

<b>1. DATE ISSUED</b> MM/DD/YYYY 07/25/2019		<b>1a. SUPERSEDES AWARD NOTICE</b> dated except that any additions or restrictions previously imposed remain in effect unless specifically rescinded	
<b>2. CFDA NO.</b> 93.436 - WELL-INTEGRATED SCREENING AND EVALUATION FOR WOMEN ACROSS THE NATION (WISEWOMAN)			
<b>3. ASSISTANCE TYPE</b> Cooperative Agreement			
<b>4. GRANT NO.</b> 5 NU58DP006650-02-00 Formerly		<b>5. TYPE OF AWARD</b> Other	
<b>4a. FAIN</b> NU58DP006650		<b>5a. ACTION TYPE</b> Non-Competing Continuation	
<b>6. PROJECT PERIOD</b> MM/DD/YYYY From 09/30/2018		<b>Through</b> MM/DD/YYYY 09/29/2023	
<b>7. BUDGET PERIOD</b> MM/DD/YYYY From 09/30/2019		<b>Through</b> MM/DD/YYYY 09/29/2020	
<b>8. TITLE OF PROJECT (OR PROGRAM)</b> Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN)			

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention  
CDC Office of Financial Resources**

2939 Brandywine Road  
Atlanta, GA 30341

**NOTICE OF AWARD**  
AUTHORIZATION (Legislation/Regulations)  
[AWARD AUTHORITY NOT DEFINED FOR DP16-1601]

**9a. GRANTEE NAME AND ADDRESS**  
HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF  
920 WILDWOOD DR  
Community and Public Health-DUP  
JEFFERSON CITY, MO 65109-5796

**9b. GRANTEE PROJECT DIRECTOR**  
Ms. Mindy Laughlin  
920 Wildwood Dr  
Jefferson City, MO 65109-5796  
Phone: 5737516435

**10a. GRANTEE AUTHORIZING OFFICIAL**  
Ms. Tonya R Loucks  
920 WILDWOOD DR  
Jefferson City, MO 65109-5796  
Phone: 573-751-6014

**10b. FEDERAL PROJECT OFFICER**  
Ms. Alyson Davis  
4700 Buford Highway  
Atlanta, GA 30341  
Phone: 404-639-7497

**ALL AMOUNTS ARE SHOWN IN USD**

<b>11. APPROVED BUDGET</b> (Excludes Direct Assistance)	
I Financial Assistance from the Federal Awarding Agency Only	
II Total project costs including grant funds and all other financial participation <span style="float:right">I</span>	
a. Salaries and WageS .....	190,340.00
b. Fringe Benefits .....	119,525.00
c. Total Personnel Costs .....	309,865.00
d. Equipment .....	0.00
e. Supplies .....	2,292.00
f. Travel .....	7,746.00
g. Construction .....	0.00
h. Other .....	94,899.00
i. Contractual .....	485,198.00
j. TOTAL DIRECT COSTS →	900,000.00
k. INDIRECT COSTS	0.00
<b>l. TOTAL APPROVED BUDGET</b>	900,000.00
m. Federal Share	900,000.00
n. Non-Federal Share	329,124.00

<b>12. AWARD COMPUTATION</b>	
a. Amount of Federal Financial Assistance (from item 11m)	900,000.00
b. Less Unobligated Balance From Prior Budget Periods	0.00
c. Less Cumulative Prior Award(s) This Budget Period	0.00
<b>d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</b>	900,000.00
<b>13. Total Federal Funds Awarded to Date for Project Period</b>	1,800,000.00

**14. RECOMMENDED FUTURE SUPPORT**  
(Subject to the availability of funds and satisfactory progress of the project):

YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS
a. 3	900,000.00	d. 6	
b. 4	900,000.00	e. 7	
c. 5	900,000.00	f. 8	

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

<ul style="list-style-type: none"> <li>a. DEDUCTION</li> <li>b. ADDITIONAL COSTS</li> <li>c. MATCHING</li> <li>d. OTHER RESEARCH (Add / Deduct Option)</li> <li>e. OTHER (See REMARKS)</li> </ul>	b
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**16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:**

- a. The grant program legislation
- b. The grant program regulations.
- c. This award notice including terms and conditions, if any, noted below under REMARKS.
- d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.

In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

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

**GRANTS MANAGEMENT OFFICIAL:**

Stephanie Latham, Team Lead, Grants Management Officer  
2939 Flowers Rd. South  
TV-2  
Atlanta, GA 30333  
Phone: 770.488.2917

<b>17.OBJ CLASS</b> 41.51	<b>18a. VENDOR CODE</b> ██████████	<b>18b. EIN</b> ██████████	<b>19. DUNS</b> 878092600	<b>20. CONG. DIST.</b> 03
<b>FY-ACCOUNT NO.</b>	<b>DOCUMENT NO.</b>	<b>ADMINISTRATIVE CODE</b>	<b>AMT ACTION FIN ASST</b>	<b>APPROPRIATION</b>
21. a. 9-939ZRBH	b. 18NU58DP006650	c. DP	d. \$900,000.00	e. 75-19-0948
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 3	DATE ISSUED 07/25/2019
GRANT NO. 5 NU58DP006650-02-00	

**Direct Assistance**

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
<b>Total</b>	\$0.00	\$0.00	\$0.00

NOTICE OF AWARD (Continuation Sheet)

PAGE 3 of 3	DATE ISSUED 07/25/2019
GRANT NO. 5 NU58DP006650-02-00	

Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
09/30/2018	09/29/2019	Annual	12/28/2019
09/30/2019	09/29/2020	Annual	12/28/2020
09/30/2020	09/29/2021	Annual	12/28/2021
09/30/2021	09/29/2022	Annual	12/28/2022
09/30/2022	09/29/2023	Annual	12/28/2023

# AWARD ATTACHMENTS

Missouri Department of Health

5 NU58DP006650-02-00

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1. Terms and Conditions
2. Technical Review

## AWARD INFORMATION

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number CDC-RFA-DP18-1816, entitled Well-Integrated Screening and Evaluation for, and application dated April 29, 2019 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 \$900,000 is approved for the Year 02 budget period, which is September 30, 2019 through September 29, 2020. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

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

NOFO Component	Amount
Core	\$900,000

Note: Refer to the Payment Information section for draw down and 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.

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

- Supporting recipients in implementing cooperative agreement requirements and meeting program outcomes;
- Providing technical assistance to revise annual work plans;
- Assisting recipients in advancing program activities to achieve project outcomes;
- Providing scientific subject matter expertise and resources in support of the selected strategies;
- Collaborating with recipients to develop and implement evaluation plans that align with CDC evaluation activities;
- Providing technical assistance on recipients' evaluation and performance measurement plans
- Providing technical assistance to define and operationalize performance measures;
- Using webinars and other social media for recipients and CDC to communicate and share tools and resources;
- Establishing learning communities to facilitate the sharing of information among recipients;
- Providing professional development and training opportunities – either in person or through virtual, web-based training formats – for the purpose of sharing the latest science, best practices, success stories, and program models;
- Participating in relevant meetings, committees, conference calls, and working groups related to the cooperative agreement requirements to achieve outcomes;
- Coordinating communication and program linkages with other CDC programs and Federal agencies, such as the Health Resources and Services Administration (HRSA), Centers for Medicare & Medicaid Services (CMS), Indian Health Service (IHS), and the National Institutes of Health (NIH);
- Providing surveillance technical assistance and state-specific data collected by CDC;
- Providing technical expertise to other CDC programs and Federal agencies on how to interface with recipients;
- Translating and disseminating lessons learned through publications, meetings, and other means on promising and best practices to expand the evidence base; and

- Hosting a meeting/training during the first 18 months of the period of performance and later in the period of performance (for a total of two meetings/trainings for recipients)

Additionally CDC will:

- Ensure that recipients have access to expertise found throughout the National Center for Chronic Disease Prevention and Health Promotion.
- Collaborate with recipients to explore appropriate flexibilities needed to meet public health outcomes and goals. Flexibility in cooperative agreements includes recipients' ability to propose alternative methods to achieve the outcomes and goals of the cooperative agreement that align with recipients' opportunities for success, infrastructure, partner and stakeholder buy-in, demographics, and burden. This includes bringing together resources from multiple cooperative agreements to jointly advance the goals of each, and expanding the dialogue to bring in other CDC and recipient staff to reach a win/win solution.
- Create greater efficiencies and consistency across NCCDPHP programs. For example: 1.) Jointly developed resources and tools that focus on cross-cutting functions, settings, domains, risk factors, conditions and diseases to ensure consistent messages and to meet technical assistance needs and 2.) Joint training and technical assistance opportunities that help state health departments produce policies and programs that are more holistic.
- Continue and expand support for recipients to leverage National Center for Chronic Disease Prevention and Health Promotion resources to address cross-cutting functions, domains, settings, risk factors, and diseases.

**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, October 30, 2019, will cause delay in programmatic progress and will adversely affect the future funding of this project.

**Budget Revision Requirement:** By October 30, 2019 the recipient must submit a revised budget with a narrative justification.

- **Salaries and Wages** - For the Principal Investigator/Program Director (PI/PD) and TBD provide the following information: 1) name of staff member occupying the position, if available; 2) annual salary; 3) percentage of time budgeted for this program; 4) total months of salary budgeted; and 5) total salary requested. Also, provide a justification and describe the scope of responsibility for each position, relating it to the accomplishment of program objectives.
- **Fringe Benefits** - Fringe benefits are usually applicable to direct salaries and wages. Provide information on the rate of fringe benefits used and the basis for their calculation. If a fringe benefit rate is not used, itemize how the fringe benefit amount is computed. Fringe benefits computed by an established rate.
- **Travel** - In and Out of State Travel - In a narrative justification provide the name of the staff members who will make the trips.
- **Contractual** - TBD contracts require a response as a revision to the budget.
  - Itemized Budget and Justification: Provide an itemized budget with appropriate justification. If applicable, include any indirect cost paid under the contract and the indirect cost rate used.

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. **If the recipient was awarded Core and Innovation they must submit two separate budgets one for Core and One for Innovation.**

**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

**Indirect Cost:** Indirect costs are not applicable to this award. \*\*\*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]."

**Matching Funds Requirement:** The required level of non-federal participation for 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 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, a ratio of 3:1, awarded under this program.

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.

## REPORTING REQUIREMENTS

### **Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIS):**

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:

Office of Grants Services  
Office of Financial Resources (OFR)  
Patricia French, Grants Management Officer/Specialist  
Centers for Disease Control and Prevention  
Office of Grants Services  
2939 Flowers Road South, MS TV-2  
Atlanta, GA 30341  
Telephone: (770) 488-2849  
Email: [pff6@cdc.gov](mailto:pff6@cdc.gov)

AND

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

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or  
Email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

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

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

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

## PAYMENT INFORMATION

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

**Payment Management System Subaccount:** Funds awarded in support of approved activities have been obligated in a 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.

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

## CDC Staff Contacts

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

### **GMS Contact:**

Office of Grants Services  
Office of Financial Resources (OFR)  
Patricia French, Grants Management Officer/Specialist  
Centers for Disease Control and Prevention  
Office of Grants Services  
2939 Flowers Road South, 2<sup>nd</sup>, TV-2  
Atlanta, GA 30341  
Telephone: (770) 488-2849  
Email: pff6@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:**

Alyson Davis, Project Officer  
Centers for Disease Control and Prevention  
Telephone: 404.639.7497  
Email: bmo5@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.

# CDC-RFA-DP-18-1816: Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN)

Technical Review: Year 1 Annual Performance Report (APR)/Year 2 Work Plan and Budget

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**Recipient:** Missouri Department of Health

**Date Reviewed:** May 6, 2019

**Award Number:** NU58DP2018006821

**Funding Amount Requested:** \$900,000

**Funding Recommendation:** Approved at requested amount

**Project Officer:** Alyson Davis

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## Year 1 APR Comments

### Core Component

- The Missouri (MO) WISEWOMAN program was able to work with their provider clinics to identify and create a report of women who previously presented with elevated blood pressure. These eligible women were contacted to schedule an office visit to determine if they continue to have issues with hypertension. Some of the MO clinics lack electronic health records (EHRs) and were unable to quickly pull patient lists, causing a slight delay in scheduling office visits with women at those sites.
- MO held both an in-person and online training for their providers. Just over half of the 40 agencies providing WISEWOMAN were able to attend the training in person.
- The program assessed the number of their providers currently engaging in team-based care. Of the 33 providers surveyed, 16 reported they were currently providing team-based care and 16 had community linkages for bi-directional referrals. CDC recommends that MO work with the remaining clinics closely through provision of both group and individualized technical assistance where possible to increase these numbers during the remainder of year one.
- MO has 14 clinics that currently have partnerships with pharmacies. Because of this, the program was able to collaborate with a pharmacist from one of their providers to develop and offer a statewide training on the importance of medication education for patients diagnosed with hypertension. The goal of the training was to encourage clinic staff to engage with pharmacists within their communities for services such as medication and blood pressure measurement education.
- Clinics participating in the MO WISEWOMAN program will provide a range of services through both the clinic and their communities to include gym memberships, YMCAs, diabetes prevention programs (DPP), fitness classes, nutritionists, dieticians, pharmacy staff, Weight Watchers, and

Taking Off Pounds Sensibly (TOPS) chapters. However, MO is finding it challenging for those clinics in several rural communities to identify and provide services to their patients.

- It is recommended that in future annual progress reports, the program should outline progress, successes, challenges, and requested technical assistance for each activity within each strategy.

## Year 2 Work Plan

### Overarching Comments

Recommendations on Activities:

- According to the MO WISEWOMAN program's continuation application, they are requesting \$900,000 to provide services to 500 women. However, the program has indicated to their Project Officer that they plan to screen 2,000 women in year two, which is more realistic given the funding amount. It is recommended that the program formally revise their workplan to include the correct year two screening target.
- It is recommended that the program review each weaknesses and recommendation outlined below, revise the work plan accordingly, and resubmit to the CDC Project Officer. MO staff should discuss with their Project Officer the substantive revisions they plan to make prior to resubmitting.

### Core Component

Recommendations on Activities:

Strengths:

- MO indicates plans to update their MOHSAIC Claims system (MO data system) to identify via email when a client presents with an abnormal blood pressure reading.
- The program plans to partner with the MO MAP program within the Department of Health to integrate WISEWOMAN providers into their new bi-directional referral system with e-connect.

Weaknesses:

- For each Core strategy, outcomes and performance measures outlined within the year two workplan do not adequately align with the CDC required outcomes and performance measures (e.g., "identify 2% of clients screened for treatment of hypertension" is listed as an outcome for strategy 1).
- Some activities outlined within the year two work plan are verbatim to the respective activities in program year one. Therefore, it is indiscernible as to whether or not the proposed year two activities are an extension or repeat of those in year one.
- "WISEWOMAN staff" is listed as the staff responsible for each activity throughout the entire workplan. For each activity, there were no specific staff positions listed as the individual(s) responsible.

- With the exception of one activity (i.e., activity 1, strategy 1: Recruit additional providers/clinics), all activity end dates listed are prior to the start of year two and have occurred in the past (e.g., 2/28/2019 and 3/30/2019).
- There is no quality improvement activity included.
- An executive summary or narrative highlighting planned work for year two was not provided.

#### Recommendations:

- MO should revise each outcome and performance measure within their workplan to align with, at a minimum, the CDC required outcomes and performance measures.
- The program should make revisions and additions to activities throughout the year two workplan, where appropriate, to show a continuation or extension of activities proposed in year one (e.g., begin three additional pilot sites for team-based care, contract with partners for HBSS to include X, Y, Z, etc.). More detail should be provided for each proposed activity or should be included as additional activities (e.g., include number of provider clinic site visits planned in year two, add a new activity to provide TA to provider sites related to implementation of their bi-directional referral processes).
- Specific staff positions should be listed as the individual(s) responsible for each activity.
- Review and revise all activity end dates to align with program year two (i.e., 9/30/2019 through 9/29/2020).
- It is recommended that a quality improvement activity be included in the year two work plan to use provider data, minimum data elements (MDEs), evaluation, or other data and information to inform program improvement.
- An executive summary or narrative highlighting planned work for year two should be provided to the CDC Project Officer.
- The program should provide an overview of program costs for integrated vs. non-integrated office visits and describe the impact each one has on their overall budget.

## Budget Recommendations

### Core Component

- The budget is clearly delineated and appropriately justified. However, given the extensive revisions requested on the year two workplan, it is recommended that the program review the budget to ensure it is in alignment with all proposed year two activities and resubmit to the CDC Project Officer if necessary.

### Research Determination

DP18-1816 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.