1. DATE ISSUED MM/DD/YYYY	2. CFDA NO.	3. ASSISTANCE TYPE
06/11/2018	93.898	Cooperative Agreement

1a. SUPERSEDES AWARD NOTICE dated
except that any additions or restrictions previously imposed remain in effect unless specifically rescinded

4. GRANT NO.	5. ACTION TYPE
5 NU58DP006272-02-00 Formerly	Non-Competing Continuation

6. PROJECT PERIOD	MM/DD/YYYY		MM/DD/YYYY
From	06/29/2017	Through	06/30/2022
7. BUDGET PERIOD	**MM/DD/YYYY**		**MM/DD/YYYY**
From	07/01/2018	Through	06/30/2019

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

CDC Office of Financial Resources

2920 Brandywine Road
Atlanta, GA 30341

NOTICE OF AWARD

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

8. TITLE OF PROJECT (OR PROGRAM)
The Kentucky Women's Cancer Screening Program

9a. GRANTEE NAME AND ADDRESS
Health & Family Services, Kentucky Cabinet for
275 East Main St #5wa
PS12-1201
Frankfort, KY 40601-2321

9b. GRANTEE PROJECT DIRECTOR
Ms. Ellen Barnard
275 E Main St Ste B
FRANKFORT, KY 40601-2321
Phone: 502-564-3236 4151

10a. GRANTEE AUTHORIZING OFFICIAL
Ms. Joy Hoskins RN, BSN, BA
275 EAST MAIN ST #5WA
FRANKFORT, KY 40601-2321
Phone: 5025643970,x3107

10b. FEDERAL PROJECT OFFICER
Jennifer Boehm
4770 Buford Highway
Chamblee, GA 30341
Phone: 770-488-4806

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)

I Financial Assistance from the Federal Awarding Agency Only	I	
II Total project costs including grant funds and all other financial participation		
a. Salaries and Wages	187,596.00	
b. Fringe Benefits	223,677.00	
c. Total Personnel Costs	411,273.00	
d. Equipment	0.00	
e. Supplies	0.00	
f. Travel	20,762.00	
g. Construction	0.00	
h. Other	0.00	
i. Contractual	2,024,531.00	
j. TOTAL DIRECT COSTS		2,456,566.00
k. INDIRECT COSTS		79,687.00
l. **TOTAL APPROVED BUDGET**		2,536,253.00
m. Federal Share	2,536,253.00	
n. Non-Federal Share	855,751.00	

12. AWARD COMPUTATION

a. Amount of Federal Financial Assistance (from item 11m)	2,536,253.00
b. Less Unobligated Balance From Prior Budget Periods	0.00
c. Less Cumulative Prior Award(s) This Budget Period	0.00
d. **AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION**	2,536,253.00
13. Total Federal Funds Awarded to Date for Project Period	5,036,253.00

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	2,536,253.00	d. 6	
b. 4	2,536,253.00	e. 7	
c. 5	2,536,253.00	f. 8	

15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:
a. DEDUCTION
b. ADDITIONAL COSTS
c. MATCHING
d. OTHER RESEARCH (Add / Deduct Option)
e. OTHER *(See REMARKS)*

b

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 - [X] Yes [ ] No)

GRANTS MANAGEMENT OFFICIAL: **Kathy Raible**

17. OBJ CLASS 41.51	18a. VENDOR CODE 1610600439B5	18b. EIN 610600439	19. DUNS 927049767	20. CONG. DIST. 06

FY-ACCOUNT NO.	DOCUMENT NO.	CFDA	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
21. a. 8-921Z1RU	b. 17NU58DP006272	c. 93.898	d. DP	e. $2,536,253.00	f. 75-18-0948
22. a.	b.	c.	d.	e.	f.
23. a.	b.	c.	d.	e.	f.

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
Total	$0.00	$0.00	$0.00

AWARD ATTACHMENTS

Health & Family Services, Kentucky Cabinet for 5 NU58DP006272-02-00

1. YR02 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 **DP17-1701**, entitled **Cancer Prevention and Control Programs for State, Territorial, and Tribal Organizations**, and application dated February 21, 2018, 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 ***$2,536,253*** is approved for the Year **02** budget period, which is **June 30, 2018** through **June 29, 2019**. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

NBCCEDP:	***$2,536,253***
NCCCP:	***$0.00***
NPCR (Component 1):	***$0.00***
NPCR (Component 2):	***$0.00***

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

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

Financial Assistance Mechanism: Cooperative Agreement

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

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

CDC activities in this NOFO are as follows:

- Collaboration between program consultants across the division to provide coordination of program monitoring and technical assistance activities such as joint program calls, site visits, and regional consultations.
- Team Leads, Project Officers, and Subject Matter Experts from across the division jointly plan and participate in trainings and other capacity building activities that address crosscutting strategic areas.
- Resources and guides that address key programmatic needs across the FOA will be jointly developed and/or disseminated to ensure consistent messages with meeting grantee technical assistance needs.
- Technical assistance in the areas of program implementation, fiscal and grants management, surveillance and epidemiology, health education and promotion, evaluation, community-clinical linkages, and environmental approaches will be

coordinated across programs to ensure consistency and build awardee capacity.

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

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

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

Budget Revision Requirement: By **July 31, 2018** the recipient must submit a revised budget with a narrative justification.

Contractual
Recipient must submit a revised budget based on a reduction of $31,000.

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.

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

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

Note: The disposition of program income must have written prior approval from the GMO.

FUNDING RESTRICTIONS AND LIMITATIONS

Notice of Funding Opportunity (NOFO) Restrictions:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.

- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (https://www.cdc.gov/grants/additionalrequirements/ar-35.html).

Program 1: NBCCEDP

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

Program 3: NPCR

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

on the grant/cooperative agreement.
• Cell phones, blackberries, palm pilots, or any other personal electronic device.
• Automobiles.
• Construction.
• Funds must be used to supplement not to supplant existing State and/or other Federal resources.

Indirect Costs: Indirect costs are approved based on the recipient's approved Cost Allocation Plan dated February 26, 2016.

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

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

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

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

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

Matching funds may not include: (1) payment for treatment services or the donation of treatment services; (2) services assisted or subsidized by the Federal government; or (3) the indirect or overhead costs of an organization. All costs used to satisfy the matching requirements must be documented by the applicant and will be subject to audit.

To maintain the $3:$1 Non-Federal Match required the level of Non-Federal financial participation is $845,418. This amount is the required ratio of cost sharing. The amount reflected on this Notice of Award, $855,751, is the amount reflected in your submitted budget and exceeds the required ratio of cost sharing.

NCCCP: Cost sharing funds are encouraged in an amount not less than ten percent of Federal funds awarded under this program. Cost sharing is encouraged if it helps to leverage federal

and state resources, is responsive to stated CDC recipient activities, supports the National Comprehensive Cancer Control Program priorities, and does not compromise the integrity or the ability of the comprehensive cancer control program to accomplish proposed activities. Matching funds are not required under this cooperative agreement, but are encouraged.

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

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

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

To maintain the $3:$1 Non-Federal Match required the level of Non-Federal financial participation is $0. This amount is the required ratio of cost sharing. The amount reflected on this Notice of Award, $0, is the amount reflected in your submitted budget and exceeds equals the required ratio of cost sharing.

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

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

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

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

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

REPORTING REQUIREMENTS

Annual Federal Financial Report (FFR, SF-425): The Annual Federal Financial Report (FFR) SF-425 is required and must be submitted to your GMS/GMO no later than 90 days after the end of the budget period. To submit the FFR, login to www.grantsolutions.gov, select "Reports" from the menu bar and then click on Federal Financial Reports.

The FFR for this budget period is due by **September 30, 2019**. Reporting timeframe is **June 30, 2018 through June 29, 2019**. The FFR is cumulative and should only include those funds authorized and disbursed during the timeframe covered by the report.

Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, the recipient is required to contact the Grants Officer listed in the contacts section of this notice before the due date.

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

CDC, Office of Grants Services
Barbara Primas, Grants Management Specialist
Centers for Disease Control and Prevention
Chronic and Birth Defects Branch
2920 Brandywine Road, Mailstop E-09

Atlanta, GA 30314
Email: Kno0@cdc.gov (Include "Mandatory Grant Disclosures" in subject line)

AND

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

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

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

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

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

PAYMENT INFORMATION

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

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

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

Document Number: 17NU58DP006272

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:
Barbara Primas, Grants Management Specialist
Centers for Disease Control and Prevention
Chronic and Birth Defects Branch
Telephone: 770-488-5796
Email: kno0@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:
Jennifer Boehm, Project Officer
Centers for Disease Control and Prevention
Telephone: 770-488-4806
Email: fvh9@cdc.gov

Grants Management Officer: The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards. The GMO is the only official authorized to obligate federal funds and is responsible for signing the NoA, including revisions to the NoA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization.

GMO Contact:
Kathy Raible, Grants Management Officer
Chronic and Birth Defects Branch
Centers for Disease Control and Prevention
Telephone: 770-488-2045
Email: krc8@cdc.gov

FY 2018 – Funding Opportunity Announcement DP17-1701
Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations
Annual Performance Report
Technical Review Form

Grantee's Name and Grant #: Kentucky NU58DP006272

Funded Program/Component: NBCCEDP

Technical Reviewer's Name: Jennifer E. Boehm

Electronic Signature: Jennifer E. Boehm Date: 3/7/2018

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

- **Response to Technical Review**

☒ The Recipient must respond to the major weaknesses cited within 30 days. Responses should be submitted to the assigned CDC Project Officer and should be reflective only of the weaknesses identified, not a resubmission of the entire application.

☐ **NO** response to Technical Review is needed.

- **Revised Budget and Workplan**

☒ Revised Budget and Workplan is needed due to significant reduction of proposed budget, which will affect the proposed activities. The revised budget and workplan should be reflective of the amount of the actual Notice of Award (NGA).

☐ Revised Budget and Workplan is **NOT** needed**.**

- **Revised Workplan**

☐ Revised Workplan is needed due to -- provide reason(s):

☐ Revised Workplan is **NOT** needed.

- **Revised Budget**

☐ Revised Budget is needed due to -- provide reason(s):

☐ Revised Budget is **NOT** needed.

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

☒ No research activities have been proposed

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

Summary of Major Strengths (Please use bullets):

- The grantee spent the first half of YR 1 researching how best to approach health systems interventions and select a health systems partner. Their thoughtful and open process included developing a health systems leadership team, narrowing health systems partners down to three clinics, identifying a workflow process for securing and expediting health systems contracts, meeting with a variety of partners to discuss MOU and implementation plan development, overall logistics, and aggregate clinic data collection. They will spend the second half of YR 1 working in tandem with the KY CRCCP at Juniper Health Inc., assessing needs and planning for EBI implementation.
- The grantee is working with their agency's worksite wellness committee, which brings together other chronic disease programs, as well as key partners. They are planning a comprehensive approach to engage worksites on how to increase employee chronic disease prevention, rather than focusing just on each individual disease. The committee is currently reviewing data to identify communities with the greatest need and their potential employers.
- The grantee describes being on track with spending their funds and meeting screening goals for YR 1.

Summary of Major Weaknesses (Please use bullets):

- The grantee does not provide a description of progress regarding CCL activities. They note participating on a CHW work group and updating their provider manual, but there is no mention of progress with working with partners to link women to screening, clinical care, or the KWSP.
- Some of the objectives in the work plan are broad and vague, while the related activities are specific and represent the focused goals for each strategy. For YR 2, the work plan should be specific as possible since the program is moving from planning activities to implementation.

Recommendations:

- Please provide CDC with an update on any progress and/or challenges related to Activity 2b., under Strategy 5.
- Please work with your CDC program consultant to convert some of your planned activities into program objectives.

Reviewer Comments

Progress towards Objectives:

- According to their progress report, the grantee has screened 45% (2,966) of the women projected in their YR 1 screening goal. They provide a percentage breakdown by screening type and priority populations. Their goal for YR 1 is to screen 6,575 women.
- The grantee experienced challenges hiring an evaluator based on issues with the agency's new process. To overcome this challenge, the grantee was able to amend an existing contract currently held by a sister program in their department to include an evaluation of

the KWSP as part of their scope of work.
- The grantee has reimbursed 40% of funds allocated to Local Health Departments for clinical services.
- Switching data vendors has created challenges for the grantee and their contractors. They are working to integrate 450 files from the previous, temporary vendor, into the current system. CDC and IMS have been communicating regularly with the grantee concerning this issue as it pertains to data quality and completeness.

Proposed Objectives:
- The grantee is projecting to screen 6,575 women for breast and cervical cancer. They include this screening goal, and subsequent priority population goals within that total, in their proposed YR 2 work plan.
- The grantee includes plans for fiscal management and oversight of their contracts.
- The grantee partners with CHWs, through contracts with local health departments, to conduct community education, outreach, and links to primary care and the KWCSP. They plan to work with CHWs to evaluate outcomes by reviewing data on the number of women reached, referred, and screened through CCL outreach activities.
- The grantee plans to work with a health systems partner to enhance clinical service delivery by supporting the implementation of evidence-based interventions. They also plan to collect and submit to CDC clinic-level data to monitor outcomes.

Other Relevant Comments:

Itemized Budget:
- The grantee requested $2,567,253 to fund YR 2 activities.
- The grantee documents the necessary matching funds, $855,751, for this request and includes 3% IDC costs in the budget, complying with the 10% maximum rule.
- The grantee is requesting $187,596 for their personnel line item and $223,677 for their fringe line item. The State of Kentucky is now requiring grant proposals to include requests for 84.6% of personnel to cover retirement benefits, thus leading to the high fringe costs.