

1. DATE ISSUED MM/DD/YYYY 08/09/2019		1a. SUPERSEDES AWARD NOTICE dated except that any additions or restrictions previously imposed remain in effect unless specifically rescinded	
2. CFDA NO. 93.070 - Environmental Public Health and Emergency Response			
3. ASSISTANCE TYPE Cooperative Agreement			
4. GRANT NO. 1 NUE1EH001393-01-00 Formerly		5. TYPE OF AWARD Other	
4a. FAIN NUE1EH001393		5a. ACTION TYPE New	
6. PROJECT PERIOD MM/DD/YYYY From 09/01/2019		Through 08/31/2024	
7. BUDGET PERIOD MM/DD/YYYY From 09/01/2019		Through 08/31/2020	
8. TITLE OF PROJECT (OR PROGRAM) A Comprehensive Public Health Approach to Asthma Control Through Evidence-Based Interventions			

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
CDC Office of Financial Resources**

2939 Brandywine Road
Atlanta, GA 30341

NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations)
Section 317 (k)(2) and 317l of the Public Health Service Act, [42 U.S.C. Sections 247b and 247b-10l, as amended

9a. GRANTEE NAME AND ADDRESS
HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF
920 Wildwood Dr
Jefferson City, MO 65109-5796

9b. GRANTEE PROJECT DIRECTOR
Mr. Steve Cramer
930 Wildwood Dr
Jefferson City, MO 65109-5796
Phone: 5735222806

10a. GRANTEE AUTHORIZING OFFICIAL
Peggy Gaddy
920 Wildwood Dr
Community and Public Health
Jefferson City, MO 65102-0570

10b. FEDERAL PROJECT OFFICER
Daniel Burrows
Centers for Disease Control and Prevention
CDC/CCHIP/ NCEH/DEHHE/APRHB
Chamblee, GA 30341
Phone: 770.488.3722

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	73,779.00
b. Fringe Benefits	35,414.00
c. Total Personnel Costs	109,193.00
d. Equipment	0.00
e. Supplies	333.00
f. Travel	3,983.00
g. Construction	0.00
h. Other	3,611.00
i. Contractual	484,513.00
j. TOTAL DIRECT COSTS	601,633.00
k. INDIRECT COSTS	23,367.00
l. TOTAL APPROVED BUDGET	625,000.00
m. Federal Share	625,000.00
n. Non-Federal Share	0.00

12. AWARD COMPUTATION	
a. Amount of Federal Financial Assistance (from item 11m)	625,000.00
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	625,000.00
13. Total Federal Funds Awarded to Date for Project Period	625,000.00

14. RECOMMENDED FUTURE SUPPORT <i>(Subject to the availability of funds and satisfactory progress of the project):</i>			
YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS
a. 2		d. 5	
b. 3		e. 6	
c. 4		f. 7	

15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:

<ul style="list-style-type: none"> a. DEDUCTION b. ADDITIONAL COSTS c. MATCHING d. OTHER RESEARCH (Add / Deduct Option) e. OTHER (See REMARKS) 	b
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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 - Yes No)

GRANTS MANAGEMENT OFFICIAL:
Ralph U Robinson, Grants Management Officer
2960 Brandywine Rd
Mailstop E01
Atlanta, GA 30341-5509
Phone: 770-488-2441

17. OBJ CLASS 41.51	18a. VENDOR CODE	18b. EIN	19. DUNS 878092600	20. CONG. DIST. 03
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
21. a. 9-9390AVT	b. 19NUE1EH001393	c. EH	d. \$625,000.00	e. 75-19-0947
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 3	DATE ISSUED 08/09/2019
GRANT NO. 1 NUE1EH001393-01-00	

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 08/09/2019
GRANT NO. 1 NUE1EH001393-01-00	

Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
09/01/2019	08/31/2020	Annual	11/29/2020
09/01/2020	08/31/2021	Annual	11/29/2021
09/01/2021	08/31/2022	Annual	11/29/2022
09/01/2022	08/31/2023	Annual	11/29/2023
09/01/2023	08/31/2024	Annual	11/29/2024

AWARD ATTACHMENTS

Missouri Department of Health

1 NUE1EH001393-01-00

1. Terms
2. summary statement

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 EH19-1902, entitled "A Comprehensive Public Health Approach to Asthma Control Through Evidence-Based Interventions", and application dated May 1, 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 \$625,000 is approved for the Year 1 budget period, which is September 1, 2019 through August 31, 2020. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

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.

Supporting recipients to implement cooperative agreement requirements and advance program activities to meet outcomes.

- Providing technical assistance to revise annual work plans and budgets.
- Providing expertise and resources related to scientific subject matter and health care systems.
- Providing consultation and guidance on enhancing and expanding existing asthma surveillance activities, including the analysis and interpretation of data sets.
- Providing advice on the development, publication, and dissemination of surveillance reports, fact sheets, or other data products.
- Collaborating with recipients to develop and implement strategic and individual evaluation plans and use evaluation findings.
- Providing technical assistance to operationalize and report performance measures.

- Analyzing recipient performance measurement data and evaluation findings to provide suggestions for program improvement.
- Engaging recipients in cross-state evaluations of program activities and outcomes.
- Establishing and facilitating learning opportunities to increase information sharing among recipients.
- Providing professional development and training opportunities, either in person or through virtual web-based training formats for the purpose of sharing best practices and the latest science on asthma.
- Convening in-person meetings that provide recipients with opportunities to exchange resources, share lessons learned and address common issues.

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, **October 1, 2019**, will cause delay in programmatic progress and will adversely affect the future funding of this project.

Expanded Authority: The recipient is permitted the following expanded authority in the administration of the award.

Carryover of unobligated balances from one budget period to the next successive budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved. If the GMO determines that some or all of the unobligated funds are not necessary to complete the project, the GMO may restrict the recipient's authority to automatically carry over unobligated balances in the future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

Indirect Costs:

Indirect costs are approved based on the negotiated indirect cost rate agreement dated **January 24, 2019**, which calculates indirect costs as follows, a **Final** is approved at a rate of **21.4%** of the base, which includes, direct salaries and wages including fringe benefits. The effective dates of this indirect cost rate are from **July 1, 2019 to June 30, 2020**.

REPORTING REQUIREMENTS

Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIS): 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
Damond Barnes, Grants Management Officer/Specialist
Office of Grants Services (OGS Centers for Disease Control
2920 Brandywine Rd, Mailstop: E-18
Atlanta, GA 30341
Email: xhp5@cdc.gov **Phone:** 770-488-2611

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))

PROGRAM OR FUNDING GENERAL REQUIREMENTS

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.

PROGRAM OR FUNDING SPECIFIC CLOSEOUT REQUIREMENTS

The final programmatic report format required is the following.

Final Performance Progress and Monitoring Report (PPMR): This report should include the information specified in the NOFO and is submitted 90 days following the end of the period of performance 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.

Additional guidance may be provided by the GMS and found at:
<https://www.cdc.gov/grants/alreadyhavegrant/Reporting.html>

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:

Damond Barnes
Grants Management Specialist
Centers For Disease Control and Prevention (CDC)
Office of Grants Services(OGS)
2920 Brandywine Rd, Mailstop: E-18
Atlanta, GA 30341
Email: xhp5@cdc.gov **Phone:** 770-488-2611

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:

Daniel J. Burrows, MS, HSA
Team Lead, Asthma Program Team
CDC NCEH Air Pollution and Respiratory Health Branch
770-488-3722

dburrows@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.

GMOContact:

Ralph U Robinson

Center for Disease Control and Prevention

Office of Grants Services(OGS)

Koger Center/Colgate Bldg/Room 3218

2920 Brandywine Road, MS K-70

Atlanta, GA 30341

Email: inp2@cdc.gov **Phone:** 770-488-2441 **Fax:** 770-488-2670

**National Center for Environmental Health
Notice of Funding Opportunity CDC-RFA-EH19-1902
A Comprehensive Public Health Approach to
Asthma Control Through Evidence-Based Interventions**

SUMMARY STATEMENT

Date Reviewed: June 18, 2019

Applicant Name: Missouri Department of Health and Senior Services

Application #: NUE1EH2019000828

Score: 88

Brief Summary of Application:

Summary of Project:

The Missouri Department of Health and Senior Services requests \$625, 000 for the following proposed activities:

- Develop asthma-specific strategic plan with stakeholder Task Force.
- Place asthma among the top priorities listed in the State of Missouri's strategic plan for public health.
- Meet with leaders of MOHealthNet to resolve open issues related to reimbursement for home environment assessments and AS-ME.
- Work in partnership with the Missouri Primary Care Association to review and update asthma quality measures reported by community health centers and used by health plans for value-based contracting.
- Develop/distribute annual report for stakeholders, feature progress, evaluation project results, impact statements, and stories which demonstrate impact.
- Distribute surveillance data, resources, etc. via established MAPCP website.
- Expand activity of existing workgroup focused on enhancing linkages between schools, MOHealthNet and managed Medicaid health plans.

Reviewers' Comments on the Approach

Strengths:

Infrastructure:

- Applicant will collect, analyze, and report on the required data elements.
- Applicant describes activities for conducting health communication activities to support people with asthma and their caregivers that are appropriate for the audiences targeted.

EXHALE:

- Applicant provides a detailed description of their plans to expand access and delivery of AS-ME to people with asthma.
- Applicant describes plans to facilitate referrals to appropriate smoking cessation programs and resources in their communities.
- Applicant describes plans to collaborate with MOHealthNet and other community partners to expand access to and delivery of home visits.
- Applicant describes detailed plans to initiate quality improvement activities and support guidelines-based asthma care.
- Applicant describes plans for encouraging linkages within and across the healthcare system and community services to address patient needs and improve health, as well as bi-directional sharing of information.
- Plans for adopting environmental policies and best practices to reduce indoor and outdoor asthma triggers are provided.

- Partner engagement to reach key audiences.
- Obtaining additional data sets from partners.
- Guidelines-based communication approach; targeting people with asthma and their caregivers.
- Expanding Exhale access and delivery.
- Strategic plan
 - Strategic plan with task force
 - Get asthma on State of MO's strategic plan
 - Partners and stakeholders
 - Linkages and sharing of data and partners
- Partner mobilization, guidance, training, resources
 - Meetings and consultations
 - Share data
- Interpret data and report to CDC
 - Core datasets, additional data sets
 - Reports, maps, tables, etc.
- Collaborate to report to CDC
 - Awarded for efforts
- Health communication to targeted audiences
 - Collaborate with UM Asthma Ready
 - Focus has been on nurses and health plan case managers

- Self-management education
 - Teaming up for asthma control: school, home, clinic
 - Expand and create new activities
- Smoking cessation
 - Core programming
- Home visits
 - State Plan Amendment: increase access and expand impact
- Medicaid, health plans, organizations, schools, QI; training of health professionals, plans and payers to eliminate barriers
 - Pharmacy QI project
 - School training project
 - Health care provider trainings
- Linkages of care
 - SchoolNurseLink
 - Asthma Risk Panel Reports
 - CALM communities
- Environmental policies
 - Enviro-clinical approach

Weaknesses:

- No significant weaknesses were identified.

Infrastructure:

- The applicant states that they will develop an asthma-specific strategic plan and provides a flow chart of the process that will be used over a 15-month period of time. However, there is no mention of how implementation of the plan will be monitored over time.
- Applicant seems to discuss activities they will do with their partners but don't really describe how they will mobilize them.
- No information is provided on collaborating with partners to provide additional data sets and measures.

EXHALE:

- There are no explicit plans described for working with health plans and payers to eliminate barriers to obtaining and using asthma medications and devices.

Work Plan: The applicant would have benefited from following the example provided in the NOFO for their work plan. The activities listed are simply phrases, some as basic as “diesel-powered buses”. It’s not clear what is intended by this. Much of the narrative space is used to provided bulleted lists of activities rather than summarize them. This level of detail should have been provided in the Work Plan. No information on high level plans for years 2-5 is provided in the Work Plan as required.

- Could not find any indication that the applicant is currently tracking asthma attacks in the past 30 days or 3 months

Recommendations:

- Give some indication about ability to track asthma attacks in past 30/90 days
- Would like to see more information on collaborating and inspiring partners.
- Address weaknesses and concerns noted.

Reviewers' Comments on Evaluation and Performance Measurement

Strengths:

- Applicant states their evaluation activities are consistent utilization-focused evaluation and focus on real users and specific applications of evaluation results.
- Plans for developing a strategic evaluation plan are provided.
- Plans for coordinating with multiple partners are provided.
- Plans for collaborating with stakeholders to evaluation EXHALE are provided.
- Applicant describes plans to engage with key program staff and partners, along with CDC.
- Applicant plans to enhance the evaluation capacity of several partners through training.
- Plans for engaging in evaluation learning communities are provided.
- Applicant plans to expand 1 or 2 EXHALE sites for continuous quality improvement.
- Overall, a strong evaluation plan.
- Diverse evaluation advisory committee.
- Enhancing program evaluation capacity among partners.
- Evaluation strategies
 - Evaluation advisory committee follows CDC's process of learning and growing with focus on 14 evaluation projects
 - Economic evaluations that have been published and won awards
 - Evaluation drives program effectiveness and efficiency
 - Embedded evaluator model
 - Uses a logic model
- Strategic plan for evaluation and data sources (process and outcome)
 - Led by lead evaluator Armbecht
 - EAC will be expanded to include more representatives from universities, schools, FQHCs, and Medicaid
 - Data coordinator provides quarterly updates and periodic quality checks
 - Will develop with task force
 - During the first 6 months of Year 1, the EAC will prioritize possible activities/strategies to select a few for rigorous evaluation. The EAC's rubric, used previously by MAPCP, will guide selection of projects that (a) support intervention / program expansion, (b) drive quality improvement, (c) promote innovation, and (d) address health disparities. At the end of Year 1, MAPCP will begin hosting an annual forum (Asthma in Missouri Annual Forum) to build a shared understanding of EH19-1902 goals among MAPCP's stakeholders. The forum broadens partner involvement beyond the EAC and seeks input directly

from those who are collecting data, engaging children/families, and changing clinical systems.

- Economic evaluation
 - MAPCP will oversee an economic impact study of home environment assessments (in Year 2), as part of work to measure impact of the State Plan Amendment.
 - Noted in table C2 which datasets include economic information.
- Services and expansion
 - Evaluation drives program effectiveness and efficiency
 - Embedded evaluator model
- Baselines, targets, report data
 - Will work with CDC
 - Follow standards, mentions data sources
- Data standards, accessible data
 - Some examples of smaller, custom-built databases are: (1) pre and post measurements of asthma control for AS-ME participants, (2) policy and practice changes of Project ECHO clinical sites, (3) school-based asthma service expansion and improvements at CALM community school districts, (4) utilization of tobacco cessation services (e.g., QuitLine) by people with asthma, (5) referral counts for home environment assessment and AS-ME by community health workers, and (6) registry of trained workforce to provide home environment assessment and AS-ME services.
- Partners
 - Professional development for partners as well as an embedded evaluator model
- Evaluation learning and collaboration (CDC)
 - Learning communities
 - Webinars, conferences, workgroups
- Quality improvement
 - Best practices model for quality improvement for all programs

Weaknesses:

- There is no clearly described evaluation plan that can be identified. What is provided in this section of the application are statements about things that will be done, but none of it is provided in a plan that ties everything together.
- Description of activities for applying continuous quality improvement does not actually address this, rather says that they will expand 1 or 2 EXHALE sites and that they have the capacity to do so because of their lead evaluator and work with others who also have this capacity. However, this does not address how evaluation findings will be used for continuous quality improvement.

Recommendations:

- Would like to see more description of quality improvement and how the evaluation will be tracked over time. Also would like to see how these evaluations will be integrated with the other data sets and made accessible.
- Address identified weaknesses and concerns.

Reviewers' Comments on Organizational Capacity to Implement the Approach

Strengths:

- Applicant appears to have an adequate number of highly qualified staff.
- Applicant has documented existing partnerships with the necessary organizations.
- Applicant has the capacity to maintain a comprehensive asthma surveillance system.
- Applicant indicates they can/will develop, adapt, and produce audience-based communication and education materials.
- Applicant provides detailed information on collaborating and coordinating with partners to develop and implement evaluation plans, enhance capacity, etc.
- Strong organizational capacity
- Staff:
 - Program coordinator: Peggy Gaddy
 - Principle investigator/project director: Steve Cramer
 - Core leadership team of 12 people: Gaddy (program, partners), Cramer (PI), Homan (epi, surveillance, data), Cole (school partners and training), Ambrecht (evaluation, communications, intervention design), Francisco (workforce training, QI), Rood (ASME training, clinical), Kraemer (home environment, trigger), regional partners (Brown, Cook, Penkalski, Theard)
- Partners
 - University of Missouri Asthma Ready
 - MOHealthNet/Medicaid
 - MO Primary Care Assoc.
 - Managed Medicaid Health Plans
 - Institute for Environmental Health
 - MO School Boards Assoc.
 - DHSS Tobacco control Program and Coordinated Chronic Disease Program
 - MO Coordinated School Health Program/Council
 - Department of elementary and secondary education
 - Saint Louis County of department health
 - Black Health Care Coalition of Kansas City
 - St. Louis Integrated Health Network
 - Missouri Pharmacy Assoc.
 - MO Hospital Assoc.
 - MO Assoc. of School Nurses
 - Show Me School-based Health Coalition

- Surveillance
 - Parent division is the environmental public health tracking unit and section of epidemiology and public health practice
 - BRFSS, Patient Abstract System, Bureau of Vital Records
 - Application of that data and data analysis
- Education Materials
 - Communication experts through DHSS, contractors, and partners
 - School nurses and primary care with plans for parents/guardians
 - Media formats include email, personal communication, presentation style, social media
- Evaluation
 - Evaluation advisory committee follows CDC's process of learning and growing with focus on 14 evaluation projects
 - Economic evaluations that have been published and won awards
 - Evaluation drives program effectiveness and efficiency
 - Build capacity among partners
 - Share lessons learned

Weaknesses:

- This section does not describe the capacity to report on the specific measures required by the NOFO.
- Could not locate any mention of surveillance of asthma attacks in past 3 months or 30 days
- Not a lot of information on patient and parent/guardian communication materials that are being planned or developed.

Recommendations:

- Address identified weakness
- Would like to see more information on the communication materials being developed for various audiences.

Other Relevant Comments:

- Page 33 of the NOFO states that, "Applicants should use the federal plain language guidelines and Clear Communication Index to respond to the Notice of Funding Opportunity...Failure to follow the guidance and format may negatively impact scoring of the application". The applicant's use of multiple different icons/symbols to categorize information results in an application that is difficult to follow and not compliant with plain language guidelines, nor is it self-explanatory, which is also a stated requirement on page 33 of the NOFO.
- Page 33 of the NOFO also states the order for each section of the application and that, "The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section." The Work Plan is to be listed last, however the applicant included their Work Plan within the Approach section, rather than as the last item in the Project Narrative.
- Could go into more detail about monitoring strategic planning progress over time.