

1. DATE ISSUED MM/DD/YYYY 06/29/2017
2. CFDA NO. 93.945
3. ASSISTANCE TYPE Cooperative Agreement

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.

1a. SUPERSEDES AWARD NOTICE dated 06/07/2016
except that any additions or restrictions previously imposed remain
in effect unless specifically rescinded

4. GRANT NO. 6 NU58DP003983-05-01
Formerly 5U58DP003983-03
5. ACTION TYPE Post Award
Amendment

6. PROJECT PERIOD MM/DD/YYYY
From 07/01/2012 Through 06/30/2018

7. BUDGET PERIOD MM/DD/YYYY
From 07/01/2016 Through 06/30/2018

8. TITLE OF PROJECT (OR PROGRAM)

NEW APPLICATION FOR FIVE YEAR FUNDING OPPORTUNITY: STATE PUBLIC HEALTH APPROACHES

9a. GRANTEE NAME AND ADDRESS

Kentucky Cabinet for Health & Family Services
275 E Main St # 5wa
Frankfort, KY 40601-2321

9b. GRANTEE PROJECT DIRECTOR

Dr. Terri Wood
275 EAST MAIN STREET, HS2W-E
KENTUCKY CABINET FOR HLTH&FAMILY SVCS.
FRANKFORT, KY 40621
Phone: 502-564-7996

10a. GRANTEE AUTHORIZING OFFICIAL

Dr. Connie Gayle White M.D.
275 E. Main Street
Office of Health Equity
Frankfort, KY 40621-0001
Phone: 502-564-3970

10b. FEDERAL PROJECT OFFICER

Michele Mercier
1600 Clifton Rd
Atlanta, GA 30333
Phone: 770-488-4112

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)

I Financial Assistance from the Federal Awarding Agency Only

II Total project costs including grant funds and all other financial participation

a. Salaries and Wages	83,693.50
b. Fringe Benefits	71,629.22
c. Total Personnel Costs	155,322.72
d. Equipment	0.00
e. Supplies	7,105.60
f. Travel	4,594.83
g. Construction	0.00
h. Other	392,411.00
i. Contractual	129,807.25
j. TOTAL DIRECT COSTS	689,241.40
k. INDIRECT COSTS	30,966.60
l. TOTAL APPROVED BUDGET	720,208.00

12. AWARD COMPUTATION

a. Amount of Federal Financial Assistance (from item 11m)	720,208.00
b. Less Unobligated Balance From Prior Budget Periods	58,965.00
c. Less Cumulative Prior Award(s) This Budget Period	379,057.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	282,186.00
13. Total Federal Funds Awarded to Date for Project Period	2,242,009.00

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. 6		d. 9	
b. 7		e. 10	
c. 8		f. 11	

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)

e

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:

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

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

REMARKS (Other Terms and Conditions Attached -

☒ Yes

☐ No

GRANTS MANAGEMENT OFFICIAL: Pamela Render

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. 7-939ZREX		b. 003983DP14		c. 93.945		d. DP		e. \$282,186.00		f. 75-17-0948	
22. a.		b.		c.		d.		e.		f.	
23. a.		b.		c.		d.		e.		f.	

NOTICE OF AWARD (Continuation Sheet)

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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

NOTICE OF AWARD (Continuation Sheet)

PAGE 3 of 3	DATE ISSUED 06/29/2017
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Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
07/01/2012	06/30/2013	Annual	09/28/2013
07/01/2013	06/30/2014	Annual	09/28/2014
07/01/2014	06/30/2015	Annual	09/28/2015
07/01/2015	06/30/2016	Annual	09/28/2016
07/01/2016	06/30/2018	Annual	09/28/2018

SPECIAL CONDITIONS

1. Grantee should respond to budget comments and recommendations in technical review.

AWARD ATTACHMENTS

Kentucky Cabinet for Health & Family Services

6 NU58DP003983-05-01

1. Terms and Conditions
2. Technical Review

Funding Opportunity Announcement (FOA) Number: DP12-1210

Award Number: DP0003983-05

Award Type: Cooperative Agreement

Applicable Regulations: 45 Code of Federal Regulations (CFR) Part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards

45 CFR Part 75 supersedes regulations at 45 CFR Part 74 and Part 92

AWARD INFORMATION

Supplemental Funds with Project Period Extension: The purpose of this revised Notice of Award (NOA) is to authorize supplemental funding in the amount of **\$341,151** and an extension to the budget/project period end date to June 30, 2018. The supplemental funds will be available for a 12-month period from **07/01/2017-06/30/2018**. This action is taken in accordance with the grantee's request dated 03/13/2017.

The budget is approved as follows

Budget Category	Year 05	Supplement	Approved Budget
Salaries & Wages	\$83,694		\$83,694
Fringe Benefits	\$71,629		\$71,629
Supplies	\$7,106		\$7,106
Travel Costs	\$4,595		\$4,595
Other Costs	\$51,260	\$341,151	\$392,411
Consortium/Contractual Cost	\$129,807		\$129,807
<i>Total Direct Costs</i>	\$348,090	\$341,151	\$689,241
Indirect costs	\$30,967		\$30,967
Total Approved Costs	\$379,057	\$341,151	\$720,208

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

Use of Unobligated Funds: This NoA includes use of Year 04 unobligated funds in the amount of **\$58,965.00**, which has been applied as an offset to the currently approved funding level for this budget period. The use of unobligated funds is approved based on the Year 04 Federal Financial Report (FFR) dated September 30, 2016. The amount of this NoA will be subject to

reduction if the final amount of unobligated funds is less than the amount of unobligated funds reported on the referenced FFR.

Budget Revision Requirement By August 1, 2017, grantee must submit a revised budget with narrative justification and work plan. Failure to submit the required information in a timely manner may cause supplemental funds to be de-obligated from the Payment Management System (PMS). If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the Staff Contacts section of this notice before the due date.

Objective/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, August 1, 2017, will cause delay in programmatic progress and will adversely affect the future funding of this project.

FUNDING RESTRICTIONS AND LIMITATIONS

Notice of Funding Opportunity (NOFO) Restrictions:

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care.
- Health department staff funded through this funding opportunity announcement may not serve as a Leader, Trainer, Master Trainer or T-Trainer for any of the evidence-based interventions for State Public Health Approaches to Arthritis using staff time funded by this CDC funding opportunity announcement; listed in Appendix A.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- Recipients may not use these funding opportunity announcement funds to support ongoing operational costs of partner organizations, including staffing, but use of funding opportunity announcement funds to support intervention start up costs is permitted.
- Awardees may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.
- The direct and primary recipient in a funding opportunity announcement 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.
- Reimbursement of pre-award costs is not allowed.
- Projects that involve the collection of information from 10 or more individuals and are funded by a grant/cooperative agreement will be subject to review and approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

PAYMENT INFORMATION

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.

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

HHS/PSC Payment Management Services
P.O. Box 6021
Rockville, MD 20852
Phone Number: (877) 614-5533
Email: PMSSupport@psc.gov
Website: <https://pms.psc.gov/>

If a carrier other than the U.S. Postal Service is used, such as United Parcel Service, Federal Express, or other commercial service, the correspondence should be addressed as follows:

U.S. Department of Health and Human Services
Division of Payment Management
7700 Wisconsin Avenue, Suite 920
Bethesda, MD 20814

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

Note: To obtain the contact information of PMS staff based on your organization type: Government, Tribal, Universities, Hospitals, Non-Profit, For-Profit; refer to the link for HHS accounts: https://pms.psc.gov/contact_us/contactus.html

Payment Management System Subaccount: Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC setup payment subaccounts within the Payment Management System (PMS) for all grant awards. Funds awarded in support of approved activities have been obligated in a newly established subaccount in the PMS, herein identified as the “P Account”. A P Account is a subaccount created specifically for the purpose of tracking designated types of funding in the PMS.

Funds must be used in support of approved activities in the FOA and the approved application. All award funds must be tracked and reported separately.

The grant document number and subaccount title (below) must be known in order to draw down funds from this P Account.

Grant Document Number: 003983DP14
Subaccount Title: DP121210

Acceptance of the Terms of an Award: By drawing or otherwise obtaining funds from the grant Payment Management 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 within thirty (30) days of receipt of this award notice.

Certification Statement: By drawing down funds, the grantee 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. Recipients must comply with all terms and conditions outlined in their NoA, including grant policy terms and conditions contained in applicable HHS Grant Policy Statements, and requirements imposed by program statutes and regulations and HHS grants administration regulations, as applicable; as well as any regulations or limitations in any applicable appropriations acts.

CLOSEOUT REQUIREMENTS

Recipients must submit closeout reports in a timely manner. Unless the Grants Management Specialist/Grants Management Officer (GMS/GMO) approves a deadline extension the recipient must submit all closeout reports within 90 days of the period of performance end date. Reporting timeframe is 07/01/2012 through 06/30/2018. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).

All manuscripts published as a result of the work supported in part or whole by the cooperative grant must be submitted with the performance progress reports.

The final and other programmatic reports required by the terms and conditions of the NoA are the following.

Final Performance Progress and Evaluation Report (PPER): This report should include the information specified in the NOFO and is submitted after solicitation from the GMS/GMO via www.grantsolutions.gov . At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

Information collection initiated under this grant/cooperative agreement has been approved by the

Office of Management and Budget under **OMB Number 0920-1132, “Performance Progress and Monitoring Report”, Expiration Date 8/31/2019.**

Final Federal Financial Report (FFR, SF-425): The FFR should only include those funds authorized and actually expended during the timeframe covered by the report. The Final FFR, SF-425 is required and must be submitted to the GMO/GMS no later than 90 days after the period of performance end date. To submit the FFR, login to www.grantsolutions.gov, select “Reports” from the menu bar and then click on Federal Financial Reports.

This report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Department of Health and Human Services’ Payment Management Services (PMS), you will be required to update your reports to PMS accordingly. Remaining unobligated funds will be de-obligated and returned to the U.S. Treasury.

If the final reports (FFR and PPER) cannot be submitted within 90 days after the end of the period of performance, in accordance with 45 CFR Part 75.381 (Closeout), the recipient must submit a letter requesting an extension that includes the justification for the delay and state the expected date the CDC Office of Grants Services will receive the reports. All required documents must be submitted to the business contact identified in CDC Staff Contacts.

Equipment Inventory Report: A complete inventory must be submitted with final PPER documents for all major equipment acquired or furnished under this project with a unit acquisition cost of \$5,000 or more. The inventory list must include the description of the item, manufacturer serial and/or identification number, acquisition date and cost, percentage of Federal funds used in the acquisition of the item. The recipient should also identify each item of equipment that it wishes to retain for continued use in accordance with 45 CFR Part 75. These requirements do apply to equipment purchased with non-federal funds for this program. The awarding agency may exercise its rights to require the transfer of equipment purchased under the assistance award referenced in the cover letter. CDC will notify the recipient if transfer to title will be required and provide disposition instruction on all major equipment. Equipment with a unit acquisition cost of less than \$5,000 that is no longer to be used in projects or programs currently or previously sponsored by the Federal Government may be retained, sold, or otherwise disposed of, with no further obligation to the Federal Government. If no equipment was acquired under this award, a negative report is required.

Final Invention Statement: A Final Invention Statement must be submitted with the final PPER documents. Electronic versions of the form can be downloaded by visiting <http://grants1.nih.gov/grants/hhs568.pdf>. If no inventions were conceived under this assistance award, a negative report is required. This statement may be included in a cover letter.

CDC Staff Contacts and Responsibilities

Roles and Responsibilities: Grants Management Specialists/Officers (GMO/GMS) and Program/Project Officers (PO) work together to award and manage CDC grants and cooperative agreements. From the pre-planning stage to closeout of an award, grants management and program staff have specific roles and responsibilities for each phase of the grant cycle. The GMS/GMO is responsible for the business management and administrative functions. The PO is responsible for the programmatic, scientific, and/or technical aspects. The purpose of this factsheet is to distinguish between the roles and responsibilities of the GMO/GMS and the PO to provide a description of their respective duties.

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. Many of the functions described above are performed by the GMS on behalf of the GMO.

GMS Contact:

Keisha Thompson, Grants Management Specialist
Centers for Disease Control

Chronic Diseases and Birth Defects Services Branch

2960 Brandywine Rd
Atlanta, GA 30341
Telephone: 770-488-2681
Email: DWT6@cdc.gov

Program/Project Officer: The PO is the federal official responsible for the programmatic, scientific, and/or technical aspects of grants and cooperative agreements including:

- The development of programs and FOAs to meet the CDC's mission
- Providing technical assistance to applicants in developing their applications e.g. explanation of programmatic requirements, regulations, evaluation criteria, and guidance to applicants on possible linkages with other resources
- Providing technical assistance to grantees in the performance of their project
- Post-award monitoring of grantee performance such as review of progress reports, review of prior approval requests, conducting site visits, and other activities complementary to those of the GMO/GMS

Programmatic Contact:

Michele Mercier, Project Officer
Centers for Disease Control
National Center for Chronic Disease Prevention and Health Promotion
4770 Buford Hwy, MS F-78
Atlanta, GA 30341-3717
Telephone: 770-488-4112
Email: zaf5@cdc.gov

Grants Management Officer: The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards including:

- Determining the appropriate award instrument, i.e.; grant or cooperative agreement
- Determining if an application meets the requirements of the FOA
- Ensuring objective reviews are conducted in an above-the-board manner and according to guidelines set forth in grants policy
- Ensuring grantee compliance with applicable laws, regulations, and policies
- Negotiating awards, including budgets
- Responding to grantee inquiries regarding the business and administrative aspects of an award
- Providing grantees with guidance on the closeout process and administering the closeout of grants
- Receiving and processing reports and prior approval requests such as changes in funding, carryover, budget redirection, or changes to the terms and conditions of an award
- Maintaining the official grant file and program book

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:

Pamela Render, Grants Management Officer
Centers for Disease Control

Chronic Diseases and Birth Defects Services Branch

2960 Brandywine Rd

Atlanta, GA 30341

Telephone: 770-488-2712

Email: PRender@cdc.gov

Technical Review

DP12-1210 State Public Health Approaches to Improving Arthritis Outcomes

Supplement Period July 1, 2017 – June 29, 2018

Technical Reviewer Name: Michele M. Mercier

Grantee Name: Kentucky Arthritis Program, Kentucky Department for Public Health

Requested Funding Amount: \$379,057

Recommended Funding Amount: \$379,057

Project Summary (for supplement period):

The Kentucky Arthritis Program (KAP) will continue to support existing delivery system partner organizations working to sustainably implement AAEBIs, including CDSMP, EF, WWE-GL and AFEP, as well as support newer intervention delivery partners in the process of building infrastructure and capacity to scale up and embed AAEBIs. Plans include increasing the number and geographic reach of course/workshop offerings, training instructors needed to support additional course/workshop offerings, and developing healthcare provider referral networks. This will be accomplished in the following ways:

- Both the KY Department of Aging and Independent Living (DAIL) and the KY Department for Public Health (KDPH) will continue providing support and technical assistance to their networks of community sites [Area Agencies on Aging and Independent Living (AAAILs) and local health departments (LHDs), respectively], delivering CDSMP and WWE-GL;
- KAP will continue to support the University of Kentucky Center of Excellence in Rural Health--Homeplace ("Homeplace" for short) in their efforts to grow CDSMP and WWE-GL course offerings to increase intervention access and participation among Eastern KY residents;
- KAP will continue to support the KY-YMCA Alliance in their efforts to expand both the number of EF course offerings and additional sites in Yr 6; and
- As part of a new collaboration with Bellarmine University Physical Therapy and Exercise Science Departments, a student service-learning project in partnership with the KY Physical Therapy Association, KY Nursing Association, and KY Association of Diabetes Educators, will be launched to grow WWE-GL reach. This initiative includes recruiting and training WWE-GL instructors, marketing WWE-GL courses, and recruiting healthcare providers to increase patient referrals.

In addition,

- KAP plans to partner with KY Homeplace to develop an online AAEBI program locator; and
- KAP will work with the KDPH Diabetes Program to promote WWE-GL via Diabetes Prevention Program instructors.

<i>Recipient Activity</i>	<i>Performance Measure</i>	<i>Comments and Recommendations</i>
Recipient Activity A		
<i>Program Infrastructure</i>	1. Program is appropriately staffed, and résumé or curriculum vitae (CV) available for staff supported at 10% FTE or greater.	<p><u>COMMENTS:</u> KAP is appropriately staffed. Online training requirements are met.</p> <p><u>WEAKNESSES/CONCERNS:</u> None noted.</p>
	2. Completion of online trainings, "Arthritis: The Public Health Approach" and "The Arthritis Challenge" for staff ≥25% FTE.	
Recipient Activity B		
<i>Data Collection and Surveillance</i>	1. Arthritis Coordinator collaborates with state BRFSS coordinator to support the core Arthritis Burden module.	<p><u>COMMENTS:</u> Obj 2 (a) on p.4 of workplan indicates that the BRFSS Arthritis Core and Optional Modules are being included in the Calendar Year 2017 KY BRFSS. KAP plans to support BRFSS data analysis of 2017 calendar year data once it is finalized in Spring of 2018 (top of p.5).</p> <p>Arthritis factsheets will be packaged and disseminated via the KDPH and DAIL websites, and regional factsheets for Area Development Districts will be uploaded on partner websites.</p> <p>KY does not currently produce a state chronic disease report but arthritis-specific information is included as a co-morbidity in the State Diabetes Report.</p> <p><u>WEAKNESSES/CONCERNS:</u> None noted.</p>
	2. Arthritis Coordinator collaborates with the state BRFSS coordinator to support inclusion of the optional Arthritis Management module each year the core Arthritis Burden module is used.	
	3. Surveillance data are packaged and disseminated in appropriate formats (e.g., reports, fact sheets, and websites) to make the information useful and available to stakeholders and other partners throughout the project period.	
	4. Arthritis-specific information and data are included in state chronic disease reports.	
Recipient Activity C		
<i>Embed Interventions into Delivery Systems and Promote Use of Interventions</i>	1. The majority of the program efforts support intervention delivery.	<p><u>COMMENTS:</u> KAP is actively promoting CDSMP, EF, and WWE-GL. While AFEP is supported, it is not being actively promoted at this time.</p> <p>KAP plans to continue supporting and building the capacity of existing delivery system partner organizations working to embed AAEBIs, as well as newer delivery partners in the process of building infrastructure and capacity. These include AAAILs, LHDs, KY-YMCA, KY Homeplace and the Bellarmine University Physical</p>
	2. Number and potential reach of delivery system partners is sufficient to achieve state-specific reach goal. a. At least one delivery system partner is addressing health equity	
	3. Reasonable progress is being made toward state-specific reach goal.	

	4. Number of new course offerings of state-selected interventions increased by 15% during each budget period.	<p>Therapy and Exercise Science Departments. Appropriate plans for training instructors, increasing courses offered, and recruiting participants are described.</p> <p>Health equity efforts will continue to be focused on Appalachia/Eastern KY.</p> <p><u>WEAKNESSES/CONCERNS:</u> Some important details are missing or vary between the Executive Summary, the narrative, the workplan and the PMP.</p>
	5. Reach and capacity data is being collected and reported.	
	6. Collaborated with partners to provide technical assistance.	
Recipient Activity D		
<i>Support Evidence-based Practice & Environmental Approaches to Address Arthritis</i>	1. OPTIONAL: Arthritis information is included in appropriate state health department and other partner communications.	<p><u>COMMENTS:</u> KAP will work with KY Homeplace to develop an online program locator for multiple EBIs, including AA EBIs. (p.9)</p> <p>KAP also identifies increasing WWE-GL referrals as a D2 activity:</p> <ul style="list-style-type: none"> As part of Go365 (formerly Humana Vitality) biometric screenings, state employees will be referred to EBIs as appropriate, including WWE-GL (p.9) In collaboration with the Diabetes Prevention and Control Program, DPP instructors will be encouraged to refer participants to the online program locator for WWE-GL classes (p.9 and workplan Obj 7a) <p>KAP has elected to opt out of D1 in Yr 6.</p> <p><u>WEAKNESSES/CONCERNS:</u> Increasing referrals in and of itself does not constitute a permanent change that will remain in place even if state arthritis program funding/staff went away (one of the key criteria for determining if an activity meets D2 requirements). It is not clear from the information provided that the approach to establishing WWE-GL referrals is intended to become part of standard practice. While technically KAP does not need to do this to meet this Recipient Activity, it will only strengthen their program effectiveness to collaborate with partners to incorporate referral mechanisms as part of routine operating procedures.</p>
	2. Progress is made toward implementing one or more evidence-based practice or environmental approaches that enhance intervention access and use over the course of the cooperative agreement or one or more recommendations from the GY5 D2 meeting have been implemented. <i>(CDC recommends grantee to implement one or more partner recommendations resulting from D2 meeting (as described in Attachment 8) to help direct what practices or approaches are used to enhance delivery of arthritis interventions. Implementation of one or more recommendations from the D2 meeting is an acceptable substitute for addressing requirements under activity D2)</i>	
Recipient Activity E		
<i>Communications (OPTIONAL)</i>	1. OPTIONAL: Estimated exposures to the health communications campaign equals three times the number of people with arthritis in the target area. <i>(one campaign per year)</i>	<p><u>COMMENTS:</u> KAP has opted not to conduct the health communications campaign for this period. Partner sites will continue to distribute brochures and bookmarks from previous campaign implementation while supplies last. (p.9) KAP will use funds that would have gone to the communications campaign to support development of an online program locator.</p>
	2. OPTIONAL: Obtained media coverage of one arthritis-appropriate intervention and one	

	arthritis-specific data release in each funding year.	<p>KAP does not have plans to actively seek earned media coverage but will encourage partner sites to maintain communication with local media for opportunities.</p> <p><u>WEAKNESSES/CONCERNS:</u> Not applicable.</p>
Recipient Activity F		
<i>Enhance Capacity for Monitoring Performance</i>	1. Performance monitoring plan documents interim and annual progress towards and completion of items in the work plan. (Milestone chart and work plan)	<p><u>COMMENTS:</u> KAP submitted a workplan and performance monitoring plan with milestones. The objectives are SMART for the most part, and the proposed activities are aligned with the FOA recipient activities. Overall, it is very well done!</p> <p>The five objectives selected for enhanced monitoring (PMP) are central to achieving increased reach, promoting the scaling and embedding of AAEBIs with delivery system partners, and establishing referral pathways with healthcare providers.</p> <p><u>WEAKNESSES/CONCERNS:</u> Some details related to the KY-YMCA, Bellarmine University Physical Therapy and Exercise Science Departments, AAAILs, LHDs and Homeplace objectives/activities need clarification.</p>
	2. Demonstrated evidence of use of data repositories.	
Recipient Activity G		
<i>Work in Collaboration with Other Chronic Disease Programs and Relevant Stakeholders</i>	1. Collaboration with other state health department programs that enhance the grantee's execution of the work plan.	<p><u>COMMENTS:</u> The Diabetes Program co-convened the D2 Partner Meeting with KAP in GY5. One outcome will be the promotion of WWE-GL by DPP instructors. DAIL remains a key partner. KAP staff will participate in monthly State Chronic Disease Branch meetings.</p> <p><u>WEAKNESSES/CONCERNS:</u> Currently the KY DPH is developing a State Health Improvement Plan in support of their Public Health Accreditation efforts. Unfortunately, it does not appear that arthritis-related priorities, such as promotion of arthritis-appropriate self-management education and physical activity interventions, will be included.</p>
	2. Active participation in the execution of the work plan by relevant stakeholders (ex. aging, disability, injury, etc.).	
	3. State arthritis program priorities included in the state chronic disease plan.	
	4. Arthritis Program Coordinator/Manager is a member of the state chronic disease coalition.	

Overall Comments (briefly summarize comments provided for recipient activities above and provide any additional comments):

1. KAP is to be commended on their workplan objectives and proposed activities, overall.
2. An evolving partnership with KY Homeplace, as well as a newly forming partnership with Bellarmine University, offer promising opportunities for growth in the delivery, embedding and reach of AAEBIs.
3. The development of an online program locator and expanding efforts to establish referral networks will further support delivery partners and otherwise strengthen the KY Arthritis Program.

Work Plan Recommendations (address any major work-plan weaknesses identified above. (*Focus on any weaknesses in recipient C activities*)):

1. Discrepancies between the Executive Summary, Narrative, Work Plan and Performance Monitoring Plan are noted. Additional clarity is needed re: some of the proposed objectives and activities. Discuss with Project Officer.
2. Suggest making the EF instructor training available to non-Y partners, if any exist.
3. Clarify whether any other health department programs or partners will be contributing to the development of the online program locator.
4. Incorporating referrals as a standard practice will strengthen program effectiveness. CDC encourages KAP to explicitly state their intention to work with appropriate partners to establish WWE-GL referral mechanisms as part of routine operating procedures.

Budget Comments and Recommendations (indicate whether the proposed budget is appropriate and sufficient or any adjustments or changes that are required by budget categories- personnel, travel, contracts, etc.):

1. DAIL Scope of Work contractual language refers to “direct implementation of CDSMP”. Clarify that this does not refer to payment for program delivery.
2. LHD Scope of Work contractual language refers to “direct implementation of CDSMP, AFEP and/or WWE”. Clarify that this does not refer to payment for program delivery.
3. Additional itemization and justification needed re: \$18,560 for DAIL to conduct two CDSMP lay-leader trainings.
4. As an fyi only—errors noted re: the Principal Investigator’ position. Under the Budget Salaries and Wages Job Description the PI’s Diabetes experience is described instead of Arthritis, the % time contributed doesn’t match what is in the Table of Personnel attachment, and oversight of evaluation is discussed, although not required by this FOA.