

3. State-Coordinated Small City and Rural Community Applicants

(a) Intervention Strategies (40 Points)

The points for this section will be divided equally between the two to four pre-selected communities where project activities and interventions will occur (*i.e.*, 20 points per community if the project proposes to work in two communities, 13 points per community if three communities, ten points per community if four communities). This section will be evaluated according to the same criteria for Large City and Urban Community proposals under H.1.a) (i-ii) above.

(b) Project Leadership, Collaboration, and Proposed Structure (15 Points)

- i. The identification of a lead/fiduciary agency that will ensure accountability for expenditures in relationship to performance of all key partners.
- ii. The extent to which the applicant describes the proposed structure of the project including decision-making processes, monitoring, problem solving, and providing support to community-based programs.
- iii. The extent to which the applicant provides letters of support and Memoranda of Understanding (as appropriate) with partner agencies and organizations, and the extent to which these documents describe specific collaborative actions to be undertaken and the role, responsibilities, and commitment of resources of the partners.
- iv. The extent to which the applicant and its key partner organizations provide financial or in-kind contributions toward the success of the STEPS initiative.
- v. The extent to which the applicant describes realistic plans to coordinate proposed activities with state- and community-level programs to prevent and control chronic disease.
- vi. The degree to which proposed staff have the relevant background, qualifications, and experience to facilitate support to community-level efforts.
- vii. The degree to which the proposed staffing plan appears appropriate to the level of work proposed and demonstrates the intent to minimize staff levels in order to maximize funding for interventions.
- viii. The extent to which the applicant describes clearly defined roles of project staff and an appropriate percent time each is committing to STEPS.
- ix. The capacity of the proposed local consortia in terms of leadership, expertise, community representation,

collaborative experience/abilities, and agency representation.

- x. Past history and evidence of effectiveness of community-state partnerships in relation to health issues and interventions (especially those related to chronic disease prevention and control, and those involving the specific communities selected for this program).
- xi. Past history and evidence of effectiveness of community partnerships in the two to four proposed communities in relation to health issues and interventions (especially those involving chronic disease prevention and control).

(c) Plan for Project Monitoring and Evaluation (15 Points)

- i. The extent to which the applicant describes plans for the state and proposed communities to collaborate with other STEPS recipients in developing and implementing a set of common performance measures to monitor the success of funded projects.
- ii. The extent to which appropriate data sources are currently available or will be made available to monitor and track changes in community capacity; the extent to which community-driven interventions reach populations at high risk; changes in risk factors, chronic disease burden, and disparities; the relationship between interventions and outcomes; and changes in program efficiency.
- iii. The extent to which the applicant describes plans for the state, proposed communities, and other key partners to collaborate fully in external, independently coordinated evaluation activities to evaluate the overall impact of STEPS.
- iv. The extent to which evidence is provided to demonstrate the applicant's capability to conduct surveillance and program evaluation, access and analyze official data sources, and use evaluation to strengthen the program and support community-based efforts.
- v. The extent to which the applicant describes how the project is anticipated to improve specific performance measures and outcomes compared to baseline performance.

(d) Capacity to Guide and Support Intervention Communities (15 Points)

- i. The extent to which the applicant proposes a State-Community Management Team fully capable of guiding and directing the overall project.
- ii. The extent of state experience, expertise, and capacity to assist local communities in the activities of this project are described. Evidence of

having provided guidance and support to local communities that resulted in successful implementation and outcomes.

- iii. The extent to which specific methods are described to assist local communities in the activities of this project.

(e) Background and Need (10 Points)

- i. The extent to which the proposed intervention communities are described, including the populations to be served.
- ii. The extent to which data are provided substantiating the burden and disparities of chronic diseases and conditions, specifically diabetes, asthma, and obesity in the proposed intervention communities and populations to be served.
- iii. The extent to which data are provided substantiating health risk behaviors and risk factors related to chronic diseases in the proposed intervention communities and populations to be served.
- iv. The extent to which assets and barriers to successful program implementation are identified in each intervention community.
- v. The extent to which existing resources will be utilized to complement or contribute to the effort planned in the proposal.

(f) Communication and Information Sharing (5 Points)

- i. The extent to which the applicant describes plans to share experiences, strategies, and results between the proposed communities, with the state, and with other interested communities and partners.
- ii. The extent to which the applicant describes plans to ensure effective and timely communication and exchange of information, experiences, and results between the proposed communities, the state, and others through mechanisms such as the internet, managements information systems, other electronic formats, workshops, and other innovations.

(g) Budget (Not Scored)

The extent to which the budget appears reasonable and consistent with the proposed activities and intent of the program.

I. Other Requirements

Technical Reporting Requirements

Provide CDC with original and two copies of:

1. Interim progress report will be due May 30, 2004, and subsequent interim progress reports will be due on the 30th of May each year through May 30, 2008. The progress report will serve as the