disclosures” in subject line)

AND

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

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

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

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

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

**PAYMENT INFORMATION**

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

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

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

Document Number: 17NU58DP006299

**CDC Staff Contacts**

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

**GMS Contact:**
Pamela Render, Grants Management Specialist
Centers for Disease Control and Prevention
Chronic Disease and Birth Defects Services Branch
Telephone: 770-488-2712
Email: plr3@cdc.gov

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

**Programmatic Contact(s):**

**NCCCP Contact:**
Kristi Fultz-Butts, Program Consultant
Centers for Disease Control
National Center for Chronic Disease Prevention and Health Promotion
Chamblee Bldg 107
Atlanta, GA  30341
Telephone: 770-488-4202
Email: kgf3@cdc.gov

**NPCR Contact:**
Olivia Marr, Program Consultant
Centers for Disease Control
National Center for Chronic Disease Prevention and Health Promotion
Chamblee Bldg 107
Atlanta, GA  30341
Telephone: 770-488-3137
Email: oag0@cdc.gov

**NBCCEDP Contact:**
Valerie Richmond-Reese, Program Consultant
Centers for Disease Control
National Center for Chronic Disease Prevention and Health Promotion
Chamblee Bldg 107
Atlanta, GA  30341
Telephone: 770-488-3694
Email: var1@cdc.gov
Grants Management Officer: The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards. The GMO is the only official authorized to obligate federal funds and is responsible for signing the NoA, including revisions to the NoA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization.

GMO Contact:
Merlin Williams, Grants Management Officer
Centers for Disease Control
Chronic and Birth Defects Branch
2920 Brandywine Road, MS E-09
Atlanta, GA  30341-4146
Telephone: 770-488-2851
Email: mgw6@cdc.gov
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<th>Year 02 Budget</th>
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Grantee’s Name and Grant #: Missori NU58DP006299
Funded Program/Component: NCCCP
Technical Reviewer’s Name: Kristi R. Fultz-Butts

Electronic Signature: Date: 3/15/2018

After a complete review of the DP17-1701 Year 02 APR and discussion with the Grantee regarding the Year 02 APR/Technical Review, the Grantee is to submit the following (check all that apply):

- **Response to Technical Review**
  - □ The Recipient must respond to the major weaknesses cited within 30 days. Responses should be submitted to the assigned CDC Project Officer and should be reflective only of the weaknesses identified, not a resubmission of the entire application.
  - ☒ NO response to Technical Review is needed.

- **Revised Budget and Workplan**
  - □ Revised Budget and Workplan is needed due to significant reduction of proposed budget, which will affect the proposed activities. The revised budget and workplan should be reflective of the amount of the actual Notice of Award (NGA).
  - ☒ Revised Budget and Workplan is NOT needed.

- **Revised Workplan**
  - □ Revised Workplan is needed due to -- provide reason(s):
  - ☒ Revised Workplan is NOT needed.

- **Revised Budget**
  - □ Revised Budget is needed due to -- provide reason(s):
  - ☒ Revised Budget is NOT needed.

**Research Determination – DP17-1701** 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/opspol11.htm
- ☒ No research activities have been proposed
- □ Research activities have been proposed, but were disapproved/disallowed
Summary of Major Strengths (Please use bullets):

The program is showing gains in YR1. Specific successes include:

- Collaborating with the Comprehensive Tobacco Control Program (CTCP) to contract with a media company to conduct focus groups with providers and Medicaid participants to create targeted messages and/or materials to increase tobacco cessation. The focus groups began near the end of the year. Creative content will be developed and disseminated in 2018.
- The Missouri Cancer Consortium (MCC) Colorectal Cancer (CRC) Workgroup attended the CRC Forum in Atlanta in July 2017 to create a CRC Screening Action Plan. CRC was the featured program at the October MCC meeting during which a radiologist and President of Fight CRC presented on the National CRC Roundtable 80% by 2018 initiative. They also joined the MCC CRC Workgroup and are encouraging the workgroup to become a statewide Roundtable.
- Establishment of a contract with the Missouri Primary Care Association (MPCA) to increase CRC screening in four (4) FQHCs is proceeding. The contract began the approval process at the end of November and is expected to be approved by March. The contract will be accomplished through an amendment to the existing Missouri Actions to Prevent Chronic Disease and Control Risk Factor’s (MAP) Chronic Disease Collaborative contract.
- The program is collaborating with MAP and MCC members to participate in MAP’s Community Health Worker conference in April. CCCP is providing a speaker for cancer survivorship issues and a breakout session titled “Cancer as a Chronic Disease.”
- The MCC held two successful meetings in July 2017 and October 2017. The July program featured a presentation on human papillomavirus (HPV) “HPV – what’s new? What are the challenges?” and the October program focused on the national CRC Roundtable and the CRC Workgroup action plan. The Consortium has strong leadership and continues to expand its membership and increase involvement in workgroup/committee activities.

Summary of Major Weaknesses (Please use bullets):

None/not applicable.

Recommendations:

None/not applicable.

Reviewer Comments

Progress towards Objectives:

Below are comments and/or recommendations relevant to ongoing progress towards meeting YR1 objectives:

Priority Area: Emphasize primary prevention of cancer
**Cancer Focus: Tobacco use**

Consider partnering with black church congregations, LGBTQ online media (blogs) and other organizations that reach into this communities to promote the campaign once disseminated. Social media and radio are also suitable platforms for reaching into these communities. The program will evaluate progress of the intervention along the way and is planning outreach to diverse low-income smokers (i.e. LGBTQ). The campaign aligns well with the state’s cancer plan, and the program shows capacity for attainment of its target in YR1.

**Cancer Focus: Colorectal**

The program has rallied and received support from various partners for this objective. These collaborations will tie into Community Health Worker training and screening referrals relevant to the work with the Federally Qualified Health Centers (FQHC). The program will work with the Office of Epidemiology (OOE) to set baselines and track targets for decreasing the rate of incidence of invasive CRC through use of data from the Missouri Cancer Registry. The program has demonstrated incorporation of evaluation activities through work with epidemiology staff to track activities, to set baselines and targets and to evaluate, report and publish results for utilizing key findings.

**Cancer Focus: All cancers**

The program is using a state department environmental scan and gap analysis report in the 3rd and 4th quarters to identify and promote policy and program changes within the department to improve efforts to promote the primary prevention of cancer, support early detection efforts, address the needs of cancer survivors and promote health equity. The program has shown effectiveness in garnering partnerships to react to discovered gaps, such as Show Me Healthy Women (SMHW) program, Center for Practical Bioethics, and the coalition’s Survivorship Workgroup to partner with Saint Luke’s Health System in Kansas City, MO to offer a Serious Illness Conversations and/or Transportable Physician Orders for Patient Preferences workshops in the fourth quarter. In addition, the coalition’s Survivorship Workgroup has added survivorship resources for providers and patients to the MCC website. Despite a late start and challenges along the way, the program shows appropriate efforts in meeting the target by year’s end. Consider utilizing partners’ social media (i.e. websites, Twitter, Facebook) to promote materials and events to maximize reach. Request that partners provide web analytics (original clicks) to determine reach and for reporting in your evaluation report.

**Priority Area: Promote health equity as it relates to cancer control**

**Cancer Focus: Tobacco use**

The program set a target of 19.5 (current = 22), but were challenged with an increase of adult smoking prevalence from 20.6 in 2014 to 22.1 in 2016. Regardless, program and its partners are collaborating with MO HealthNet and other health system partners that serve the Medicaid population to review and help disseminate the education campaign for providers and recipients once launched in 2018. Additionally, the program will promote use of the Quitline online provider
training module once available in March 2018. As stated above, consider utilizing your diverse partnerships to promote these interventions – other chronic disease programs, other state programs, local, state and national partners, etc. Social media is quite effective to reach large, diverse audiences and the cost and time is not great. Create messaging ready for partners to disseminate and provide instructions on securing and returning data analytics for your evaluation needs. The program shows appropriate strategies to reach the target in YR1 despite challenges.

_Cancer Focus: Breast; Cervical; Colorectal_
Challenges are greatest around this objective due to dependence on getting the contract with the Missouri Primary Care Association (MPCA) approved, which is being routed with a March 2018 due date. Once approved, please work closely with your Program Consultant to report progress on this objective (Target = 40, Baseline = 40.5), as it has many intervention components:– screening referrals, CHW trainings, materials development, EHR data aggregation, etc. The chosen activities are appropriate and the goal is achievable in YR1, but will require diligence and may require additional technical assistance from your Program Consultant.

_Cancer Focus: All Cancers_
The program will utilize existing training modules at the National CHW Training Center at Texas A&M University and other locations to educate CHWs via the DHSS website. But, the program understands the importance of having concise (i.e. 1 hr) trainings that provide an overview of cancer issues relevant to CHWs – screening and survivorship. The program is working with its partners to research this possibility, and to provide a speaker to address cancer survivorship issues and introduce the new survivorship training module at the April CHW conference in Columbia, MO. The program has secured commitments for a coalition member to sponsor the conference and speak briefly on survivorship issues and another member to present on cancer screening and survivorship at a breakout session. Consider promoting the breakout session via the National CHW Training Center’s website and other partner website and social media platforms. The program has evidenced effective strategies (i.e. diverse partnerships) for meeting the target of 2 CHW trainings by completion of YR1, although the objective is currently incomplete.

**Proposed Objectives:**

The proposed objectives support the state cancer plan and appropriately connect from YR1. The YR2 action plan also includes required elements – three (3) evidence-based interventions each for primary prevention, screening, cancer survivorship, and health equity. The proposed objectives are well-balanced across the diverse cancer plan objectives, and each is supported by an appropriate data source and has an evaluation activity incorporated.

**Other Relevant Comments:**

It is recommended that the program focuses on the capacity of its staff, strength of strategic partnerships, and appropriate resource allocation to assure continued program growth and performance.

**Itemized Budget:**
The proposed budget appropriately supports the proposed YR2 work plan.
Grantee’s Name and Grant #: Missouri NU58DP006299

Funded Program/Component: NPCR

Technical Reviewer’s Name: Olivia MARR

Electronic Signature: Olivia Marr Date: 3/20/2018

After a complete review of the DP17-1701 Year 02 APR and discussion with the Grantee regarding the Year 02 APR/Technical Review, the Grantee is to submit the following (check all that apply):

- **Response to Technical Review**
  - ☑ The Recipient must respond to the major weaknesses cited within 30 days. Responses should be submitted to the assigned CDC Project Officer and should be reflective only of the weaknesses identified, not a resubmission of the entire application.
  - ☑ NO response to Technical Review is needed.

- **Revised Budget and Work plan**
  - ☑ Revised Budget and Work plan is needed due to significant reduction of proposed budget, which will affect the proposed activities. The revised budget and work plan should be reflective of the amount of the actual Notice of Award (NGA).
  - ☐ Revised Budget and Work plan is NOT needed.

- **Revised Work plan**
  - ☑ Revised Work plan is needed due to -- provide reason(s): see above
  - ☐ Revised Work plan is NOT needed.

- **Revised Budget**
  - ☑ Revised Budget is needed due to -- provide reason(s): see above
  - ☐ Revised Budget is NOT needed.

**Research Determination – DP17-1701** is only for non-research activities supported by CDC. For the definition of research, please see the CDC Web site at the following Internet address: http://www.cdc.gov/od/ads/opspoll1.htm

- ☑ No research activities have been proposed
- ☐ Research activities have been proposed, but were disapproved/disallowed
Summary of Major Strengths:

- Formation of Leadership Team (LT). The LT is composed of the managers of Show Me Healthy Women (SMHW; Missouri’s Breast and Cervical Cancer Early Detection Program) and the Comprehensive Cancer Control Program (CCCP) and the Director (D) of the Missouri Cancer Registry (MCR; now the Missouri Cancer Registry and Research Center (MCR-ARC)). These three programs have always cooperated and collaborated but having a LT provides structure and continuity.

- The LT developed a Leadership Plan in this budget period. MCR priorities, including revising reporting regulations (19 CSR 70-21.010), were included in the Plan. Work on revisions will begin in the next budget period. The importance of revising relations is that this offers an opportunity to increase penalties for non-reporting and enhance MCR’s ability to bring reporting facilities into compliance.

- MCR staff were and are active in the Missouri State Tumor Registrars Association (MoSTRA), National Cancer Registrars Association (NCRA), North American Association of Central Cancer Registries (NAACCR), International Association of Cancer Registries (IACR), Union for International Cancer Control (UICC; sponsor of the World Cancer Congress), and the American Public Health Association (APHA). Two MCR staff were elected to serve on the MoSTRA Board; another staff member will serve on its annual meeting arrangements committee.

- The MCR Director co-chairs and the Operations Manager serves on NAACCR’s Uniform Data Standards (UDS) Work Group; the UDS held meetings twice a month throughout Qs 1 & 2, reviewing 2018 changes. The Operations Manager also serves on the NAACCR 2018 Implementation Guidelines Task Force. In Q2, the Director was elected to a second two-year term on APHA’s Governing Council; she also serves as the Health Informatics Information Technology (HIIT) Section Liaison to the APHA Student Assembly and as HIIT’s Student Award Program Chair.

Summary of Major Weaknesses:
None noted.

Recommendations:
None noted.

Reviewer Comments

Progress towards Objectives:


- Performance measures (‘Measures of Effectiveness) have been identified for every activity in the Detailed YR 1 Interim Progress Report. Data to support each measure, the timeframe for assessing progress and the team members responsible are identified.
Proposed Objectives:
• Collect & disseminate high-quality data on all reportable incident cancer cases in a timely manner for public health cancer prevention & control purposes;
• Improve & enhance electronic reporting;
• Meet or exceed all NPCR standards & requirements; and,
• Identify additional funding sources & obtain funding needed to stay current with rapidly-evolving technologies and carry out 21st century goals and objectives.

MCR’s proposed work plan is realistic, comprehensive, and measureable.
• There is an appropriate plan in place to maintain and enhance cancer registry operations, educational opportunities, quality assurance, and data use.
• Performance measures (“Measures of Effectiveness) have been identified for every activity in the YR 2 Work Plan. Data to support each measure, the timeframe for assessing progress and the team members responsible are identified.

Itemized Budget:
• Funding total requested for year 2 ($1,305,285) greatly exceeds total level funding of NOA for year 1 ($1,050,000). The revised budget should be reflective of the amount of the actual Notice of Award (NGA).
• Recommend funding be adjusted to match total level funding of NOA for year 1 in order to be approved -- $1,050,000.
FY 2018 – Funding Opportunity Announcement DP17-1701
Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations
Annual Performance Report
Technical Review Form

Grantee’s Name and Grant #: Missouri NU58DP006299

Funded Program/Component: NBCCEDP

Technical Reviewer’s Name: Karen Boone

Electronic Signature: Karen Boone     Date: 3/13/2018

After a complete review of the DP17-1701 Year 02 APR and discussion with the Grantee regarding the Year 02 APR/Technical Review, the Grantee is to submit the following (check all that apply):

- **Response to Technical Review**
  - ☒ The Recipient must respond to the major weaknesses cited within 30 days. Responses should be submitted to the assigned CDC Project Officer and should be reflective only of the weaknesses identified, not a resubmission of the entire application.
  - □ NO response to Technical Review is needed.

- **Revised Budget and Workplan**
  - □ Revised Budget and Workplan is needed due to significant reduction of proposed budget, which will affect the proposed activities. The revised budget and workplan should be reflective of the amount of the actual Notice of Award (NGA).
  - □ Revised Budget and Workplan is NOT needed.

- **Revised Workplan**
  - □ Revised Workplan is needed due to -- provide reason(s):
  - ☒ Revised Workplan is NOT needed.

- **Revised Budget**
  - □ Revised Budget is needed due to -- provide reason(s):
  - ☒ Revised Budget is NOT needed.

**Research Determination – DP17-1701** 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
Summary of Major Strengths (Please use bullets):

- The program is actively recruiting appropriate health system partners identified serving hotspot areas for late stage breast cancer in Missouri.
- The program effectively collaborates with external and advisory partners to implement FOA goals.

Summary of Major Weaknesses (Please use bullets):

- The program has not yet submitted the implementation plan for a health system intervention.
- The activities for environmental strategy are not currently underway.

Recommendations:

- Response to weaknesses.

Reviewer Comments

Progress towards Objectives:

- The program is making effective progress in meeting its enrollment and screening projections, though less effective with achieving navigation projections at this point. The program reported expenditures of 10% by the end of the second quarter. The program is required to expend state funds first before federal funds. The program is optimistic that the expenditures and projected screening numbers will be met.
- The program’s interim federal financial report show zero dollars unobligated.
- The program is progressing with the development of a pilot project with a federally qualified health center (FQHC) to implement community clinical linkage and health system interventions. A MOU for the pilot is pending. The program has not submitted an implementation plan.
- The program has submitted the evaluation and data management plan.
- The pilot to work with local employers to support environmental strategies is expected to start in June 2018.

Proposed Objectives:

- The workplan goals are in the SMART format.
- The proposed workplan addresses program requirements and activities.
- Screening and patient navigation projections are included in the application, though the numbers could be more robust compared to program year 1 given flat funding.
- Patient navigation and outreach activities are included in organization contracts.

Other Relevant Comments:

- You may find that reporting progress in the column provided on the previous year’s
workplan makes it easier to respond to each objective and activity.

**Itemized Budget:**

- Staffing seems adequate to successfully implement the FOA.
- The budget aligns with workplan activities.
- The budget includes report of match and maintenance of effort.