

f. To increase collaboration among State, local, and other agencies, organizations, and universities that analyze data or seek to reduce chronic disease and injury morbidity and mortality.

g. Provide a list of training taken by key BRFSS staff, to include data collection/interviewer staff, within the previous 12 months. Training list should include course title, a brief description of course content, dates of training, and names and titles of staff attending the training.

h. Provide a copy of projected staff training with the course title, course description, dates of training, and names and titles of staff who will be attending training.

2. Operational Plan

a. Provide an estimate of the number of interviews to be completed in addition to the base number of 2000 completed interviews per State per year.

b. Provide a list of the survey questions to be asked in addition to the base-length questionnaire.

c. Identify the percentage of an analyst's time and related costs for analyzing data collected.

d. Provide the title and author(s) of publications produced and/or distributed using BRFSS data.

e. Upgrading computer-assisted telephone interviewing systems and computer systems for analysis and Internet activities.

f. Describe the nature and extent of collaboration and coordination with and support (*i.e.*, financial, shared resources, etc.) from other State programs.

3. Evaluation

Describe the procedures currently used or planned to monitor the performance of the data collection system, adherence to prescribed data collection protocols, and the extent of the use and dissemination of the data.

4. Budget

Provide a detailed budget and line-item justification for all operating expenses. The budget should be consistent with the State's objectives and planned activities of the project. Budget requests should include the cost of two two-day trips to Atlanta for two individuals and the cost of one five-day trip (including travel days) for up to two individuals to attend the annual BRFSS conference. The budget should address funds requested, as well as the applicant's in-kind or direct support.

G.6. Evaluation Criteria (100 points)

Applications received from current grantee that are funded under program

announcement 99044, will be reviewed utilizing the Technical Review process.

1. *Operational Plan (50 points)*. The extent to which the applicant has addressed Recipient Activities 1.b, 1.c, 1.d, 1.e, 1.k, 1.m, and items 1 through 6 in the Application Content section.

2. *Program Management (25 points)*. The extent to which the applicant has addressed Recipient Activities 1.a, 1.g, 1.h, 1.i, and items 1 through 5 in the Application Content section.

3. *Evaluation (25 points)*. The extent to which the applicant has addressed Recipient Activities 1.i, 1.j, and 1.o, and item 3 in the Application Content section.

4. *Budget (Not Weighted)*. The extent to which the applicant has addressed item 4 in the Application Content section.

Component 7—Genomics and Chronic Disease Prevention

D.7. Availability of Funds

Approximately \$1,000,000 is available in FY 2003 to fund approximately three to five States' program awards. It is expected that the average award will be \$200,000 ranging from \$150,000 to \$250,000.

Use of Funds

Funds awarded under this component may not be used to conduct genomic research or pay for patient services such as genetic testing or counseling. Cooperative agreement funds may be used to develop or enhance the State Health Department's capacity for planning with other agency programs and outside partners, and implementing the use of genomic information (*e.g.* genetic testing and family history data) in public health policy and programs. Funds may also be used to enhance data collection through disease registries and other surveillance systems and to develop public health work-force competency in the use of genomics for disease prevention. Developing genomic leadership capacity will enhance comprehensive chronic disease prevention and health promotion by establishing cross-cutting activities with one or more disease-specific programs and increasing collaboration across the agency in epidemiology, environmental health, infectious disease, maternal and child health, and related programs that increase the effectiveness of chronic disease prevention.

E.7. 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.

1. Recipient Activities

Note: In this announcement, integrating genomic and the use of family history into chronic disease program planning, policy development, and intervention design includes, but is not limited to, (a) Establishing or expanding leadership capacity in the field of genomics, (b) developing and implementing population-based assessments and incorporating genomic information into disease-specific data collection through surveillance and registries, (c) developing expanded uses of genomics in programmatic activities including BRFSS and the analysis of vital records and other sources important in population-based analysis, (d) educating the health workforce, policy makers, and the public about the importance of understanding the role of family history and genetic risk factors in disease etiology and prevention, and (e) specifically preparing the chronic disease workforce for using genomic tools to reduce the burden of specific diseases and understanding the benefits and limitations of available genetic tests.

a. Develop or strengthen the health agency organizational capacities for assessing and utilizing existing genomics and public health program experience and expertise in planning the integration of genomics into existing chronic disease prevention and health promotion programs.

b. Acquire or enhance the leadership capacity required to integrate genomics into existing or planned chronic disease prevention and health promotion programs. In this effort, coordination of the core public specialties (such as epidemiology, laboratory services, policy development, and infectious disease prevention) to integrate genomics and family history, as appropriate, is required. The use of genomics within public health requires collaboration with academic and health care organizations that can provide technical assistance and expertise in expanding program and policy development. Leadership capacity may include: (a) Designating a State agency-wide, or chronic disease genomics coordinator or team, expanding existing leadership roles to include chronic disease and other disease-specific responsibilities, and/or coordinating a team representing all or selected public health disease programs; (b) the availability of adequate epidemiologic, genomics, laboratory, health education, communications expertise and program support; and (c) a mechanism for assessing and increasing the genomic and public health competency of the chronic disease work-force through technical assistance and specific