

7. Budget

Include a detailed first-year budget and narrative justifications as well as annual budget projections for years two and three. The applicant should describe the program purpose for each budget item. For each contract contained within the budget, provide (1) the name the contractor(s); (2) method of selection; (3) period of performance; (4) description of activities; and (5) an itemized budget with narrative justifications. If this information is not available when the application is submitted, and the contract(s) is approved by the CDC, then the funds for the contract(s) will be restricted for expenditure on the award.

The budget should include travel funds for project staff to attend a yearly conference or grantee meeting convened by CDC. In addition, the applicant should include costs for one person to travel to Atlanta, GA, to attend the 6th National Environmental Health Conference on December 3–5, 2003. Review the CDC/NCEH web site for additional information concerning this conference: <http://www.cdc.gov/nceh/default.htm>.

List other funds, outside this cooperative agreement, that will be used to support this program.

Part A Enhanced: Enhancing State Capacity To Address Asthma

1. Description of the Problem

Describe what is known about the asthma burden in the State, territory, tribe or jurisdiction and efforts to systematically address the problem. Include a description of populations at increased risk of poorly controlled asthma (e.g. gender, age groups, racial/ethnic groups, socio-economic groups, and geographic areas).

Identify existing initiatives, capacity, and infrastructure of the agency within which the asthma programs will occur.

Describe how barriers, identified when developing the State Asthma Plan, were addressed.

2. Workplan

Provide specific goals, objectives, and activities that describe what the agency intends to accomplish by the end of the three-year project period. These goals, objectives and activities should be measurable, realistic, related to Recipient Activities, and reflect activities in year one, two, and three of the project. Include a project time-line that indicates when the proposed goals, objectives, and activities will be met.

Document how progress made toward meeting the objectives will be evaluated. Provide measures for evaluating

process, impact, and outcome for each goal and objective. Refer to "Framework for Program Evaluation in Public Health," *MMWR*, September 17, 1999/48 RR-11; 1–40 at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm> or other evaluation resources on the CDC website at <http://www.cdc.gov/eval/index>.

In addition, describe how lessons learned will be systematically gathered, documented, and included as an integral part of the evaluation process.

3. Surveillance Plan

Describe the current operational asthma surveillance system within the health agency. Submit copies of the most recent and comprehensive published surveillance report that describes asthma within the State, territory, tribe or jurisdiction, including if available, a report of asthma in the Medicaid population and for enrollees of the State Children's Health Insurance Program (SCHIP).

Provide a surveillance plan containing the following information: (a) A description of data currently available to the program; (b) additional data the agency will obtain and methods for obtaining it; (c) plans for identifying specific populations at risk for poorly controlled asthma (e.g. gender, age groups, racial/ethnic groups, socio-economic groups, or geographic areas); (d) how the agency will use data to develop or enhance an ongoing surveillance system; and (e) how the surveillance data will be used to support policy, program development, implementation, and evaluation activities.

At a minimum, the surveillance system should include measures to track asthma morbidity, asthma mortality, work-related asthma, and asthma hospitalizations. For more information about work-related asthma, refer to the following references:

"Surveillance of Work-Related Asthma in Selected U.S. States Using Surveillance Guidelines for State Health Departments—California, Massachusetts, Michigan and New Jersey, 1993–1995," *Morbidity and Mortality Weekly Report*, June 25, 1999/48 (SS03); 1–20 at <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss4803a1.htm>.

Workgroup Report "The Role of States in a Nationwide Comprehensive Surveillance System for Work-related Diseases, Injuries and Hazards" at <http://www.cste.org/occupationalhealth.htm>.

"Minimum and Comprehensive State-Based Activities in Occupational Safety and Health," June 1995—DHHS

(NIOSH) Publication No. 95–107 at <http://www.cdc.gov/niosh/95-107.html>.

Applicants funded by this announcement will be expected to use the Behavioral Risk Factor Surveillance System (BRFSS) supplemental asthma module within the first year of the project.

Describe the methods that will be used to conduct analysis, interpret surveillance data, and a strategy for disseminating data through published reports to local, State, and Federal partners and agencies.

Present a detailed plan to determine whether the asthma surveillance system is useful for monitoring asthma trends over time, determining the effectiveness of interventions, and modifying the State Asthma Plans. Refer to "Updated Guidelines for Evaluating Surveillance Systems, *Morbidity and Mortality Weekly Report*, July 27, 2001/(50)RR13; 1–35 at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5013a1.htm>.

4. State Asthma Plan

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 plan. State Asthma 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, a time frame for final approval, as well as a description of the approval process status. The letters should assure that the State Asthma Plan would be completed within the first three months of the year one budget period.

Describe the process by which the comprehensive State Asthma Plan was developed and how it addresses all persons with asthma in the State regardless of age, race/ethnicity, gender, or geographic area and includes key environments in which persons with asthma spend significant time (e.g. home, school, workplace). If a specific population in the State is not affected by asthma, clearly identify and describe this population.

Include information about the agencies and organizations that are participating in the planning process and describe their roles and responsibilities.

Explain how the collaborative relationships will be used after the plan is in place and the agency is ready to implement interventions.

Describe how data collected in the asthma surveillance system is used to