

surveillance and program evaluation, partnerships, and management may not exceed 40 percent of the approved budget [WISEWOMAN follows the same legislative requirements as the NBCCEDP, Section 1503(a) (1) and (4) of the PHS Act, as amended; see <http://www.cdc.gov/wisewoman/legislationhighlight.htm> for more information on legislation]. Further information about the 60/40 distribution is provided in the WISEWOMAN Guidance Document: Interpretation of Legislative Language and Existing Documents. This can be accessed through the Internet at <http://www.cdc.gov/wisewoman> or by contacting the program technical assistant contact listed in Section "J. Where to Obtain Additional Information."

a. Inpatient Hospital Services: Cooperative agreement funds must not be spent to provide inpatient hospital or treatment services [Section 1504g of the PHS Act, as amended].

b. Administrative Expense: Not more than 10 percent of the total funds awarded may be spent annually for administrative expenses. These administrative expenses are in lieu of and replace indirect costs [Section 1504(f) of the PHS Act, as amended]. Administrative expenses comprise a portion of the 40 percent component of the budget.

c. Limit of Use of Funds for Case Management: Use of Federal funds for case management of women without alert values is strongly discouraged. This policy and the definition of alert values are found on the WISEWOMAN Web site Guidance Document at <http://www.cdc.gov/wisewoman>.

Recipient Financial Participation—Matching Requirement

a. Recipient financial participation is required for this program in accordance with the authorizing legislation. Section 1502(a) and (b) (1), (2), and (3) of the PHS Act, as amended, requires matching funds from non sources in an amount not less than one dollar for every three dollars of Federal funds awarded under this program. However, Title 48 of the U.S. Code 1469a (d) requires DHHS to waive matching fund requirements for Guam, U.S. Virgin Islands, American Samoa and the Commonwealth of the Northern Mariana Islands up to \$200,000.

b. Matching funds may be cash, in-kind, or donated services, or equipment. Contributions may be made directly or through donations from public or private entities. Public Law 93–638 authorizes tribal organizations contracting under the authority of Title

1 to use funds received under the Indian Self-Determination Act as matching funds.

c. All costs used to satisfy the matching requirements must be documented by the applicant and will be subject to audit. Specific rules and regulations governing the matching fund requirement are included in the PHS Grants Policy Statement, Section 6. Matching funds are not subject to the 60/40 requirements described above under "Use of Funds." For further information about the matching fund requirement, see the WISEWOMAN Guidance Document.

Direct Assistance

No direct assistance funds will be awarded in lieu of financial assistance to successful WISEWOMAN component recipients.

E.3. Program Requirements

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

Standard Project

Standard Demonstration Project (available for new applicants in FY 2003 and FY 2004, not available for new applicants in FY 2005 or later).

The major goal of a Standard Demonstration Project is to demonstrate the effectiveness of operational approaches to conducting the following activities for women aged 40–64 who participated in the NBCCEDP: Outreach, screenings for blood pressure, cholesterol, smoking, and other conditions (when appropriate); referral; lifestyle intervention (to include promotion of heart-healthy diet, increased physical activity, and tobacco cessation); tracking and follow-up; evaluation; professional and public education; and community engagement.

Enhanced Project

One major goal of an Enhanced Project is to use scientifically rigorous methods to test the effectiveness and cost-effectiveness of a behavioral or lifestyle intervention that is grounded in the social and cultural context of the target population and aimed at preventing cardiovascular disease. The other major goal is to translate and transfer successful interventions and program strategies to other programs that serve financially disadvantaged women. Some important resources for understanding the scope of these translation and transfer activities can be

found at <http://www.replication.org/infores.html> and <http://www.replication.org/pdf/tool.pdf>.

1. Recipient Activities for Standard Demonstration Projects and Enhanced Projects: *a.* Develop a preventive health services program or a preventive health services research study/studies to include cardiovascular disease risk factor screening with mandatory cholesterol and blood pressure measurements built upon an extremely strong State, Territorial, or Tribal Breast and Cervical Cancer Early Detection Program with evidence provided of the strength of the BCCEDP Program.

b. Staff with at least two professional staff members to work full-time on WISEWOMAN (one of whom should be a full-time program coordinator and the other should have experience in nutrition, physical activity, or health education), or a plan for hiring such staff members. If staff must be hired, describe the staff that will manage the program until the hiring is completed. Describe the WISEWOMAN evaluation team and provide information on their experience and academic degrees.

c. Work with health care systems that can effectively deliver WISEWOMAN services and that target the population in need of these services. This can best be accomplished by working with a health care system in which the State, Territory, or Tribal BCCEDP has previously been effective and that has successfully engaged the community to provide additional services/support to the population in need.

d. Establish a cardiovascular disease prevention program as the primary focus, with culturally appropriate interventions addressing multiple risk factors that must include physical inactivity, poor nutrition (high intake of saturated fat and low intake of fruit and vegetables), and tobacco use. Other cardiovascular risk factors may be addressed such as overweight or obesity, and pre-diabetes or undiagnosed diabetes.

Recipients may develop other preventive services to be delivered, such as intervention services aimed at prevention or relief of the following: Osteoporosis, arthritis, influenza or other diseases for which vaccines are readily available, or other significant conditions/diseases which affect large numbers of older women.

e. States, Territories, and Tribal Agencies should implement screening, referral, and follow-up according to the recommendations of the National Cholesterol Education Program (NCEP) of the National Heart, Lung, and Blood Institute for cholesterol screening using the Adult Treatment Panel III (ATP–III)