



Grant Number: 1U58DP003632-01

Principal Investigator(s):
RENEE D COLEMAN-MITCHELL, MPH

Project Title: Public Prevention Health Fund: Community Transformation Grants

CHIEF FISCAL OFFICER
CT DEPT OF PUBLIC HEALTH
410 CAPITOL AVENUE
P.O. BOX 340308, MS#11-HLS
HARTFORD, CT 061340308

Budget Period: 09/30/2011 – 09/29/2012
Project Period: 09/30/2011 – 09/29/2016

Dear Business Official:

The Centers for Disease Control and Prevention hereby awards a grant in the amount of \$493,891 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to CT ST DEPT OF PUBLIC HEALTH in support of the above referenced project. This award is pursuant to the authority of 301A,311BC,317K2(42USC241A,243BC247BK2) and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact the individual(s) referenced in Section IV.

Sincerely yours,

Mildred Garner
Grants Management Officer
Centers for Disease Control and Prevention

Additional information follows

SECTION I – AWARD DATA – 1U58DP003632-01**Award Calculation (U.S. Dollars)**

Equipment	\$5,741
Supplies	\$324
Travel Costs	\$4,509
Other Costs	\$35,817
Consortium/Contractual Cost	\$447,500

Federal Direct Costs	\$493,891
Approved Budget	\$493,891
Federal Share	\$493,891
TOTAL FEDERAL AWARD AMOUNT	\$493,891

AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$493,891
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Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

02	\$493,891
03	\$493,891
04	\$493,891
05	\$493,891

Fiscal Information:

CFDA Number:	93.531
EIN:	1066000798A9
Document Number:	003632CO11

IC	CAN	2011	2012	2013	2014	2015
DP	939ZMNL	\$493,891	\$493,891	\$493,891	\$493,891	\$493,891

SUMMARY TOTALS FOR ALL YEARS		
YR	THIS AWARD	CUMULATIVE TOTALS
1	\$493,891	\$493,891
2	\$493,891	\$493,891
3	\$493,891	\$493,891
4	\$493,891	\$493,891
5	\$493,891	\$493,891

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project

CDC Administrative Data:

PCC: N / OC: 4141

SECTION II – PAYMENT/HOTLINE INFORMATION – 1U58DP003632-01

For payment information see Payment Information section in Additional Terms and Conditions.

INSPECTOR GENERAL: The HHS Office 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. This note replaces the Inspector General contact information cited in previous notice of award.

SECTION III – TERMS AND CONDITIONS – 1U58DP003632-01

This award is based on the application submitted to, and as approved by, CDC 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 and program regulation cited in this Notice of Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 74 or 45 CFR Part 92 as applicable.
- d. The HS Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

Treatment of Program Income:
Additional Costs

SECTION IV – DP Special Terms and Conditions – 1U58DP003632-01

Cooperative Agreement

Funding Opportunity Announcement (FOA) Number: CDC-RFA-DP11-1103PPHF

Award Number: 003632CO11

Category A

TERMS AND CONDITIONS OF THIS AWARD

NOTE 1. INCORPORATION: Funding Opportunity Announcement Number CDC-RFA-DP11-1103PPHF entitled, U.S. Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC), Patient Protection and Affordable Care Act (ACA), Public Health Prevention Fund: Community Transformation Grants, and the application dated 07/15/2011, are hereby made a part of this ACA award by reference.

NOTE 2. APPROVED FUNDING: Funding in the amount of \$493,891 is approved for the Year 01 budget period, which is September 30, 2011 through September 29, 2012. This is the first budget year of a five year project period. This award is funded with Patient Protection and Affordable Care Act (ACA), funds.

The Grantee must adhere to the requirements of Section 4002 and 4201 of the Patient Protection and Affordable Care Act (ACA) www.whitehouse.gov/healthreform/healthcare-overview. All funding for future years will be based on satisfactory programmatic progress and the availability of funds.

NOTE 3. SUMMARY STATEMENT RESPONSE REQUIREMENT: The objective review summary 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 as noted in the CDC Contact section of this Notice of Award, not later than October 24, 2011. Should these terms not be satisfactorily adhered to, it may result in denial of your authority to expend additional funds.

NOTE 4. REVISED BUDGET SPECIAL CONDITIONS:

You are required to submit a revised budget, detailed narrative justification and work plan by October 24, 2011. You will be contacted within the next ten (10) days via email regarding upcoming budget discussions. 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 must submit a letter explaining the reason and state the date by which the Grants Management Specialist noted in Section IV. Staff Contacts will receive the information.

PLEASE SEE ATTACHED ADDITIONAL REQUIREMENTS

Restricted Costs as stated in the FOA, Section IV, Application and Submission are as follows:

- a. No part of any appropriated funds used under this cooperative agreement 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, radio, television, or video presentation designed to support or defeat legislation pending or proposed before the Congress or any State or local legislature, including city councils or ballot initiatives except in presentation to the Congress or any State or local legislature, including city councils, itself.

- b. (b) No part of any appropriated funds used under this cooperative agreement 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 legislation or appropriations pending or proposed before the Congress or any State or local legislature or city council.
- c. Recipients may not use funds for research.
- d. Recipients may not use funds for clinical care.
- e. Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- f. Recipients may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. However, if equipment purchase is integral to a selected strategy, it will be considered. Any such proposed spending must be identified in the budget.
- g. Recipients may not use funding for construction.
- h. The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- i. Reimbursement of pre-award costs is not allowed.
- j. Recipients may not use funds for abortions in accordance with Executive Order 13535.
- k. If requesting indirect costs in the budget, a copy of the indirect cost rate agreement is required. If the indirect cost rate is a provisional rate, the agreement should be less than 12 months of age. The indirect cost rate agreement should be uploaded as a PDF file with Other Attachment Forms when submitting via Grants.gov.

Plans and Due Dates

The following Plans are due to the Project Officer listed under Programmatic contact in NOTE 30:

- A. Final Capacity Building Plan due to CDC Project Officer by December 30, 2011 Capacity Building awardees
- B. Final Implementation Plan due to CDC Project Officer by January 30, 2011 (Implementation awardees)
- C. Final Evaluation Plan due to CDC Project Officer by February 29, 2012 (Implementation awardees)

NOTE 5. PATIENT PROTECTION AND AFFORDABLE CARE ACT (ACA) SUB ACCOUNT INFORMATION:

(IMPORTANT: There are separate reporting requirements for these funds which are spelled out under the PAYMENT INFORMATION on NOTE 25 of these terms and conditions). Every grantee has a PIN that is matched to an account number that allows grantees access to funds in the General or G Account and the P Account obligated by the Government to that grantee. The G account contains all funding obligated to that grantee by any governmental agency. In making a payment in response to a grantee request from the G account, the Government is acknowledging that there are enough funds in the sum of available cash from its aggregate awards, to fulfill this request. The G account designation is comprised of the alpha numeric numbers of the award type followed by the grantee award number e.g. U58DP001234.

The P Account is a Sub account created specifically for the purpose of tracking designate types of funding in the Payment Management System. Sub accounts or P Accounts have been established in the Payment Management System. The P accounts are comprised of the numerical numbers from the original award plus a suffix denoting the separate programmatic obligation.

FOR THIS BUDGET PERIOD FUNDING YEAR, SEPTEMBER 30, 2011 THRU SEPTEMBER 29, 2012, FUNDS WILL BE IN THE P Subaccount. These funds are to be managed on a separate budget from your prior G account. They are not to be comingled at any time. The ACA Sub Account Title in the DHHS Payment Management System (PMS) is: CMTYTRANGRANTS11 and must be used by your organization when requesting these funds in PMS.

The ACA Sub Account Number in the DHHS Payment Management System (PMS) is: 003632CO11

All funding for future years will be based on satisfactory programmatic progress and the availability of funds.

NOTE 6. INDIRECT COSTS: Indirect costs are are not being charged to the grant.

NOTE 7. REPORTING REQUIREMENTS:

CENTRAL CONTRACTOR REGISTRATION AND UNIVERSAL IDENTIFIER REQUIREMENTS:

All recipient organizations must obtain a DUN and Bradstreet (D&B) Data Universal Numbering System (DUNS) number as the Universal Identifier when applying for Federal grants or cooperative agreements. The DUNS number is a nine-digit number assigned by Dun and Bradstreet Information Services. An AOR should be consulted to determine the appropriate number. If the organization does not have a DUNS number, an AOR should complete the US D&B D U N S Number Request Form or contact Dun and Bradstreet by telephone directly at 1-866-705-5711 (toll-free) to obtain one. A DUNS number will be provided immediately by telephone at no charge. Note this is an organizational number. Individual Program Directors/Principal Investigators do not need to register for a DUNS.

Additionally, all recipient organizations must register in the Central Contractor Registry (CCR) and maintain the registration with current information at all times during which it has an application under consideration for funding by CDC and, if an award is made, until a final financial report is submitted or the final payment is received, whichever is later. CCR is the primary registrant database for the Federal government and is the repository into which an entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at the CCR internet site at www.ccr.gov. If an award is granted, the grantee organization must notify potential subrecipients that no organization may receive a subaward under the grant unless the organization has provided its DUNS number to the grantee organization.

FEDERAL INFORMATION SECURITY MANAGEMENT ACT (FISMA):

All information systems, electronic or hard copy which contain federal data need to be protected from unauthorized access. This 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 Pub. L. No. 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 this data, subject to all applicable laws protecting security, privacy, and research. If and when information collected by a grantee is provided to HHS, responsibility for the protection of the HHS copy of the information is transferred to HHS and it becomes the agency's responsibility to protect that information and any derivative copies as required by FISMA. For the full text of the requirements under Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002 Pub. L. No. 107-347, visit website:

http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=107_cong_public_laws&docid=f:publ347.107.pdf

FEDERAL FUNDING ACCOUNTABILITY and TRANSPARENCY ACT of 2006:

(X) FFATA DOES APPLY: THE GRANTEE MUST FOLLOW THIS SECTION

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.

A. Reporting of first-tier subawards.

1. Applicability. Unless you are exempt as provided in paragraph D. of this award term, 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 subaward to an entity (see definitions in paragraph E. of this award term).

2. Where and when to report.

i. You must report each obligating action described in paragraph A.1. of this award term to <http://www.fsr.gov>.

ii. For subaward 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).

3. What to report. You must report the information about each obligating action that the submission instructions posted at <http://www.fsrc.gov> specify.

B. Reporting Total Compensation of Recipient Executives.

1. Applicability and what to report. You must report total compensation for each of your five most highly compensated executives for the preceding completed fiscal year, if-

- i. The total Federal funding authorized to date under this award is \$25,000 or more;
- ii. In the preceding fiscal year, you received-

(a) 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 170.320 (and subawards); and

(b) \$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 170.320 (and subawards); and

iii. 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. 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/excomp.htm>).

2. Where and when to report. You must report executive total compensation described in paragraph A.1. of this award term:

i. As part of your registration profile at <http://www.ccr.gov>.

ii. By the end of the month following the month in which this award is made, and annually thereafter.

C. Reporting of Total Compensation of Subrecipient Executives.

1. Applicability and what to report. Unless you are exempt as provided in paragraph D. of this award term, for each first-tier subrecipient under this award, you shall report the names and total compensation of each of the sub-recipients five most highly compensated executives for the subrecipients preceding completed fiscal year, if-

i. In the subrecipients preceding fiscal year, the subrecipient received-

(a) 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 170.320 (and subawards); and

(b) \$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 subawards); and

ii. 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. 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/excomp.htm>).

2. Where and when to report. You must report subrecipient executive total compensation described in paragraph c.1. of this award term:

i. To the recipient.

ii. By the end of the month following the month during which you make the subaward. For example, if a subaward is obligated on any date during the month of October of a given year (i.e., between October 1 and 31), you must report any required compensation information of the subrecipient by November 30 of that year.

D. Exemptions

If, in the previous tax year, you had gross income, from all sources, under \$300,000, you are exempt from the requirements to report:

i. Subawards, and

ii. The total compensation of the five most highly compensated executives of any subrecipient.

E. Definitions. For purposes of this award term:

1. Entity means all of the following, as defined in 2 CFR Part 25:

i. A Governmental organization, which is a State, local government, or Indian tribe;

ii. A foreign public entity;

iii. A domestic or foreign nonprofit organization;

iv. A domestic or foreign for-profit organization;

v. A Federal agency, but only as a subrecipient under an award or subaward to a non-Federal entity.

2. Executive means officers, managing partners, or any other employees in management positions.
3. Subaward:
 - i. This term means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that you as the recipient award to an eligible subrecipient.
 - ii. The term does not include your procurement of property and services needed to carry out the project or program (for further explanation, see Sec. ____210 of the attachment to OMB Circular A?133, Audits of States, Local Governments, and Non-Profit Organizations).
 - iii. A subaward may be provided through any legal agreement, including an agreement that you or a subrecipient considers a contract.
4. Subrecipient means an entity that:
 - i. Receives a subaward from you (the recipient) under this award; and
 - ii. Is accountable to you for the use of the Federal funds provided by the subaward.
5. Total compensation means the cash and noncash dollar value earned by the executive during the recipients or subrecipients preceding fiscal year and includes the following (for more information see 17 CFR 229.402(c)(2)):
 - i. Salary and bonus.
 - ii. 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.
 - iii. Earnings for services under nonequity 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.
 - iv. Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.
 - v. Above-market earnings on deferred compensation which is not tax-qualified.
 - vi. 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.

NON-DELINQUENCY ON FEDERAL DEBT:

The Federal Debt Collection Procedures Act of 1990 (Act), 28 U.S.C. 3201(e), provides that an organization or individual that is indebted to the United States, and has a judgment lien filed against it, is ineligible to receive a Federal grant. CDC cannot award a grant unless the AOR of the applicant organization (or individual in the case of a Kirschstein NRSA individual fellowship) certifies, by means of his/her signature on the application, that the organization (or individual) is not delinquent in repaying any Federal debt. If the applicant discloses delinquency on a debt owed to the Federal government, CDC may not award the grant until the debt is satisfied or satisfactory arrangements are made with the agency to which the debt is owed. In addition, once the debt is repaid or satisfactory arrangements made, CDC will take that delinquency into account when determining whether the applicant would be a responsible CDC grant recipient.

Anyone who has been judged to be in default on a Federal debt and who has had a judgment lien filed against him or her should not be listed as a participant in an application for a CDC grant until the judgment is paid in full or is otherwise satisfied. No funds may be used for or rebudgeted following an award to pay such an individual. CDC will disallow costs charged to awards that provide funds to individuals in violation of this Act.

These requirements apply to all types of organizations and awards, including foreign grants.

NOTE 8. ANNUAL FEDERAL FINANCIAL REPORT (FFR, SF 425):

a) ANNUAL FEDERAL FINANCIAL REPORT (FFR) (SF425): is required 90 days after the end of each budget period. The FFR for this budget period is due to the Grants Management Specialist by December 29, 2012. Reporting timeframe is 09/30/2011 through 09/29/2012. The FFR should only include those funds authorized and disbursed during the timeframe covered by the report. If the FFR is not finalized by the due date, an interim FFR must be submitted, marked NOT FINAL, and an amount of unliquidated obligations must be identified that reflect unpaid expenses. Electronic versions of the form can be downloaded into Adobe Acrobat and completed online by reviewing, <http://www.whitehouse.gov/omb/grants/sf425a.pdf> (short form) or <http://www.whitehouse.gov/omb/grants/sf425.pdf>

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

submit a letter explaining the reason and date by which the Grants Officer will receive the information.

b) ANNUAL PROGRESS REPORT:

The Annual Progress Report is due 90 days following the end of the budget period on December 29, 2012. Reporting timeframe is 09/30/2011 through 09/29/2012. The report must include:

- a) A comparison of actual accomplishments to the goal established for the period;
- b) The reasons for failure, if established goals were not met; and
- c) Other pertinent information including, when appropriate, analysis and explanation of performance costs significantly higher than expected.

SEMIANNUAL PROGRESS REPORTING

Each funded applicant must provide CDC with a semi-annual Interim Progress Report submitted via www.grants.gov. This report should document progress to meeting programmatic objectives and include success stories related to efforts under the grant.

1. The interim progress report is due no less than 120 days before the end of the budget period. The Interim Progress Report will serve as the non-competing continuation application, and must contain the following elements:

- a. Standard Form (SF) 424S Form.
- b. SF-424A Budget Information Non Construction Programs.
- c. Budget Narrative.
- d. Indirect Cost Rate Agreement.
- e. Project Narrative.

Additionally, funded applicants must provide CDC with an original, plus one hard copy of the following reports:

2. Federal Financial Report (FFR) (SF 425) and annual progress report, no more than 90 days after the end of the budget period.
3. Final performance and Federal Financial Reports*, no more than 90 days after the end of the project period.

Note: An original plus two copies of the reports must be mailed to the Grants Management Specialist for approval by the Grants Management Officer by the due date. All reports must include the Award and Program Announcement numbers shown above.

NOTE 9. AUDIT REQUIREMENT: An organization that expends \$500,000 or more in a year in Federal awards shall have a single or program-specific audit conducted for that year in accordance with the provisions of OMB Circular A-133, Audit of States, Local Governments, and Non-Profit Organizations. The audit must be completed along with a data collection form, and the reporting package shall be submitted within the earlier of 30 days after receipt of the auditors report(s), or nine months after the end of the audit period. The audit report must be sent to:
Federal Audit Clearing House
Bureau of the Census
1201 East 10th Street
Jeffersonville, IN 47132 .

Should you have questions regarding the submission or processing of your Single Audit Package, contact the Federal Audit Clearinghouse at: (301) 763-1551, (800) 253-0696 or email: govs.fac@census.gov

It is very helpful to CDC managers if the recipient sends a courtesy copy of completed audits and any management letters on a voluntary basis to the following address.

Centers for Disease Control and Prevention (CDC)
ATTN: Audit Resolution, Mail Stop E-14
2920 Brandywine Road
Atlanta, GA 30341-4146

The grantee is to ensure that the sub-recipients receiving CDC funds also meet these requirements (if total Federal grant or cooperative agreement funds received exceed \$500,000). The grantee must also ensure that appropriate corrective action is taken within six months after receipt of the subrecipient audit report in instances of non-compliance with Federal law and regulations. The grantee is to consider whether subrecipient audits necessitate adjustment of the grantees 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 is to require each subrecipient to permit independent auditors to have access to the sub-recipients records and financial statements. The grantee should include this requirement in all subrecipient contracts.

NOTE 10. SUBGRANT/SUBRECIPIENT AWARDS: Seed Grants/Sub-Grants ARE NOT authorized under this program or included in Program authorizing legislature. As a result, the recipient is not permitted to fund seed grants or subgrants. Recipient must issue proposed funding as a procurement requirement per the organizations established procedures.

NOTE 11. TRAVEL COST: 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. There must be a direct benefit imparted on behalf of the traveler as it applies to the approved activities of the Notice of Award. To prevent disallowance of cost, Recipient is responsible for ensuring that only allowable travel reimbursements are applied in accordance with their organizations established travel policies and procedures. When travel procedures are not in place, the Government Travel Regulations are applicable. The URL for travel is found at:

Per diem: <http://policyworks.gov/org/main/mt/homepage/mtt/perdiem/perd01d.html>
(add taxes to lodging); Airline Flights: <http://www.fedtravel.com/gsa/>

Required CDC Travel:

Specific travel requirements for CTG 1 are listed below:

Meeting	# of Staff	# of Days	Dates	Location
CTG Kick-Off Meeting	3-4 Staff Members		3.5 days	October 24-27, 2011 Atlanta
**CTG Action Institute	18-10 Team Members		3.5 days	November 29- December 2, 2011 Atlanta
**CTG Action Institute	28-10 Team Members		3.5 days	December 5- 8, 2011 Atlanta
CTG Action Institute	3 8-10 Team Members		3.5 days	December 12-15, 2011 Atlanta

Action Institutes are content-specific for capacity building and implementation awardees. Awardees are not required to attend all three Action Institutes. CDC will provide additional details about each institute so that awardee can determine which is most appropriate for the organization.

NOTE 12. FOOD AND MEALS: Costs associated with food or meals are NOT permitted unless included with per diem as a part of official travel.

Per HHS Policy food is generally unallowable except for the following: 1.) For subjects and patients under study; 2.) As part of a per diem or subsistence allowance provided in conjunction with allowable travel.

NOTE 13. PRIOR APPROVAL: All requests, which require prior approval, must bear the signature of an authorized official of the business office of the grantee organization as well as the principal investigator or program or project director named on this notice of award. The request must be postmarked no later than 120 days prior to the end date of the current budget period and submitted with an original plus two copies. Any requests received that reflect only one signature will be returned to the grantee unprocessed. Additionally, any requests involving funding issues must include an itemized budget and a narrative justification of the request.

Prior approval is required but is not limited to the following types of requests:

- 1) Use of unobligated funds from prior budget period (Carryover);
- 2) Lift funding restriction, withholding, or disallowance,
- 3) Redirection of funds,
- 4) Change in Contractor/Consultant;
- 5) Supplemental funds;
- 6) Response to Technical Review or Summary Statement,
- 7) Change in Key Personnel

NOTE 14. CORRESPONDENCE: ALL correspondence (including emails and faxes) regarding this award must be dated, identified with the FOA NUMBER and GRANT AWARD NUMBER, and include a point of contact (name, phone, fax, and email). All correspondence should be addressed to the Grants Management Specialist listed below and submitted with an original plus two copies.

Dana C. Ewing, Grants Management Specialist
Centers for Disease Control, PGO, Branch III

NOTE 15. INVENTIONS: Acceptance of grant funds obligates recipients to comply with the standard patent rights clause in 37 CFR 401.14.

NOTE 16. 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 Cooperative Agreement Number above from 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.

NOTE 17. CONFERENCE DISCLAIMER AND USE OF LOGOS:

Disclaimer: If a conference is funded by a grant, cooperative agreement, sub grant and/or a contract the recipient 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 do not 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.

Logos: Neither the HHS nor the CDC logo may be displayed if such display would cause confusion as to the conference source or give false appearance of Government endorsement. Use of the HHS name or logo is governed by U.S.C. 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. 1320b-10. The appropriate use of the HHS logo is subject to review and approval of the Office of the Assistant Secretary for Public Affairs (OASPA). Moreover, the Office of the Inspector General has authority to impose civil monetary penalties for violations (42 C.F.R. Part 1003). Neither the HHS nor the CDC logo can be used on conference materials, under a grant, cooperative agreement, and contract or co-sponsorship agreement without the expressed, written consent of either the Project Officer or the Grants Management Officer. It is the responsibility of the grantee (or recipient of funds under a cooperative agreement) 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.

NOTE 18. 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 recipient 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 organizations policy.

The grantee may use its own property management standards and procedures provided it observes provisions of the following sections in the Office of Management and Budget (OMB) Circular A 110 and 45 CFR Part 92:

i. Office of Management and Budget (OMB) Circular A-110, Sections 31 through 37 provides the uniform administrative requirements for grants and agreements with institutions of higher education, hospitals, and other non profit organizations. For additional information, please review: the following website: <http://www.whitehouse.gov/omb/circulars/a110/a110.html>

ii. 45 CFR Parts 74.32 and 74.34 provides the uniform administrative requirements for grants and cooperative agreements to state, local and tribal governments. For additional information, please review the following website listed:
http://www.access.gpo.gov/nara/cfr/waisidx_03/45cfr92_03.html

NOTE 19. LOBBYING RESTRICTIONS: Applicants should be aware of restrictions on the use of HHS funds for lobbying of Federal or State legislative bodies. Under the provisions of 31 U.S.C. Section 1352, recipients (and their sub-tier contractors) are prohibited from using appropriated Federal funds (other than profits from a Federal contract) for lobbying congress or any Federal agency in connection with the award of a particular contract, grant, cooperative agreement, or loan. This includes grants/cooperative agreements that, in whole or in part, involve conferences for which Federal funds cannot be used directly or indirectly to encourage participants to lobby or to instruct participants on how to lobby.

In addition no part of CDC appropriated funds, 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, radio, television, or video presentation designed to support or defeat legislation pending before the Congress or any State or local legislature, except in presentation to the Congress or any State or local legislature itself. No part of the appropriated funds 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 legislation or appropriations pending before the Congress or any State or local legislature.

Any activity designed to influence action in regard to a particular piece of pending legislation would be considered lobbying. That is lobbying for or against pending legislation, as well as indirect or grass roots lobbying efforts by award recipients that are directed at inducing members of the public to contact their elected representatives at the Federal or State levels to urge support of, or opposition to, pending legislative proposals is prohibited. As a matter of policy, CDC extends the prohibitions to lobbying with respect to local legislation and local legislative bodies.

The provisions are not intended to prohibit all interaction with the legislative branch, or to prohibit educational efforts pertaining to public health. Clearly there are circumstances when it is advisable and permissible to provide information to the legislative branch in order to foster implementation of prevention strategies to promote public health. However, it would not be permissible to influence, directly or indirectly, a specific piece of pending legislation. It remains permissible to use CDC funds to engage in activity to enhance prevention; collect and analyze data; publish and disseminate results of research and surveillance data; implement prevention strategies; conduct community outreach services; provide leadership and training, and foster safe and healthful environments.

Recipients of CDC grants and cooperative agreements need to be careful to prevent CDC funds from being used to influence or promote pending legislation. With respect to conferences, public events, publications, and grassroots activities that relate to specific legislation, recipients of CDC funds should give close attention to isolating and separating the appropriate use of CDC funds from non-CDC funds. CDC also cautions recipients of CDC funds to be careful not to give the appearance that CDC funds are being used to carry out activities in a manner that is prohibited under Federal law.

NOTE 20. PROGRAM INCOME: Any program income generated under this cooperative agreement will be used in accordance with the additional cost alternative. The disposition of program income must have written prior approval from the Grants Management Officer. Additional Costs Alternative Used for costs that are in addition to the allowable costs of the project for any purposes that further the objectives of the legislation under which the cooperative agreement was made. General program income subject to this alternative shall be reported on lines 10r and 10s, as appropriate, of the FSR (Long Form).

NOTE 21. KEY PERSONNEL: In accordance with 45 CFR 74.25(c) (2) & (3) CDC recipients shall obtain prior approval changes in key persons in cases where specified in an application (1) change in the project director or principal investigator or other key persons specified in the application or award document, and (2) the absence for more than three months, or a 25 percent reduction in time devoted to the project, by the approved project director or principal investigator.

NOTE 22: COMPLIANCE WITH EO13513, FEDERAL LEADERSHIP ON REDUCING TEXT MESSAGING WHILE DRIVING: Effective October 1, 2009 this compliance is required. Grant recipients and sub recipients to grant funds are prohibited from texting while driving a Government owned vehicle or when using Government furnished electronic equipment while driving any vehicle. This award is subject to the requirements of Executive Order (EO13513). For the full text of the award terms and conditions, please review the following website: http://www.cdc.gov/od/pgo/funding/addtl_Reqmnts.htm.

NOTE 23. **TRAFFICKING IN PERSONS:** This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award terms and conditions, please review the following website:
http://www.cdc.gov/od/pgo/funding/grants/Award_Term_and_Condition_for_Trafficking_in_Persons.shtm

NOTE 24. **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 recipients of Federal research grants, shall clearly state (1) the percentage of the total costs of the program or project which will be financed with Federal money, (2) the dollar amount of Federal funds for the project or program, and (3) percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.

NOTE 25. **PAYMENT INFORMATION:**

(IMPORTANT: Reference Patient Protection and Affordable Care Act (ACA) Sub Account Information, NOTE 5)

AUTOMATIC DRAWDOWN (DIRECT/ADVANCE PAYMENTS):

Payment under this award will be made available through the Department of Health and Human Services (HHS) Payment Management System (PMS). PMS will forward instructions for obtaining payments.

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

Director, Division of Payment Management, OS/ASAM/PSC/FMS/DPM
P.O. Box 6021
Rockville, MD 20852
Phone Number: (877) 614-5533
Email: PMSSupport@psc.gov

Website: http://www.dpm.psc.gov/grant_recipient/shortcuts/shortcuts.aspx?explorer.event=true

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

University and Non-Profit Payment Branch:

http://www.dpm.psc.gov/contacts/dpm_contact_list/univ_nonprofit.aspx?explorer.event=true

Governmental and Tribal Payment Branch:

http://www.dpm.psc.gov/contacts/dpm_contact_list/gov_tribal.aspx?explorer.event=true

Cross Servicing Payment Branch:

http://www.dpm.psc.gov/contacts/dpm_contact_list/cross_servicing.aspx

To expedite your first payment from this award, attach a copy of the Notice of Grant/Cooperative Agreement to your payment request form.

b.) **ACA Payment Reporting Requirements** Expenditures must be reported on the 272 under the grant award number in which funds were obligated. In the G Account, one 272 is required; however, each budget year is considered a new grant award in the P Account, therefore, several 272s must be reported for this account.

For Example: Document number 0CCU123456 G account report one cumulative 272 report by document number; A separate 272 report must be reported for EACH document in the P account.

NOTE 26. **ACCEPTANCE OF THE TERMS OF AN AWARD:** By drawing or otherwise obtaining funds from the grant payment system, the recipient 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.

NOTE 27. **CERTIFICATION STATEMENT:** By drawing down funds, Awardee 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 are being used in accordance with applicable Federal cost principles, regulations and Budget and Congressional intent of the President.

NOTE 28. ADDITIONAL REQUIREMENTS: Awardees must comply with the administrative requirements outlined in 45 Code of Federal Regulations (CFR) Part 74 or Part 92 as appropriate. The Additional Requirements that apply to this grant or cooperative agreement are indicated below. The full text of the Additional Requirements may be found on the CDC web site at: http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm

AR-7: Executive Order 12372 Review

AR-8: Public Health System Reporting Requirements

AR-9: Paperwork Reduction Act Requirements

AR-10: Smoke-Free Workplace Requirements

AR-11: Healthy People 2010

AR-12: Lobbying Restrictions

AR-14: Accounting System Requirements

AR-15: Proof of Non-profit Status

AR-16: Security Clearance Requirement

AR-21: Small, Minority, And Women-owned Business

AR-23: Compliance with 45 C.F.R. Part 87

AR-26: National Historic Preservation Act of 1966

AR-27: Conference Disclaimer and Use of Logos

AR-29: Compliance with EO13513, Federal Leadership on Reducing Text Messaging while Driving , October 1, 2009

NOTE 29. CDC STAFF CONTACTS:

Programmatic Technical Assistance:
Business and Grants Policy Contact
Vivian Walker, Grants Management Officer
Centers for Disease Control, PGO, Branch III
2920 Brandywine Road, Mail Stop E-09
Atlanta, GA 30341-4146
Telephone: (770) 488-2077
Fax: (770) 488-2778
Email: vew4@cdc.gov

Dana C. Ewing, Grants Management Specialist
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2920 Brandywine Road, Mail Stop 3719
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Telephone: (770) 488-2727
Fax: (770) 488-2778
Email: vfa8@cdc.gov

Programmatic Contact

Yvette Senter, Project Officer
Centers for Disease Control
4770 Buford Hwy, NE, MSK45
Atlanta, GA 30341
Telephone: 770-488-8288
Email: yvr1@cdc.gov

STAFF CONTACTS

Grants Management Specialist: Dana C Ewing

Grants Management Officer: Mildred Garner
Center for Disease Control and Prevention

PGU
 2920 Brandywine Road, MS K-70
 Atlanta, ga 30341
 Email: mqq4@cdc.gov Phone: 770-488-2745 Fax: 770-488-2777

SPREADSHEET SUMMARY
GRANT NUMBER: 1U58DP003632-01

INSTITUTION: CONNECTICUT STATE DEPT OF PUBLIC HEALTH

<i>Budget</i>	<i>Year 1</i>	<i>Year 2</i>	<i>Year 3</i>	<i>Year 4</i>	<i>Year 5</i>
Equipment	\$5,741				
Supplies	\$324				
Travel Costs	\$4,509				
Other Costs	\$35,817				
Consortium/Contractual Cost	\$447,500				
TOTAL FEDERAL DC	\$493,891	\$493,891	\$493,891	\$493,891	\$493,891
TOTAL FEDERAL F&A					
TOTAL COST	\$493,891	\$493,891	\$493,891	\$493,891	\$493,891



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta, GA 30341-3724

Grantee Name: Connecticut State Dept of PH 1U58DP0003632-01
Category A: Capacity Building

Note 4 Revised Budget Special Conditions:

Your organization requested \$493,891 in funds. The amount awarded to your organization is **\$493,891**. We are aware that program activities, goals and accomplishments must be revised to encompass the change in scope based on the available funding.

The budget plan is the financial expression of the program as approved during the award process. It shall be related to performance for program evaluation purposes whenever appropriate. This information is provided to assist your organization in making adjustments to provide assistance in your locality; and to frame your proposed costs within the fiscal and administrative requirements of the Code of Federal regulations and Office of management and budget Circulars. Please see Guidelines for Budget Preparation Appendix A <http://www.cdc.gov/od/pgo/funding/budgetguide.htm> in completing your verified budget.

Personnel:

All proposed staff salaries shall reflect total salaries and level of effort proposed for this award. Appropriate records must be maintained to show actual charges.

Fringe:

NOTE REGARDING VACANT POSITIONS: Grant funds must match the effort. To fund the positions for a proposed 12 months would be considered forward funding and would therefore lead to an unobligated balance. Grantee should notify CDC if the positions have been filled since the submission of the application. If the positions are still vacant the grantee should reduce each position proposed for 12 months by at least 3 months to allow the hiring process to take place and apply the difference to support current activities.

All staff including Principal Investigator (PI) is listed as providing in-kind services to the grant.

Travel:

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.

Supplies: N/N**Consultant Costs:**

All required elements were provided.

Contractual:

Funds are requested to support "Contractual" costs; before Contractual costs can be approved there are required elements that must be provided before establishing an agreement. See "Guidelines for Budget Preparation" Appendix B.

All required elements were provided.

All contracts require prior approval from CDC. Funds may not be used until the following required information for each contract is submitted to and approved by CDC:

The proposed contracts did not contain all required elements:

1. Name of Contractor;
2. Method of Selection;
3. Period of Performance;
4. Scope of Work;
5. Method of Accountability; and
6. Itemized Budget and Justification.

Sub Recipient Monitoring:

In addition, the Uniform requirements for Non-profit organizations require that a system for contract administration shall be maintained to ensure contractor performance with the terms, conditions and specifications of the contract and to ensure adequate and timely follow up of all purchases. Recipients shall evaluate contractor performance and document, as appropriate whether contractors have met the terms, conditions, and specifications of the contract.

For states, when procuring property and services under a grant, a State will follow the same policies and procedures it uses for procurements from its non Federal funds.

If you have not indicated your organization's sub recipient monitoring system, please provide this information.

OTHER:

Grantee requested funds to support "Training". Grantee should provide clear and concise information regarding training/conference/workshops what type of training /conference/workshops; identify personnel who will attend; and approximate cost of each training /conference/workshops. Identify the specific program objectives supported by training/conference/workshops.

Recommend grantee review the "Guidelines for Budget Preparation" Section G. (Other) and submit an itemized budget and detailed justification to support proposed costs.

INDIRECT COSTS:

36.2% Indirect are charged based on personnel costs; however, personnel costs are charged to the grant as in-kind therefore indirect are not being charged to the grant.

Changes to items of costs within your budget and changes in dollar amounts requested may be made in accordance with the approval of items discussed herein.

When award budgets are reduced during the pre-award process, indirect costs still must be provided consistent with the changed direct cost budget.

Bob Mian
3632

**CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)
2011 Public Prevention Health Fund Community Transformation Grants
CDC-RFA-DP11-1103-PPHF11
Objective Review Summary Statement
(Capacity Building)**

Date Reviewed: August 16, 2011
Applicant/Application #: Connecticut Department of Public Health/90019611
Principal Investigator/Program Director: Renee Coleman-Mitchell
Requested Amount: \$493,891

Recommendation:
 Approve Disapprove

Reviewer's Comments on Background and Need

Summary of Strengths:

- The applicant clearly describes and documents the need for support in the target area of 5 counties with a population size of approximately 889,000 persons in primarily small, rural towns. Solid data are presented to demonstrate the rural nature of the target area, higher death rates from cardiovascular disease and some cancers compared with the state of Connecticut, and much higher poverty rates than the county average. State-level age-adjusted prevalence rates of modifiable risk factors are provided by adult race/ethnicity and educational attainment (p. 3, Appendices A4, A6-A7).
- The applicant identifies multiple current and potential partners for the CTG program. Ongoing activities in the target counties demonstrate opportunities for collaboration (p. 2).

Summary of Weaknesses:

- The applicant's need for support is questionable. In the United States, Connecticut has the highest personal capita income, the third highest median household income, and the third lowest poverty rate. With the exception of 1 of the 5 target counties, residents have higher education levels, higher per capita income, and lower poverty rates compared with national rates (p. 3).
- The applicant provides age-adjusted prevalence rates of modifiable risk factors by adult race/ethnicity and educational attainment for the entire state rather than for the 5 target counties. The applicant requests support from CDC to gather county- and town-level data that are not readily accessible to consumers (p. 2, Appendices A6-A7).
- The applicant identifies its current and potential partners or articulates approaches to ensure successful collaboration among these partners.

Recommendations:

- The applicant should closely work with CDC to gather appropriate county- and town-level data.

Reviewer's Comments on Program Infrastructure

Summary of Strengths:

- The applicant identifies its existing health department staff members and their contributions of time for the CTG program. These positions include the Principal Investigator, Project Director, and Epidemiologist/Evaluator. The applicant identifies a senior staff member with experience in the CTG planning process to serve on the Leadership Team. Lead staff from the applicant's Chronic Disease Programs will work directly with the CTG Team. All of these professionals seem experienced and qualified to conduct the CTG program (pp. 7-8).

Summary of Weaknesses:

- The applicant's small staff may not be able to oversee all of the proposed CTG efforts that will need to be accomplished because of the large number of ongoing projects and current staff responsibilities to these initiatives. The applicant does not provide details on the type or level of assistance that lead staff from the Chronic Disease Programs will provide directly to the CTG Team. Recruitment plans for CTG program staff are not discussed (pp. 7-8).

Reviewer's Comments on Fiscal Management

Summary of Strengths:

- The applicant will modify its existing fiscal management system for the CTG program by incorporating a CTG-specific funding code into Connecticut's statewide electronic fiscal management system. This approach will enable tracking of expenditures and budget management functions for all CTG activities. CTG funding will be separate and distinct from other federally or state-funded programs. A Chief Accountability Officer will be assigned to manage the CTG fiscal management processes (pp. 9-10).

Summary of Weaknesses:

- None noted.

Reviewer's Comments on Leadership Team and Coalition Plan

Summary of Strengths:

- The applicant's strong Leadership Team represents an expansive list of partners from a wide sample of health, nonhealth, government, business, and nonprofit sectors. Letters of support are provided from the Leadership Team and Coalition members (pp. 9-10, Appendix E).

Summary of Weaknesses:

- The applicant provides insufficient detail on how the Coalitions will be coordinated to function in their roles to build capacity. The majority of the letters of support from the Leadership Team and Coalition members are standard boilerplate letters. The level of support and effort, commitments, and specific roles of the Leadership Team and Coalition members to the CTG program cannot be determined (Appendices E, G).

Reviewer's Comments on Community Health Assessment (CHA) and Planning

Summary of Strengths:

- The applicant will address differences in the skills, abilities, and levels of readiness for implementation and capacity building among the 5 Coalitions. The applicant will provide each Coalition with an appropriate amount of time and level of assistance to ensure all 5 Coalitions are at full capacity to implement the CHA and assess the needs of the target communities. A Data Workgroup of CTG Team members, epidemiologists, and others will be formed to support the surveillance and data analysis needs of the Coalitions. The CDC CHANGE Tool and other potential tools will be used to conduct the CHA (pp. 16-19).

Summary of Weaknesses:

- The applicant provides no details on its approaches to tailor the CHA and planning processes based on the skills, abilities, and levels of readiness of each individual Coalition. The applicant does not discuss the potential utility or application of previous CHAs that were conducted in communities to the CTG program (p. 17).
- The applicant's CHA does not address the technical assistance needs identified by county Coalitions. A previous survey indicated that members were interested in receiving training for Coalition retention and recruitment, sustainability, policy, and outcome measures, as well as obtaining assistance on conducting policy scans (p. 16).
- The applicant does not discuss current or potential barriers and facilitators for successful changes and improvements to policy, environmental, programmatic, and infrastructure (PEPI) changes as outlined in the CTG funding opportunity announcement.

Reviewer's Comments on Capacity Building Plan (CBP)

Summary of Strengths:

- The applicant's CBP is consistent with the issues identified in the Background and Needs section and the proposed CHA plan. Details are provided on specific steps that need to be taken to accomplish the objectives. The CBP objectives are written in a SMART format and cover Year 1 activities (pp. 21-26).

Summary of Weaknesses:

- The applicant has already conducted or completed some of the proposed CTG tasks (e.g., conduct local scans of existing coalitions, partnerships, workgroups, and task forces involved in the 5 Strategic Directions for inclusion in the CTG Coalitions) (pp. 21-26).

Recommendations:

- The applicant should assess and enhance the CTG outcome measures, as appropriate. The applicant should develop a GANTT or PERT chart to display tasks in a format that facilitates understanding of interdependencies, efficiencies, and the critical path.

Reviewer's Comments on Performance Monitoring and Evaluation

Summary of Strengths:

- The applicant describes several high-level assessment indicators that will be used in the CTG evaluation. These indicators primarily are related to satisfaction, program attendance, responsiveness, recruitment, and community attitudes. Surveys and focus groups will serve as the major data collection methods for the evaluation (pp. 28-30).

Summary of Weaknesses:

- The applicant's CBP and associated evaluation plan lack specificity and are flawed in some areas. Solid process measures are not described for the applicant to make course corrections or future program improvements for unsuccessful areas identified by the evaluation. A baseline of functional capacity to address the stated objectives is not presented. A logic model is not included in the evaluation plan.

Recommendations:

- The applicant should solicit expertise from CDC program staff to revise and include greater specificity in the CBP and associated evaluation plan. Solid process measures should be developed for the applicant to make course corrections or future program improvements for unsuccessful areas identified by the evaluation. Process measures will assist the applicant in making necessary changes over the course of the project period. A baseline of functional capacity should be developed to address the stated objectives and provide a more robust set of variables to identify and inform effective capacity-building strategies that will be useful in future initiatives. A logic model for the evaluation plan should be developed.

Reviewer's Comments on Budget and Budget Narrative (Reviewed, not scored)

The applicant's budget appears to be reasonable, but more detailed itemization and accounting of budget items are needed, particularly for the \$419,500 line item for the community Coalitions.