

b. The roles of proposed staff members are defined and appropriate for carrying out stated responsibilities.

c. The staffing plan identifies at least a full-time asthma coordinator, at least a full-time epidemiologist, and a supervisor.

d. Job descriptions, qualifications, and curricula vitae indicate that each proposed staff member has the credentials, knowledge, training, and experience to perform assigned tasks.

e. The plan to expedite filling of the staff position(s), assuring that they will be approved by the applicant's personnel system, is realistic.

f. The applicant plans to attend CDC conferences/meetings and is willing to share innovations, information, data, and materials.

3. Surveillance Plan (20 points)

The extent to which the plan:

a. Provides a comprehensive description of data currently available to the program, additional data the agency will obtain, and methods for obtaining it.

b. Identifies populations at risk for poorly controlled asthma, such as specific age groups, ethnic groups, socio-economic groups, or geographic areas.

c. The applicant provides a reasonable approach for how the agency will develop or enhance an ongoing surveillance system and how the data will be used to support policy, program development, implementation, and evaluation.

d. Uses appropriate measures to track asthma morbidity, asthma mortality, and work-related asthma over time.

e. Includes the Behavioral Risk Factor Surveillance System supplemental asthma module within the first year of the project period.

f. Uses appropriate strategies for conducting analysis, interpreting surveillance data, and disseminating data through published reports.

g. Includes reasonable strategies for evaluating whether the asthma surveillance system is useful for monitoring trends over time.

4. State Asthma Plan (15 points)

The extent to which:

a. The applicant describes how the comprehensive State Asthma Plan will be developed.

b. The plan addresses all persons with asthma 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).

c. The number and type of agencies and organizations proposed to

participate in developing the State Asthma Plan are appropriate. Partner's roles and responsibilities are fully described and reasonable.

d. Collaborative relationships will be used appropriately when implementing interventions.

e. Data collected in the asthma surveillance system will be used to identify priority areas and guide the development of program goals and objectives.

f. The process of making changes to the State Asthma Plan is reasonable.

5. Collaboration Plan (10 points)

The extent to which:

a. The applicant demonstrates prior successful collaborations that address asthma or other chronic or environmentally-related or occupationally-related problems.

b. Collaborating organizations and agencies include a wide variety of appropriate partners in the clinical community; local health agencies; physician organizations; community health centers; local, state or regional asthma or respiratory health organizations (such as the American Lung Association), local education authorities; and groups or organizations that serve populations experiencing a disproportionate burden of asthma. If one or more of these partners are not included, the applicant explains why.

c. Partners will work together to: (1) Establish leadership, (2) develop a consensus regarding goals, (3) identify roles and responsibilities through a negotiated process, (4) develop routine and consistent patterns of communications, and (5) sustain the participation of members over time.

d. Letters of commitment from key organizations demonstrate their willingness, expertise, and capacity to carry out assigned responsibilities.

e. The plan for determining the effectiveness of collaborations is reasonable.

6. Description of the Problem (10 points)

The extent to which:

a. The applicant fully describes what is known about the asthma burden in the State, tribe, territory or jurisdiction; identifies populations at increased risk of poorly controlled asthma (regardless of gender, age, race/ethnicity, or geographic area); and explains efforts to systematically address the problem.

b. The applicant identifies existing initiatives, capacity, and infrastructure of the agency within which asthma programs will occur.

c. The applicant identifies barriers that need to be resolved in order to develop comprehensive asthma program in the State.

d. The applicant demonstrates the agency's commitment to addressing asthma by accomplishments to date and understanding of the problem.

7. Budget (reviewed, but not scored)

The extent to which:

a. The budget is comprehensive and includes details for year one projections and details for year two and three of the budget period.

b. The budget contains justifications that are consistent with stated goals, objectives, activities, and the intended use of cooperative agreement funds.

c. The budget is reasonable and includes 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>.

8. Performance Goals (reviewed, but not scored)

The extent to which the applicant will reduce the burden of asthma in the State, territory, tribe or jurisdiction.

Part A Enhanced: Enhancing State Capacity To Address Asthma

1. Workplan (25 points)

The extent to which:

a. The applicant identifies goals, objectives, and activities that are consistent with the Recipient Activities, are specific, measurable and realistic, and reflect activities in year one, two, and three of the project period.

b. Objectives will contribute to accomplishment of the goals.

c. Activities are likely to achieve objectives.

d. The time-line for accomplishing proposed goals, objectives, and activities is reasonable.

e. Measures for monitoring and evaluating the process, impact, and outcome of each goal and objective are specific and appropriate.

f. The plan to systematically gather and document lessons learned is incorporated into the program evaluation process.

2. Management and Staffing Plan (20 points)

The extent to which:

a. The agency demonstrates a high level of commitment and organizational support for the asthma program. Organizational charts show where the asthma program is located.