

ethnicity, gender, or geographic area. It also includes key environments in which persons with asthma spend significant time such as the home, school, and workplace.

c. The Plan defines the current status of asthma, why asthma should be a public health priority, and an assessment of the asthma burden in the State, territory, tribe, or jurisdiction. Applicant also lists asthma priorities and provides evidence that these priorities are directly related to analysis of population-based surveillance data. Objectives are time-phased and organized in accordance with the priorities identified in the State Asthma Plan.

d. The applicant fully describes how the Plan was developed and how partners participated in the process. The number and type of agencies that participated and their contributions in developing the State Asthma Plan are appropriate.

e. Proposed activities to meet the plan's objectives include, but are not limited to, efforts to: (1) Expand surveillance for asthma; (2) improve provider compliance with the National Asthma Education and Prevention Program's (NAEPP) "Guidelines for the Diagnosis and Management of Asthma," (Clinical Practice Guidelines, Guidelines for the Diagnosis and Management of Asthma. National Institutes of Health (NIH), National Heart, Lung and Blood Institute. NIH publication No. 97-4051, April 1997); (3) improve the skills of patients and families affected by asthma to manage the disease; (4) review legislation and policies impacting people with asthma; (5) identify environmental factors that contribute to asthma prevalence and morbidity, and reduce or eliminate exposure to these factors; and (6) communicate between those implementing and those affected by planned activities.

#### 6. Collaboration Plan (5 Points)

The extent to which:

a. The applicant has experience collaborating with partners around asthma or other chronic or environmental related or occupationally related diseases both within and outside the agency.

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. The applicant includes a description of the collaboration's progress in: (1) Establishing leadership, (2) developing a consensus regarding goals, (3) identifying roles and responsibilities through a negotiated process, (4) developing routine and consistent patterns of communications, and (5) sustaining 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 applicant presents a sound plan to determine the effectiveness of collaborations.

#### 7. Description of the Problem (5 Points)

The extent to which:

a. The applicant provides a comprehensive description on what is known about the asthma burden in the State, tribe, territory, or jurisdiction, and a description of populations at increased risk of poorly controlled asthma within the jurisdiction (e.g., ethnic groups, socio-economic groups, and geographic areas).

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

c. The agency's commitment to addressing asthma is demonstrated by accomplishments to date and understanding of the problem.

#### 8. Budget (reviewed, but not scored)

The extent to which:

a. The budget is comprehensive and includes details for year one and projections for year two and three of the project 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 included costs for one person to travel to Atlanta, GA, to attend the 6th National Environmental Health Conference on December 3-5, 2003.

#### 9. 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.

## I. Other Requirements

### Technical Reporting Requirements

Provide CDC with original plus two copies of:

1. Interim progress report, no less than 90 days before the end of the budget period. The progress report will serve as your non-competing continuation application, and must contain the following elements:

a. Current Budget Period Activities Objectives.

b. Current Budget Period Financial Progress.

c. New Budget Period Program Proposed Activity Objectives.

d. Detailed Line-Item Budget and Justification.

e. Additional Requested Information.

2. Financial status report, no more than 90 days after the end of the budget period.

3. Final financial and performance reports, no more than 90 days after the end of the project period.

Send all reports to the Grants Management Specialist identified in the "Where to Obtain Additional Information" section of this announcement.

### Additional Requirements

The following additional requirements are applicable to this program. For a complete description of each, see Attachment I of the program announcement as posted on the CDC web site.

AR-7 Executive Order 12372

AR-9 Paperwork Reduction Act Requirements

AR-10 Smoke-Free Workplace Requirements

AR-11 Healthy People 2010

AR-12 Lobbying Restrictions

AR-21 Small, Minority and Women-owned Business

## J. Where To Obtain Additional Information

This and other CDC announcements, the necessary applications, and associated forms can be found on the CDC web site, Internet address: <http://www.cdc.gov>. Click on "Funding" then "Grants and Cooperative Agreements".

For general questions about this announcement, contact: Technical Information Management, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341-4146, Telephone: (770) 488-2700.

For business management and budget assistance, contact: Mildred Garner, Grants Management Officer, Procurement and Grants Office, Centers for Disease Control and Prevention, 2920 Brandywine Road, Atlanta, GA