

resources may enable the Secretary to fund additional prevention initiatives based on this announcement or a separate announcement.

Applicants funded for the first time in FY 2004 will be required to submit a revised work plan and budget in order to receive funds at FY 2004 funding levels during their first year of funding.

Pending availability of funds, beginning in FY 2004 and each of the remaining years of this program announcement (September 22, 2004 through September 21, 2007), there may be an open season for new competitive applications. Specific guidance will be provided with exact application due dates and funding levels each year.

Recipient Financial Participation

Matching funds, that is, a specific percentage of program costs that must be contributed by a recipient in order to be eligible for this announcement, are not required. Applicants are encouraged, however, to identify financial and in-kind contributions from their own organization and their partners to support and sustain the activities of this program announcement. Program applications that include private partners who contribute in-kind or funding support and incentives to these efforts are strongly encouraged.

Funding Preferences

Preference in funding, based on well-documented data, may be given to ensure:

- Inclusion of populations disproportionately affected by chronic disease and associated risk factors.
- Inclusion of geographic areas with high, age-adjusted rates of chronic disease and associated risk factors.
- Geographic distribution of STEPS programs nationwide.
- Inclusion of communities of varying sizes, including rural, suburban, and urban communities.

Use of Funds

Cooperative agreement funds may be used to expand, enhance, or complement existing activities to accomplish the objectives of this program announcement. Funds may be used to pay for, but are not limited to: staffing, consultants, contractors, materials, resources, travel, and associated expenses to implement and evaluate intervention activities such as: promoting healthy food choices in away-from-home settings; encouraging restaurants to label heart-healthy menu items; establishing community walking programs; helping schools, worksites, shopping malls, senior centers, and

other community locations establish health-promoting programs and environments; establishing community-based education, exercise, healthy nutrition, and smoking cessation programs in accessible locations; educating health plans and providers regarding standards for preventive health care practices and how to fully implement them; enhancing office-based systems to ensure that persons with chronic disease are called for routine exams and other follow-up; using information technology (such as the web and email) to communicate with people with chronic disease or associated risk factors; developing community support groups for persons with chronic disease or associated risk factors; conducting awareness and media campaigns to educate persons about their risk of chronic disease and what actions to take; using health risk appraisals such as the American Diabetes Association's self-assessment risk tool, "Take the Test/Know Your Score"; conducting community-based outreach to high-risk individuals, encouraging them to seek appropriate care; establishing telephone hotlines for tobacco cessation and other health information needs; training lay health workers ("promotoras") to conduct health promotion programs.

Funds received under this announcement may not be used to supplant/replace existing local, state, or federal funds or activities. Cooperative agreement funds may not be used for direct patient care, diagnostic medical testing, patient rehabilitation, pharmaceutical purchases, facilities construction, lobbying, basic research or controlled trials.

Lead/fiduciary agencies will be eligible to receive up to five percent of their total award for indirect costs.

Direct Assistance

Direct assistance, that is, assistance provided by the Federal government in the form of Federal employee staffing when detailed to the recipient (pay, allowances, and travel), supplies, or equipment in lieu of cooperative agreement/financial assistance funds, is not available as part of FY 2003 STEPS awards. Direct assistance in lieu of cash may be available in subsequent years.

E. Program Requirements

All recipient activities funded under this program announcement need to coordinate with and reinforce, but not duplicate, related, existing federal, state, and local activities. In conducting activities to achieve the purpose of this program announcement, Large Cities and Urban Community applicants will

be responsible for the activities listed under number 1 below, Tribal applicants for the activities listed under number 2 below, State-Coordinated Small City and Rural Community applicants for the activities listed under number 3 below, and HHS Agencies for the activities listed under number 4 below. All recipients must address both community and school-based components.

1. Large City and Urban Community Recipient Activities

(a) Fiduciary Responsibilities

i. *Lead Agency.* Establish the lead/fiduciary agency to be the local health department (or its bona fide agent) or its equivalent as designated by the mayor, county executive, or other equivalent governmental official.

ii. *Allocate Funds.* Allocate and disperse funds to the local education agency or agencies responsible for schools within the intervention area, and additional key partners and collaborators to implement recipient activities. Include adequate funds to participate fully in the substantial data collection and evaluation activities associated with this award.

iii. *Contract Services.* Contract for services, as needed, to accomplish the objectives of this program announcement.

vi. *Link Budget to Performance.* Provide integrated progress and financial reports that link the performance and expenditures of the local health department and all key partners.

v. *Sustainability.* If funded for years three through five, engage in efforts that will sustain successful interventions on a long-term basis.

(b) Community Consortium

Identify key partners and coalitions that focus on the prevention and control of chronic disease and associated risk factors. Build an alliance of partnerships and coalitions committed to participating actively in the planning, implementation, and evaluation of STEPS. Effective partnerships are central to the success and sustainability of STEPS. Key partners should demonstrate a high-level commitment to the initiative by their willingness to invest expertise, leadership, personnel, and other resources in the success of the project.

Partners must include, but are not limited to, the mayor's office (or equivalent); local and state health departments; local and state education agencies; key community, health care, voluntary, and professional