

1. DATE ISSUED MM/DD/YYYY		1a. SUPERSEDES AWARD NOTICE dated	
05/04/2019		except that any additions or restrictions previously imposed remain in effect unless specifically rescinded	
2. CFDA No.			
93.898 - Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations			
3. ASSISTANCE TYPE Cooperative Agreement			
4. GRANT NO. 5 NU58DP006272-03-00		5. TYPE OF AWARD	
Formerly		Other	
4a. FAIN NU58DP006272		5a. ACTION TYPE 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 07/01/2019		Through 06/30/2020	

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

CDC Office of Financial Resources

1600 Clifton Road
Atlanta, GA 30329

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.

9a. GRANTEE NAME AND ADDRESS		9b. GRANTEE PROJECT DIRECTOR	
Health & Family Services, Kentucky Cabinet for		Ms. Ellen Barnard	
275 East Main St #5wa		275 E Main St Ste B	
PS12-1201		FRANKFORT, KY 40601-2321	
Frankfort, KY 40601-2321		Phone: 502-564-3236 4151	
10a. GRANTEE AUTHORIZING OFFICIAL		10b. FEDERAL PROJECT OFFICER	
Ms. Joy Hoskins RN, BSN, BA		Jennifer Boehm	
275 EAST MAIN ST #5WA		4770 Buford Highway	
FRANKFORT, KY 40601-2321		Chamblee, GA 30341	
Phone: 5025643970,x3107		Phone: 770-488-4806	

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)		12. AWARD COMPUTATION	
I Financial Assistance from the Federal Awarding Agency Only		a. Amount of Federal Financial Assistance (from item 11m) 2,505,798.00	
II Total project costs including grant funds and all other financial participation		b. Less Unobligated Balance From Prior Budget Periods 0.00	
a. Salaries and Wages 231,307.00		c. Less Cumulative Prior Award(s) This Budget Period 0.00	
b. Fringe Benefits 271,418.00		d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 2,505,798.00	
c. Total Personnel Costs 502,725.00		13. Total Federal Funds Awarded to Date for Project Period 7,542,051.00	
d. Equipment 0.00		14. RECOMMENDED FUTURE SUPPORT	
e. Supplies 4,500.00		(Subject to the availability of funds and satisfactory progress of the project):	
f. Travel 20,021.00		YEAR TOTAL DIRECT COSTS YEAR TOTAL DIRECT COSTS	
g. Construction 0.00		a. 4 b. 5 c. 6 d. 7 e. 8 f. 9	
h. Other 6,200.00		15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:	
i. Contractual 1,880,230.00		a. DEDUCTION b. ADDITIONAL COSTS c. MATCHING d. OTHER RESEARCH (Add / Deduct Option) e. OTHER (See REMARKS)	
j. TOTAL DIRECT COSTS 2,413,676.00		b	
k. INDIRECT COSTS 92,122.00		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:	
I. TOTAL APPROVED BUDGET 2,505,798.00		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.	
m. Federal Share 2,505,798.00		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.	
n. Non-Federal Share 836,168.00			

REMARKS (Other Terms and Conditions Attached - ☒ Yes ☐ No)

GRANTS MANAGEMENT OFFICIAL:

Merlin Williams
2960 Brandywine Rd
Mailstop E09
Atlanta, GA 30341-5509
Phone: 770-488-2851

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. 9-921Z1RU	b. 17NU58DP006272	c. 93.898	d. DP	e. \$2,505,798.00	f. 75-19-0948				
22. a.	b.	c.	d.	e.	f.				
23. a.	b.	c.	d.	e.	f.				

NOTICE OF AWARD (Continuation Sheet)

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DATE ISSUED
05/04/2019

GRANT NO. 5 NU58DP006272-03-00

Direct Assistance

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

NOTICE OF AWARD (Continuation Sheet)

PAGE 3 of 3	DATE ISSUED 05/04/2019
GRANT NO. 5 NU58DP006272-03-00	

Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
06/29/2017	06/30/2018	Annual	09/28/2018
07/01/2018	06/30/2019	Annual	09/28/2019
07/01/2019	06/30/2020	Annual	09/28/2020

AWARD ATTACHMENTS

Health & Family Services, Kentucky Cabinet for

5 NU58DP006272-03-00

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1. YR03 Terms and Conditions
 2. YR03 NBCCEDP 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, 2019, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

Approved Funding: Funding in the amount of **\$2,505,798** is approved for the Year 03 budget period, which is **June 30, 2019** through **June 29, 2020**. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

NBCCEDP:	\$2,505,798
NCCCP:	\$0
NPCR (Component 1):	\$0
NPCR (Component 2):	\$0
Total	<u>\$2,505,798</u>

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 Law 101-354, 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. section 247b (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, 2019**, will cause delay in programmatic progress and will adversely affect the future funding of this project.

Budget Revision Requirement: By **July 31, 2019** the recipient must submit a revised budget with a narrative justification.

Revised Workplan: Revised Workplan is needed due to -- provide reason(s): Some items can be made more specific based on actual plans. For example, the grantee should name potential health systems partners in their work plan and tailor objectives and activities to what needs to be done to support them in YR 3.

Contractual: Cooperative Agreement recipients must obtain written approval from CDC prior to establishing a third-party contract to perform program activities. Approval by CDC to utilize funds and initiate program activities through the services of a contractor requires the submission of the following information for each contract to CDC:

1. **Name of Contractor for Contract "P":** Identify the name of the proposed contractor and indicate whether the contract is with an institution or organization.
2. **Method of Selection:** State whether the contract is sole source or competitive bid. If an organization is the sole source for the contract, include an explanation as to why this institution is the only one able to perform contract services.
3. **Period of Performance:** Specify the beginning and ending dates of the contract.
4. **Scope of Work:** Describe the specific services/tasks to be performed by the contractor and relate them to the accomplishment of program objectives. Deliverables should be clearly defined.
5. **Method of Accountability:** Describe how the progress and performance of the contractor will be monitored during and on close of the contract period. Identify who will be responsible for supervising the contract.
6. **Itemized Budget and Justification:** Provide and itemized budget with appropriate justification. If applicable, include any indirect cost paid under the contract and the indirect cost rate used.

Failure to submit the required information in a timely manner may adversely affect the future

funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date.

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 \$835,266. This amount is the required ratio of cost sharing. The amount reflected on this Notice of Award, \$836,168, 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 equals 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 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, 2020**. Reporting timeframe is **June 30, 2019 through June 29, 2020**. 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 Disease and Birth Defects Services Branch
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.

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, NBCCEDP
Centers for Disease Control and Prevention
4770 Buford Highway
Chamblee, GA 30341
Telephone: 770-488-488
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 information is located on Page 1 of this NOA.

**FY 2019 – Funding Opportunity Announcement DP17-1701
Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations
Annual Performance Report
Technical Review Form**

Recipient's Name and Grant #: Kentucky NU58DP006272

Funded Program/Component: NBCCEDP

Technical Reviewer's Name: Jennifer E. Boehm

Electronic Signature: *Jennifer E. Boehm*

Date: 3/6/2019

After a complete review of the DP17-1701 Year 03 APR and discussion with the Recipient regarding the Year 03 APR/Technical Review, the Recipient 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): Some items can be made more specific based on actual plans. For example, the grantee should name potential health systems partners in their work plan and tailor objectives and activities to what needs to be done to support them in YR 3.
- ☐ 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 has made steady progress working with their health systems partner, Juniper Health, Inc. to implement EBIs and address gaps in breast and cervical cancer screening. They have completed all of the CDC requirements for having an MOU, conducting a needs assessment, developing an implementation plan, and providing on-going technical assistance. They note using their experiences employing mobile mammography to help one of the clinics address a geographic access issue for their patients. (page 22)
- The grantee uses data to identify priority subpopulations and/or geographic areas in the state where additional efforts are needed. They developed a map using Medicaid claims data showing screening levels by county, which they then use to target outreach efforts.

Summary of Major Weaknesses (Please use bullets):

- The grantee is making slow progress on Environmental Approaches and Community Clinical Linkages strategies. Their strongest objectives for these strategies have either not been met or are on-going, and are repeated in YR 3 planning.
- It's unclear how the grantee will serve 6,575 women when their breast and cervical screening goals are well below that number. Even without any overlap between the two screening groups, the total comes to 4,802.

Recommendations:

- The grantee should strive to make meaningful progress toward identifying an employer who has a low-income workforce and needs assistance with improving worksite wellness policies and activities. The progress made to date has been minimal.
- The grantee should focus CCL efforts on identifying ways to document specific CHW outcomes, which may be easier now that they have a recruitment coordinator in place. They report on provider education, meeting with CHWs to discuss how to better measure outcomes, and participating on the CHW Advisory Committee, but lack information on being able to actually develop a useful measurement tool. (page 16)
- The grantee should provide CDC with information on how they came to propose serving 6,575 women with much smaller screening goals between the two cancer screening types. According to recent historical data, the program appears to have switched their goals, previously planning to screen 3,568 women for breast cancer and 1,199 for cervical in YR 1. A revised Service Delivery Projections Worksheet should be submitted if deemed necessary after discussion with CDC.
- The grantee should be more specific within their work plan to name tentative partners if they already have plans underway. For example, the objectives in 6B to partner with health systems can be made more specific and tailored to the grantee's plans to partner with Big Sandy and Community Health Clinic. The work plan can be revised throughout the year if plans change.

Reviewer Comments**Progress towards Objectives:**

- The grantee clearly describes progress, successes, and challenges for each strategy within their progress report. Many objectives are “met” or “on-going.”
- The grantee is fully staffed and describes strong fiscal and data management as part of overall program management activities. (pages 9-10)
- The grantee describes making some progress on worksite wellness activities by developing a breast and cervical cancer screening portion for a larger toolkit. However, they do not provide an update on either the program or their local health departments engaging and partnering with employers. (page 13)
- The grantee reports that they are collaborating with community organizations and CHWs to educate women and connect them to screening. There is little detail about how this happens. They also report on larger efforts by the state to complete a CHW certification process and program activities to maintain provider education. They note that they have not yet met their critical objective of developing and implementing a measurement tool for CHWs to use to track women reached, referred, and screened. (page 16)
- The program reports and provides data on how they have met 38% of their overall screening goal, screening 2,446 women during the first half of YR 2. (page 19)
- The grantee describes making excellent progress working with their health system partner, Juniper Health, Inc. They note developing an MOU, a needs assessment, an implementation plan, and position descriptions for sustainable patient navigation responsibilities. They have executed all of these steps and are providing Juniper with technical assistance and support to increase screening. (page 22)

Proposed Objectives:

- The grantee plans to serve 6,575 women, screening 1,224 for breast cancer and 3,578 for cervical cancer. These numbers are confusing since it is unclear how the two separate screening numbers will lead to 6,575 women served. They provide a breakdown of sub-goals for reaching Appalachian women, and African American women for example. The grantee plans to provide navigation-only services to 308 women. (page 36 of the work plan and Service Delivery Projections Worksheet)
- The grantee proposes adequate program management objectives that support staffing, quality assurance, data management, and evaluation planning. (pages 26-29)
- The grantee plans to conduct outreach and recruit 1-2 employers to work on improving employee access to cancer screening. (page 30)
- The grantee plans to continue a tailored project to reach women in West Louisville using community outreach and CCL. (page 33)
- The grantee plans to partner with a new health system, conduct assessments, help them implement EBIs, and monitor progress. They include funds to support 3 different health systems, including Juniper, which is an established partnership. (page 41-42)

Other Relevant Comments:

- By August 15, please submit a screening projection worksheet based upon your actual award amount. If your projections will not change, notify your Program Consultant.

- Please note that the Division of Cancer Prevention and Control (DCPC) Program Consultants are conducting a collaborative review of your submitted leadership plan during the month of April and will follow-up with more comprehensive feedback.

Itemized Budget:

- The grantee is requesting \$2,505,798 to support their proposed YR 3 activities.
- The grantee reports adequate matching funds, \$836,168, for their request and provided documentation of their MOE. Their budget meets the 10% administrative cost cap requirement.
- The budget appears reasonable and fully within the scope of the NBCCEDP.
- The grantee had a high unobligated total from YR 1, but quickly requested to use the funds in YR 2.