

*Part B: Implementation of State Asthma Plans.* Eligible applicants are those entities that have a final, approved, comprehensive, State Asthma Plan and an operational surveillance system for asthma. The states of California, Illinois, Michigan, Minnesota, New York, and Oregon are not eligible to apply for any parts: Part A: Developing State Capacity to Address Asthma; Part A Enhanced: Enhancing State Capacity to Address Asthma; or Part B: Implementation of State Asthma Plans, because they are currently funded by CDC Program Announcement #01106 (Part B) or #02085 to implement State asthma activities. See Attachment II for a list of states funded by these announcements.

Applicants for Part B: Implementation of State Asthma Plans must:

1. Submit a copy of the final, approved, comprehensive State Asthma Plan. Approval may be documented with a letter from the Agency's Health or Medical Director and letters from key partners or by appropriate sign-offs on the asthma plan. Plans that are pending final approval may be accepted if the draft plan is accompanied by letters from the Agency's Health or Medical Director and key partners stating their commitment to and approval of the plan. Include a description of the plan's approval process status.

2. Have an operational surveillance system for asthma. This may be demonstrated through submission of your most recent, comprehensive published surveillance report that describes asthma within the State, territory, tribe, or jurisdiction, including, if available, a report on asthma in the Medicaid population.

*Applications for Part B:* Implementation of State Asthma Plans that fail to submit evidence requested will be considered non-responsive and returned without review.

Based on eligibility requirements described in Section C Eligible Applicants, an applicant may apply for:

- Part A: Developing State Capacity to Address Asthma,
- \* Part A Enhanced: Enhancing State Capacity to Address Asthma,
- \* Part B: Implementation of State Asthma Plans, or
- Any combination

However, only one award per applicant will be made. Applicants must submit a separate application for each part they are applying for.

**Note:** Title 2 of the United States Code section 1611 states that an organization described in section 501 (c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant or loan.

## D. Funding

### *Availability of Funds*

Approximately \$4,450,000 is available in FY 2003 to fund approximately 9–12 awards.

Part A: Developing State Capacity to Address Asthma. Approximately \$600,000 is available to fund approximately one to three awards. It is expected that the average award will be \$200,000.

### *Part A Enhanced: Enhancing State Capacity to Address Asthma*

Approximately \$2,450,000 is available to fund approximately seven awards. It is expected that the average award will be \$350,000.

### *Part B: Implementation of State Asthma Plans.*

Approximately \$1,400,000 is available to fund approximately one to two awards. It is expected that the average award will be \$700,000.

It is expected that awards under this program announcement will begin on or about August 1, 2003 and will be made for a 12-month budget period for the first year that will end on August 31, 2004. The project period for Part A: Developing State Capacity to Address Asthma will be up to three years, Part A Enhanced: Enhancing State Capacity to Address Asthma for up to three years, and Part B: Implementation of State Asthma Plans for up to five years. Funding estimates may change.

Continuation awards within an approved project period will be made on the basis of satisfactory progress as evidenced by required reports and the availability of funds.

### *Use of Funds*

Cooperative agreement funds may be used to support costs directly related to the program activities and consistent with the scope of the cooperative agreement. Funds under this program announcement may not be used to conduct research projects. Surveillance and evaluation activities that are for the purposes of monitoring program performance are not considered research. Funds under this program announcement may not be used for screening or registry activities. Federal funds awarded under this program announcement may not be used to supplant State or local funds.

### *Recipient Financial Participation*

Matching funds are not required for this program.

### **Funding Preferences**

Funding preferences may include (1) geographic distribution, and (2) racial

and ethnic populations with a disproportionate asthma burden.

## E. Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities listed in 1. Recipient Activities, and CDC will be responsible for the activities listed in 2. CDC Activities.

### *Part A: Developing State Capacity To Address Asthma*

#### 1. Recipient Activities

- a. Implement a new (or enhance an existing) asthma surveillance system in order to gather and interpret data that will quantify the burden of asthma within the State, and upon which to base the development of the State Asthma Plan. Include asthma morbidity, mortality and work-related asthma.

- b. Develop a comprehensive State Asthma Plan.

- c. Develop and implement an evaluation plan that measures the effectiveness of the program as a whole as well as each intervention. Systematically document lessons learned.

- d. Develop and organize collaborative linkages with appropriate agencies and organizations statewide to together (1) systematically describe the asthma problem in the State; (2) identify available resources; and (3) in conjunction with partners, develop a comprehensive State Asthma Plan.

- e. Establish a strong agency commitment within the State Health Department to support the asthma program.

- f. Participate in CDC convened meetings and periodic conference calls for grantees to share experiences, data, and materials.

### *Part A Enhanced: Enhancing State Capacity To Address Asthma*

#### 1. Recipient Activities

- a. Enhance the existing asthma surveillance system to include asthma hospitalizations. Conduct analysis and interpretation of surveillance data and disseminate these data through reports to local, State, and Federal partners and agencies.

- b. If not already completed, obtain final approval for a comprehensive State Asthma Plan. This activity should be completed within three months of the year one budget period.

- c. Implement a subset of interventions described in the State Asthma Plan.

- d. Develop and implement an evaluation plan that measures the effectiveness of your program as a whole as well as each intervention.