

asthma project; and a supervisor who will assure support for the project staff. Other program positions may also be proposed. Attach position descriptions, qualifications and curricula vitae for all staff positions.

For each position, describe the primary roles and responsibilities for the project staff over the three-year grant period. Also, include the specific staff activities that will contribute to meeting each objective.

Provide a plan to expedite filling of the staff position(s) and assure that they have been or will be approved by the applicant's personnel system. Include a letter of support from the agency guaranteeing hiring of personnel and support for the asthma program. Also, describe positions in the asthma program that are currently filled, but will not be funded by resources under this cooperative agreement.

Document assurance of the ability of key project staff to participate in the conferences or grantee meetings convened by CDC and willingness to share innovations, information, data, and materials.

8. Budget

Include a detailed first-year budget, 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 CDC approves the contract(s), 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>.

If applicable, list other funds outside of this cooperative agreement that will be used to support this program.

Part B: Implementation of State Asthma Plans

Include each of the following sections:

1. Description of Problem

Describe what is known of the asthma problem 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, or geographic areas).

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

2. Workplan

Provide specific goals, objectives and activities that describe what the agency intends to accomplish by the end of the five-year project period. These goals, objectives and activities should be measurable, realistic, related to the Recipient Activities, and reflect plans in year one through five 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, 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.

Describe all asthma indicators to be assessed over time including, but not limited to, prevalence, severity, management, mortality, hospitalization, emergency care, and costs of asthma. Refer to Boss, L.; Kreutzer, R.; Luttinger, D.; Leighton, J.; Wilcox, K.; and Redd, S. "The Public Health Surveillance of Asthma," *Journal of Asthma*, 38(1), 83–89, 2001.

Discuss the use of the Behavioral Risk Factor Surveillance System (BRFSS) asthma module(s) and the frequency of its use.

Include surveillance and public health intervention of work-related asthma. Provide the applicant's definition of work-related asthma. (Refer to "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>).

Describe the methods that will be used to conduct analysis, interpret surveillance data, and a strategy for disseminating this data (e.g. published reports) to local, State, and Federal partner 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 asthma interventions, and modifying the State Asthma Plan. (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. Approved 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. Also include a description of the plan's approval process and a time-line for final approval.