



THIS AWARD IS ISSUED UNDER THE AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009 AND IS SUBJECT TO SPECIAL HHS TERMS AND CONDITIONS AS REFERENCED IN SECTION III

Grant Number: 3U58DP002006-01S2

Principal Investigator(s):
MARIO H GARCIA, MD

Project Title: 901ARRA COMPONENT I-HEALTHY COMMUNITIES, TOBACCO CONTROL, DIABETES PREV

JAMES O'CONNELL
CONNECTICUT DEPT./PUBLIC HEALTH
410 CAPITOL AVENUE
HARTFORD, CT 06134

Budget Period: 02/04/2010 – 02/03/2012

Project Period: 02/04/2010 – 02/03/2012

Dear Business Official:

The Centers for Disease Control and Prevention hereby awards a grant in the amount of \$650,125 (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,

Tracey M Sims
Grants Management Officer
Centers for Disease Control and Prevention

Additional information follows

SECTION I – AWARD DATA – 3U58DP002006-01S2

Award Calculation (U.S. Dollars)

Salaries and Wages	\$97,270
Fringe Benefits	\$61,756
Personnel Costs (Subtotal)	\$159,026
Travel Costs	\$3,600
Consortium/Contractual Cost	\$452,288

Federal Direct Costs	\$614,914
Federal F&A Costs	\$35,211
Approved Budget	\$650,125
Federal Share	\$650,125
TOTAL FEDERAL AWARD AMOUNT	\$650,125

AMOUNT OF THIS ACTION (FEDERAL SHARE) \$650,125

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

02	\$0
03	\$0
04	\$0
05	\$0

Fiscal Information:

CFDA Number: 93.723
 EIN: 1066000798A9
 Document Number: 002006DN10

IC	CAN	2010
DP	9390939	\$650,125

SUMMARY TOTAL FEDERAL AWARD AMOUNT YEAR (1)	
GRANT NUMBER	TOTAL FEDERAL AWARD AMOUNT
3U58DP002006-01S2	\$650,125
1U58DP002006-01	\$1,617,222
3U58DP002006-01S1	\$105,404
TOTAL	\$2,372,751

SUMMARY TOTALS FOR ALL YEARS		
YR	THIS AWARD	CUMULATIVE TOTALS
1	\$650,125	\$2,372,751
2	\$0	\$1,400,317
3	\$0	\$1,400,317
4	\$0	\$1,400,317
5	\$0	\$1,400,317

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

CDC Administrative Data:

PCC: N / OC: 4151 / Processed: SIMST0 02/05/2010

SECTION II – PAYMENT/HOTLINE INFORMATION – 3U58DP002006-01S2

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 – 3U58DP002006-01S2

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 – 3U58DP002006-01S2

NOTE 1:

INCORPORATION:

Funding Opportunity Announcement Number CDC-RFA-DP09-90101ARRA09 titled, U.S Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), American Recovery and Reinvestment Act of 2009, Communities Putting Prevention to Work State Supplemental Funding for Healthy Communities, Tobacco Control, Diabetes Prevention and Control, and Behavioral Risk Factor Surveillance System; the application dated Nov 24, 2009; and the budget discussions held Jan 21, 2010 are made a part of this award by reference.

NOTE 2:

AWARDED FUNDS

This Notice provides funding for Component I Statewide Policy and Environmental Change: \$650,125

NOTE 3:

TECHNICAL REVIEW

Please review the attached Technical Review Form, in particular the Strengths, Weaknesses, Recommendations and Other Comments. A response to the weaknesses and recommendations must be submitted to the Procurement and Grants Office, Grants Management Specialist, identified at Note 5 within 45 days from the date of this award.

NOTE 4:

BUDGET REVIEW

Our office completed a review of the budgeted activities within the application to determine that requested expenditures are:

1. Within the scope of the Recovery Act, the existing legislation for Healthy Communities, Tobacco Control, Diabetes Prevention and Control, and Behavioral Risk Factor Surveillance System
2. Within scope of the goals and objectives of the supplemental funding
3. Reasonable, allowable and allocable to this effort

The costs listed on Attachment A under ?Items for Discussion? did not meet the above criteria and are disapproved at this time. Funds may not be expended for these activities as requested. We have retained the funding for these activities in the total budget, and grantee must submit a revised budget within 45 days of this award.

NOTE 5:

ADDITIONAL REQUIREMENTS:

1. For Component I there are CDC sponsored meetings to which staff supported by this award must attend.

2. Component I: Obesity-A minimum of two (2) staff for required ARRA training for two training events over the project period.

NOTE 6:

SEPARATE ACCOUNTING AND FINANCIAL REPORTS:

This component is funded in accordance with an approved budget. You will access funds through a drawdown from the Payment Management System using a subaccount to this award. The sub account is identified by a unique document number.

Additionally, the applicant must provide CDC with an original, plus two hard copies of the following reports:

1. Financial Status Report (FSR) no more than 90 days after the end of the budget period.
2. Final performance and Financial Status reports no more than 90 days after the end of the project period. Due to separate accounting requirements please submit both summary and individual FSR addressing Recovery Act Activities.

These reports must be submitted to the attention of the following:

Donald E. Sharman, MPH, Grants Management Specialist
ATTN: DP09-901ARRA
Procurement and Grants Office
Centers for Disease Control and Prevention 2920 Brandywine Road,
MS E-09
Atlanta, GA 30341
Telephone Number: 770-488-2463
Fax: 770/488-2777
E- mail: dsharman@cdc.gov

NOTE 7:

This award is subject to the following Standard Terms and Conditions of the American Recovery and Reinvestment Act of 2009 (ARRA):

1. Other Standard Terms and Conditions

All other grant policy terms and conditions contained in applicable Department of Health and Human Services (HHS) Grant Policy Statements apply unless they conflict or are superseded by the following terms and conditions implementing the American Recovery and Reinvestment Act of 2009 (ARRA) requirements below. Recipients are responsible for contacting their HHS grant/program managers for any needed clarifications.

2. Recipient Reporting

Recipients of Federal awards from funds authorized under Division A of the ARRA must comply with all requirements specified in Division A of the ARRA (Public Law 111-5), including reporting requirements outlined in Section 1512 of the Act. For purposes of reporting, ARRA recipients must report on ARRA sub-recipient (sub-grantee and sub-contractor) activities as specified below.

Not later than 10 days after the end of each calendar quarter, starting with the quarter ending March 31, 2010 and reporting by April 10, 2010, the recipient must submit quarterly reports to HHS that will posted to Recovery.gov, containing the following information:

- a. The total amount of ARRA funds under this award;
- b. The amount of ARRA funds received under this award that were obligated and expended to projects or activities;
- c. The amount of unobligated award balances;
- d. A detailed list of all projects or activities for which ARRA funds under this award were obligated and expended, including
 - The name of the project or activity;

- A description of the project or activity;
 - An evaluation of the completion status of the project or activity;
 - An estimate of the number of jobs created and the number of jobs retained by the project or activity; and
 - For infrastructure investments made by State and local governments, the purpose, total cost, and rationale of the agency for funding the infrastructure investment with funds made available under this Act, and the name of the person to contact at the agency if there are concerns with the infrastructure investment.
- e. Detailed information on any sub-awards (sub-contracts or sub-grants) made by the grant recipient to include the data elements required to comply with the Federal Funding Accountability and Transparency Act of 2006 (Public Law 109-282).

For any sub-award equal to or larger than \$25,000, the following information:

- The name of the entity receiving the sub-award;
 - The amount of the sub-award;
 - The transaction type;
 - The North American Industry Classification System code or Catalog of Federal Domestic Assistance (CFDA) number;
 - Program source;
 - An award title descriptive of the purpose of each funding action;
 - The location of the entity receiving the award;
 - The primary location of performance under the award, including the city, State, congressional district, and country; and
 - A unique identifier of the entity receiving the award and of the parent entity of the recipient, should the entity be owned by another entity.
- f. All sub-awards less than \$25,000 or to individuals may be reported in the aggregate, as prescribed by HHS.
- g. Recipients must account for each ARRA award and sub-award (sub-grant and sub-contract) separately. Recipients will draw down ARRA funds on an award-specific basis. Pooling of ARRA award funds with other funds for drawdown or other purposes is not permitted.
- h. Recipients must account for each ARRA award separately by referencing the assigned CFDA number for each award.

The definition of terms and data elements, as well as any specific instructions for reporting, including required formats, will be provided in subsequent guidance issued by HHS.

3. Buy American - Use of American Iron, Steel, and Manufactured Goods

Recipients may not use any funds obligated under this award for the construction, alteration, maintenance, or repair of a public building or public work unless all of the iron, steel, and manufactured goods used in the project are produced in the United States unless HHS waives the application of this provision. (ARRA Sec. 1605)

4. Wage Rate Requirements

[This term and condition shall not apply to tribal contracts entered into by the Indian Health Service funded with this appropriation. (ARRA Title VII - Interior, Environment, and Related Agencies, Department of Health and Human Services, Indian Health Facilities)]

Subject to further clarification issued by the Office of Management and Budget, and notwithstanding any other provision of law and in a manner consistent with other provisions of ARRA, all laborers and mechanics employed by contractors and subcontractors on projects funded directly by or assisted in whole or in part by and through the Federal Government pursuant to this award shall be paid wages at rates not less than those prevailing on projects of a character similar in the locality as determined by the Secretary of Labor in accordance with subchapter IV of chapter 31 of title 40, United States Code. With respect to the labor standards specified in this section, the Secretary of Labor shall have the authority and functions set forth in Reorganization Plan Numbered 14 of 1950 (64 Stat. 1267; 5 U.S.C. App.) and section 3145 of title 40, United States Code. (ARRA Sec. 1606)

5. Preference for Quick Start Activities (ARRA)

In using funds for this award for infrastructure investment, recipients shall give preference to activities that can be started and completed expeditiously, including a goal of using at least 50 percent of the funds for activities that can be initiated not later than 120 days after the date of the enactment of ARRA. Recipients shall also use grant funds in a manner that maximizes job creation and economic benefit. (ARRA Sec. 1602)

6. Limit on Funds (ARRA)

None of the funds appropriated or otherwise made available in ARRA may be used by any State or local government, or any private entity, for any casino or other gambling establishment, aquarium, zoo, golf course, or swimming pool. (ARRA Sec. 1604)

7. Disclosure of Fraud or Misconduct

Each recipient or sub-recipient awarded funds made available under the ARRA shall promptly refer to the HHS Office of Inspector General any credible evidence that a principal, employee, agent, contractor, sub-recipient, subcontractor, or other person has submitted a false claim under the False Claims Act or has committed a criminal or civil violation of laws pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct involving those funds. The HHS Office of Inspector General can be reached at <http://www.oig.hhs.gov/fraud/hotline/>

8. ARRA: One-Time Funding

Unless otherwise specified, ARRA funding to existent or new awardees should be considered one-time funding.

9. Schedule of Expenditures of Federal Awards

Recipients agree to separately identify the expenditures for each grant award funded under ARRA on the Schedule of Expenditures of Federal Awards (SEFA) and the Data Collection Form (SF-SAC) required by Office of Management and Budget Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. This identification on the SEFA and SF-SAC shall include the Federal award number, the Catalog of Federal Domestic Assistance (CFDA) number, and amount such that separate accountability and disclosure is provided for ARRA funds by Federal award number consistent with the recipient reports required by ARRA Section 1512(c). (2 CFR 215.26, 45 CFR 74.26, and 45 CFR 92.26)

10. Responsibilities for Informing Sub-recipients

Recipients agree to separately identify to each sub-recipient, and document at the time of sub-award and at the time of disbursement of funds, the Federal award number, any special CFDA number assigned for ARRA purposes, and amount of ARRA funds. (2 CFR 215.26, 45 CFR 74.26, and 45 CFR 92.26)

11. Responsibilities for Informing Sub-recipients Recipients agree to separately identify to each sub-recipient, and document at the time of sub-award and at the time of disbursement of funds, the Federal award number, any special CFDA number assigned for Recovery Act purposes, and amount of Recovery Act funds. (2 CFR 215.26, 45 CFR 74.26, and 45 CFR 92.26)

12. Reporting Jobs Creation

HHS recipients of Recovery Act funding who are subject to Section 1512 reporting should report job-created data as prescribed in Section 5 of the Office of Management and Budget (OMB) guidance M-09-21. HHS will not accept statistical sampling methods to estimate the number of jobs created and retained. All recipients must report a direct and comprehensive count of jobs, as specified by OMB guidance M-09-21. See Section 5.3 of the OMB guidance for more information on calculating jobs, including job estimation examples.

Definitions of jobs considered to be created or retained:

a. A job created is a new position created and filled, or an existing unfilled position that is filled, that is funded by the Recovery Act;

b. A job retained is an existing position that is now funded by the Recovery Act.

Using the definitions above, recipients must estimate the total number of jobs that were funded in the quarter by the Recovery Act. A funded job is defined as one in which the wages or salaries are either paid for or will be reimbursed with Recovery Act funding.

3. A job must be counted as either a job created or a job retained; it cannot be counted as both. Additionally, only compensated employment in the United States or outlying areas should be counted. See 74 FR 14824 for definitions.

For the full OMB guidance on reporting jobs creation, please visit: http://www.whitehouse.gov/omb/assets/memoranda_2010/m10-08.pdf

Prior Terms and Conditions stipulated on the original award remain unchanged and in full force.

STAFF CONTACTS

Grants Management Specialist: Anella Higgins
Centers for Disease Control and Prevention

PGO
 Koger Center, Colgate Building
 2920 Brandywine Road, Mailstop K75
 Atlanta, GA 30341
Email: ahiggins@cdc.gov **Phone:** 770-488-2710 **Fax:** 770-488-2688

Grants Management Officer: Tracey M Sims
 Centers for Disease Control and Prevention
 Procurement and Grants Office
 Koger Center, Colgate Building
 2920 Brandywine Road, Mail Stop E-09
 Atlanta, GA 30341
Email: tsims3@cdc.gov **Phone:** 770-488-2739 **Fax:** 770-488-2777

SPREADSHEET SUMMARY
GRANT NUMBER: 3U58DP002006-01S2

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>
Salaries and Wages	\$97,270				
Fringe Benefits	\$61,756				
Personnel Costs (Subtotal)	\$159,026				
Travel Costs	\$3,600				
Consortium/Contractual Cost	\$452,288				
TOTAL FEDERAL DC	\$614,914				
TOTAL FEDERAL F&A	\$35,211				
TOTAL COST	\$650,125	\$0	\$0	\$0	\$0

ATTACHMENT A

Page 1 of 1

DP09-901ARRA Supplemental Funds

ARRA - Grantee Name:

Connecticut

6U69/DP002008-01

	Component PA/Nut	Items for Budget Discussions	Total Award Amounts
SALARIES/WAGES	\$ 97,270	\$ -	\$ 97,270
FRINGE BENEFITS	\$ 61,756	\$ -	\$ 61,756
CONSULTANT COSTS	\$ -	\$ -	\$ -
EQUIPMENT	\$ -	\$ -	\$ -
SUPPLIES	\$ -	\$ -	\$ -
TRAVEL	\$ 3,600	\$ -	\$ 3,600
OTHER	\$ -	\$ -	\$ -
CONTRACTUAL COSTS	\$ 452,288	\$ -	\$ 452,288
TOTAL DIRECT	\$ 614,914	\$ -	\$ 614,914
INDIRECT	\$ 35,211	\$ -	\$ 35,211
TOTAL AWARD	\$ 650,125	\$ -	\$ 650,125

**Funding Opportunity Announcement CDC-RFA-DP09-90101ARRA09
American Recovery and Reinvestment Act (ARRA)
Communities Putting Prevention to Work
State Supplemental Funding for Healthy Communities, Tobacco Control, Diabetes
Prevention and Control, and Behavioral Risk Factor Surveillance Systems**

**Technical Review Form: Component I
Statewide Policy and Environmental Change (non-competitive)**

Applicant: Connecticut

Application Number: U58DP002006

Amount Requested: \$650,256

Amount Recommended: \$650,125

Reviewer Name: Diane Thompson

Reviewer's Signature: *Diane Thompson*

Date: December 9, 2009

Summary of the Project (Abstract):

The Connecticut Department of Public Health (DPH) is seeking funds to implement Component I, Statewide Policy and Environmental Change. Connecticut will implement three separate initiatives in the areas of nutrition, physical activity and tobacco. First, DPH will partner with the Connecticut Breastfeeding Coalition to implement the Baby-Friendly Hospital Initiative, a social support and services strategy, to step up the Baby-Friendly accreditation process of hospitals in Connecticut. Second, in collaboration with the Connecticut Alliance of YMCAs, DPH will promote policy changes to increase physical activity focusing on access, price, and social support and services strategies to increase and incentivize the use of community-based organizations by middle and high school students. Third, the Connecticut DPH will partner with Mobilize Against Tobacco for Connecticut's Health (MATCH) coalition. Their joint focus will be on addressing access strategies for tobacco control by providing education on the benefits of smoke-free policies through usage of bans on a statewide basis, as well as encouraging retailers to ban self-service displays and vending; and point of purchase/promotion strategies by working with retailers to restrict point of purchase advertising as allowable under federal law. All of the proposed initiatives, under Component I, will positively leverage obesity, nutrition, physical activity, and tobacco control strategies for systems change by developing and implement policies that impact the environment for the population groups identified throughout Connecticut.

MAPPS Strategies:

Nutrition

- **Social support & services:** Support Breastfeeding through policy change and maternity care practices- Baby-Friendly Hospital Initiative (BFHI)

Physical Activity

- **Access:** Safe attractive places for activity
- **Pricing:** Subsidized membership to recreational facilities
- **Social support and services** from school systems and CT Alliance of YMCA

Tobacco

- **Access:** Usage of bans to provide education on the benefits of smoke-free policies on a statewide basis, and encourage retailers to ban self-service displays and vending
- **Point of purchase/promotion:** work with retailers to restrict point of purchase advertising as allowable under federal law.

Strengths:

General

The applicant indicates that state-generated questions will be added to population based surveys including BRFSS, YRBSS and YTS to help measure and document the impact of policy and environmental change activities. In addition, they plan to use National Immunization Survey (NIS), Pediatric Nutrition Surveillance System (PedNSS) and the Community Healthy Living Index for the impact evaluation (page 21).

Nutrition

- The applicant is using evidence-based MAPPS strategies to support breastfeeding through policy change and maternity care practices by implementing at least 5 of the Ten Steps to Successful Breastfeeding promoted by the Baby Friendly Hospital Initiative (BFHI).
- On page 3, the applicant states that BFHI will address a gap in maternity care policies that support breastfeeding. Four hospitals will soon be designated as a Baby-Friendly Hospital, however this is only 14% of the state's maternity hospitals and 12% of the births.
- On page 5, the applicant states that designation of 10 additional Baby-Friendly hospitals has the potential of impacting 15,000 additional families and train up to 2,000 health care professionals.
- On page 5, selection criteria for Baby-Friendly hospitals will include the socioeconomic status of maternity patients to insure that low-income women are represented.
- On pages 2 and 4, the DPH contract with the Connecticut Breastfeeding Coalition (CBC) will provide consultation and training of healthcare staff and the establishment of an outpatient breastfeeding support group among the pilot hospitals. The CBC has been actively promoting breastfeeding for over 8 years with its partners that include the DPH, hospitals, the American Academy of Pediatrics, WIC, local health departments, community health centers and lactation consultants.

- On page 3, the BFHI will be coordinated with the Recovery Act-funded efforts of the Supplemental Nutrition Program for Women, Infants, and Children program (WIC) that will support the expansion of a peer-counseling program in two hospitals that will also be encouraged to apply for this Baby Friendly initiative.

Physical Activity

- The applicant is using evidence-based MAPPS strategies that include access to safe attractive places for activity, pricing for subsidized membership to recreational facilities and social support and services from school systems and CT Alliance of YMCA in 29 schools and communities.
- Applicant is addressing gaps in safe, accessible and affordable places for physical activity for middle and high school students.
- On pages 7-8, the CT Alliance of YMCAs will be contracted as the lead agency to implement the community-based physical activity initiative. YMCA's capacity building infrastructure provides a strong opportunity to influence policy change and provide opportunities for physical activity.
- On page 18, the YMCAs serve all 169 towns throughout the state with 61 locations. About 80% of the population of Connecticut live within a 10-minute radius of a local YMCA.
- On page 7, the DPH, the YMCA, the State Department of Education, and the local school districts will establish Local Policy Teams that will use the School Health Index, a self-assessment tool, to assess their physical activity practices, identify priorities, and develop an action plan.
- On page 8, a strong Statewide Steering Committee will provide training, technical assistance, outreach, and evaluation of this initiative.
- On page 9, the applicant states that low-income students will receive subsidized YMCA memberships and/or discounts to Parks & Recreation facilities.

Tobacco

- Applicant is using evidence based MAPPS strategies to address tobacco control.
- Applicant is addressing gaps in current clean indoor air policy with targeted awareness campaigns.
- Applicant uses state data sources to determine public health policy decisions.
- Applicant has a large number of partners in tobacco control from the local to national levels. Selection of a large coalition such as MATCH as lead for the tobacco control activities statewide seems to be a great way of leveraging limited resources for larger reach.
- Applicant has well developed plans for evaluation, data use, and reporting.

Weaknesses:

General

- The letter from the governor does not specify support for hiring staff and program travel to required meetings.

- Applicant provides limited information on how the funded programs will be sustained. The applicant will invite politicians and policy makers to attend coalition meetings and network on specific interventions (page 19) and, the project plans to share data collected from the policy and environmental interventions with the legislature to secure additional commitments and resource appropriation (page 23).

Nutrition

- On page 6, the applicant does not specify beyond the outpatient support group what Tens Steps to Successful Breastfeeding of the BFHI will be implemented. Some of those steps that are being recommended as critical include;
 - Early mother-baby contact
 - Rooming-in
 - Eliminate infant formula supplements
 - Eliminating infant formula in discharge packs

Physical Activity

- On page 13, the applicant provides a limited description of the evaluation plan that includes development of an evaluation instrument that will focus on changes on behavior and attitudes among student participants, as well as evaluate the program implementation. On page 21, additional information related to process, outcome, and impact evaluation is provided however measures and data sources are not clearly stated in the narrative or in the Implementation Work Plan for Component I.

Tobacco

- Applicant plans for addressing health equity statewide are not addressed in the application.
- Applicant information on tobacco control staff, training, and experience is significantly lacking.
- Applicant provides little support shown from the Governor's office and state leadership on tobacco control as a priority in chronic disease prevention.

Recommendations:

General

- The letter from the governor should include support for hiring staff and program travel to required meetings.
- The applicant needs to provide a more comprehensive plan for how the programs proposed in the application will be sustained after funding has ended.

Nutrition

- The applicant does not specify beyond the outpatient support group what Tens Steps to Successful Breastfeeding of the BFHI will be implemented. The applicant should work with their DNPAO consultant to identify and implement those steps of the 10 that are considered more important.

Physical Activity

- The applicant provides a limited description of the evaluation plan. The applicant should work with their DNPAO consultant to further develop their evaluation plan.

Tobacco

- The applicant should provide a more comprehensive outline of plans on addressing health equity across the state.
- The applicant needs to include more specific information on the staff positions within the DPH that will address tobacco control without relying solely on MATCH for tobacco related expertise. We recommend that the job description for the Health Program Associate require that they have tobacco control experience.
- The applicant needs to demonstrate greater support from state leadership on tobacco control as a priority in chronic disease prevention.

Other Comments:

- Applicant should work with Project Officer within forty five days of award date to determine if the workplan needs to be revised and resubmitted to address weaknesses and recommendations.
- The applicant plans to use breastfeeding exclusivity and duration data from the National Immunization Survey (NIS) to measure the impact of implementing the BFHI ten steps. However, changes in breastfeeding rates may not be reasonable based on the reach of the pilot hospitals. Therefore, applicant should consider working with hospitals to collect the Joint Commission measure on exclusivity of breastfeeding at hospital discharge as an intermediate outcome of implementing at least 5 of the 10 steps of the Baby-Friendly Hospital Initiative (BFHI).