

BOARD OF SUPERVISORS AGENDA ITEM REPORT CONTRACTS / AWARDS / GRANTS

CAward CContract Grant

Requested Board Meeting Date: October 20, 2020

* = Mandatory, information must be provided

or Procurement Director Award \Box

*Contractor/Vendor Name/Grantor (DBA):

Centers for Disease Control and Prevention (CDC)

*Project Title/Description:

Racial and Ethnic Approaches to Community Health (REACH) Pima Partnership

*Purpose:

The REACH Pima Partnership brings together entities with a history of successful collaboration on health and wellness issues among American Indian (AI) and Mexican-American (MA) populations throughout Pima County. The partners will build on existing Community Action Coalitions to develop and implement culturally and socioeconomically tailored interventions that specifically engage MA and AI communities in Pima County. The project aims to improve health, prevent chronic diseases, and reduce health disparities among our population at the highest risk/burden of chronic diseases including hypertension, heart disease, Type 2 diabetes, and obesity.

This Notice of Award for budget period from 09/30/2020 through 09/29/2021 is being processed as Amendment #3. The Notice of Award adds \$190,169.00 in supplemental funds for the purpose of promoting flu immunization to target groups. No signature is required. Indirect costs in the amount of 10% of Direct Costs are included in the budget.

*Procurement Method:

This Grant is a non-procurement contract and not subject to Procurement rules.

*Program Goals/Predicted Outcomes:

- Educate and empower trusted voices in the community to support vaccine education and delivery through educational media and events.
- Increase vaccination opportunities by building partnerships between vaccination providers and the community to increase the number, range, and diversity of opportunities for vaccination.

*Public Benefit:

This year, with the COVID-19 pandemic, it is more important than ever to have as many County residents vaccinated against the flu as possible. This will help not to overcrowd hospitals and reduce the spread of respiratory illnesses.

*Metrics Available to Measure Performance:

The work plan submitted as part of the proposal includes outcome measures such as # of community support actions, # trained tribal community spokespersons, materials distributed to schools and other partners, # of flu vaccination events held and # of partnerships formed.

*Retroactive:

Yes. NOA was not received until 9/25/2020 and takes effect on 9/30/2020. Grant must be approved by BOS so it will be retroactive. If not approved, the REACH program will not be able to take advantage of these additional funds to increase the flu vaccination rate among target populations.

EMI approved 10/7/2020 2/5 Revised 5/2020

Page 1 of 2

| Document Type: Department Code: | Contract Number (i.e.,15-123): |
|---|--|
| Commencement Date: Termination Date: | Prior Contract Number (Synergen/CMS): |
| Expense Amount: \$* | Revenue Amount: \$ |
| *Funding Source(s) required: | |
| Funding from General Fund? CYes C No If | Yes \$ % |
| Contract is fully or partially funded with Federal Funds If Yes, is the Contract to a vendor or subrecipient? | |
| Were insurance or indemnity clauses modified? | ☐ Yes ☐ No |
| If Yes, attach Risk's approval. | |
| Vendor is using a Social Security Number? | ☐ Yes ☐ No |
| If Yes, attach the required form per Administrative Prod | redure 22-10. |
| Amendment / Revised Award Information | |
| | Contract Number (i.e.,15-123): |
| | AMS Version No.: |
| Commencement Date: | Navy Tampin ation Date. |
| | Prior Contract No. (Synergen/CMS): |
| © Expense or © Revenue © Increase © Decre | |
| Is there revenue included? CYes CNo | If Von ¢ |
| *Funding Source(s) required: | Π Tes φ |
| Funding from General Fund? CYes C No | If Yes \$ |
| Funding from General Fund? CYes CNo | 11 Tes \$ |
| Grant/Amendment Information (for grants acceptant | ce and awards) C Award |
| Document Type: GTAM Department Code: | <u>HD</u> Grant Number (i.e.,15-123): <u>21-38</u> |
| Commencement Date: 09/30/2020 Termination | Date: 09/29/2021 Amendment Number: 03 |
| Match Amount: \$ | ⊠ Revenue Amount: \$ 190,169.00 |
| | |
| *All Funding Source(s) required: Centers for Disease | Control and Prevention (CDC) (Department of Health and Human Services) |
| *All Funding Source(s) required: Centers for Disease *Match funding from General Fund? | |
| | o If Yes \$ % |
| *Match funding from General Fund? | o If Yes \$ % o If Yes \$ % irectly from the |
| *Match funding from General Fund? | o If Yes \$ % |
| *Match funding from General Fund? | o If Yes \$ % |
| *Match funding from General Fund? | o If Yes \$ % |
| *Match funding from General Fund? | o If Yes \$ % |

| 1. DATE ISSUED | MM/DD/YYYY | 1a SUPERS | EDES AWARD NOT | ICE dated 06/29/2020 | |
|-------------------|------------------|--|-------------------------|---------------------------------|--|
| | | | | 30/20/2020 | |
| 09/17/2020 | | except that any additions or restrictions previously impos | | | |
| | | remain in e | effect unless specifica | ally rescinded | |
| 2. CFDA NO. | | | | | |
| 93.738 - PPHF 20 | 12: Racial and E | thnic Approach | nes to Community He | alth Program financed solely by | |
| 2012 Public Preve | ntion and Health | Funds | | | |
| 3. ASSISTANCE TYP | E Cooperative | Agreement | | | |
| 4. GRANT NO. 6 NU | 58DP006600-03 | 3-01 | 5. TYPE OF AWA | RD | |
| Formerly | | | Other | | |
| 4a. FAIN NU58DP0 | 06600 | | 5a. ACTION TYPE | Post Award Amendment | |
| 6. PROJECT PERIO | D MM/DD | VYYYY | | MM/DD/YYYY | |
| From | 09/30/2 | 2018 | Through | 09/29/2023 | |
| 7. BUDGET PERIOD |) MM/DD | VYYYY | | MM/DD/YYYY | |
| From | 09/30/2 | .020 | Through | 09/29/2021 | |
| 8. TITLE OF PROJE | CT (OR PROGR | AM) | | | |
| REACH Pima Par | tnership | · | | | |
| | • | | | | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES Centers for Disease Control and Prevention CDC Office of Financial Resources

2939 Brandywine Road Atlanta, GA 30341

NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations) 317(K)(2) 42 USC 247B(K)(2)

| Dr. Francisco Garcia 3890 S. COUNTY CLUB RD STE 100 TUCSON, AZ 85714-2266 Phone: \$237247733 TO. GRANTEE AUTHORIZING OFFICIAL Dr. Donald Gates 3960 S. COUNTY Club RD STE 100 TUCSON, AZ 85714-2666 Phone: \$237247733 TO. GRANTEE AUTHORIZING OFFICIAL Dr. Donald Gates 3960 S. Country Club Road Core Carleine Garbam 4700 Buford Highway Country Club Road Core Carleine Garbam 4700 Buford Highway Country Club Road 4700 Buford Highway Carleine Garbam 470 | 9a. GF | ANTEE NAME AND ADDRESS | | 9b. GRAN | TEE PROJECT DIRECTOR | | | | |
|--|--------|--|---------------|-----------------------------------|---|-------------------------|-------------------|---|--|
| Tucson, Az 85714-2266 Prone: \$207247733 | P | PIMA COUNTY | | | | | | | |
| 10a. GRANTEE AUTHORIZING OFFICIAL Dr. Donald Gates 3950 S Country Club Road 4700 Buffort Highway 4700 Bu | 3 | 950 S Country Club Rd Ste 100 | | 3950 | S COUNTRY CLUB RD STE 100 | | | | |
| 10a. GRANTEE AUTHORIZING OFFICIAL Dr. Donald Gates 3950 S Country Club Road 4700 Bufort Highway 4700 | Т | ucson, AZ 85714-2226 | | TUCS | ON, AZ 85714-2666 | | | | |
| Dr. Donald Gates 3950 S Country Club Road 4700 Buford Highway 4700 Buford Highwa | | | | Phone | : 5207247733 | | | | |
| Dr. Donald Gates 3950 S Country Club Road 4700 Buford Highway 4700 Buford Highwa | 10a. G | RANTEE AUTHORIZING OFFICIAL | _ | 10h FEDE | PAL PRO JECT OFFICER | | | | |
| AFRICA | | | | 1 | | | | | |
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| Internation ALL AMOUNTS ARE SHOWN IN USD Internation Assistance from the Federal Awarding Agency Only Internation | С | OPE | | | - · | | | | |
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| In Total project costs including grant funds and all other financial participation 1 | | | | | | m itam 11m) | | 952 854 00 | |
| a. Salaries and WageS 275,500.00 b. Fringe Benefits 31,742.00 c. Total Personnel Costs 357,242.00 d. Equipment 0.00 d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 190,169.00 d. ARCHARDA THIS ACTION 190,169.00 d. APERICA CHARDA THIS ACTION 190,169.00 d. APERICA CHARDA THIS ACTION 190,169.00 d. APERICA CHARDA THIS ACTION 190,169.00 d. AP | | | | 1 | · | | | | |
| d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 190.169.00 b. Fringe Benefits 81,742.00 c. Total Personnel Costs 357,242.00 d. Equipment 0,000 d. Equipment 0,000 e. Supplies 25,938.00 f. Travel 13,062.00 h. Other 143,500.00 h. Other 143,500.00 j. TOTAL DIRECT COSTS 9 YEAR TOTAL DIRECT COSTS 4 RATE ACTION 6 PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: j. TOTAL DIRECT COSTS 866,231.00 k. INDIRECT COSTS 866,231.00 c. MATOHING 0 OTHER RESEARCH (Add / Deduct Option) e. OTHER RESEARCH (Add / Ded | | | | | | | | | |
| Second contractual Second | a. | Salaries and WageS | 275,500.00 | 1 | .,, | | | | |
| the Equipment support (Subject to the availability of funds and satisfactory progress of the project): 14. RECOMMENDED FUTURE SUPPORT (Subject to the availability of funds and satisfactory progress of the project): 15. Supplies 25,938.00 YEAR TOTAL DIRECT COSTS YEAR TOTAL DIRECT COSTS 16. Travel 13,062.00 b. 5 e. 8 17. Construction 0.00 f. 9 18. Contractual 326,489.00 TOTAL DIRECT COSTS No. 16. Supplies N | b. | Fringe Benefits | 81,742.00 | | | | | | |
| d. Equipment 0.00 (Subject to the availability of funds and satisfactory progress of the project): e. Supplies 25,938.00 YEAR TOTAL DIRECT COSTS YEAR TOTAL DIRECT COSTS f. Travel 13,062.00 g. Construction 0.00 c. 6 d. 7 h. Other 143,500.00 h. Other 143,500.00 j. TOTAL DIRECT COSTS ALTERNATIVES: i. Contractual 326,489.00 j. TOTAL DIRECT COSTS 866,231.00 k. INDIRECT COSTS 866,231.00 l. TOTAL APPROVED BUDGET 952,854.00 m. Federal Share 952,854.00 n. Non-Federal Share 952,854.00 n. Non-Federal Share 0.00 G. Subject to the availability of funds and satisfactory progress of the project): YEAR TOTAL DIRECT COSTS YEAR TOTAL DIRECT COSTS a. 4 b. 5 c. 6 b. 7 b. ADDITIONAL OSTS a. DEDUCTION b. ADDITIONAL COSTS c. OTHER (See REMARKS) d. TOTAL RESEARCH (Add / Deduct Option) d. OTHER PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE POLLOWING: a. The grant program legislation. b. The grant program legislation. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. Federal and ministrative requirements, cost principles and audit requirements applicable to this grant. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of procedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise bitained from the grant payment system. | c. | Total Personnel Costs | 357,242.00 | | | , | | 2,470,224.00 | |
| f. Travel 13,062.00 f. Travel 13,062.00 g. Construction 0.00 h. Other 143,500.00 i. Contractual 326,489.00 j. TOTAL DIRECT COSTS 866,231.00 k. INDIRECT COSTS 866,23.00 I. TOTAL APPROVED BUDGET 952,854.00 m. Federal Share 952,854.00 n. Non-Federal Share 952,854.00 n. Non-Federal Share 952,854.00 n. Non-Federal Share 0.00 a. 4 b. 5 c. 6 b. 5 c. 6 c. 6 c. 6 c. 6 c. 6 d. 7 b. 5 c. 8 d. 7 b. 5 c. 6 d. 7 b. 5 c. 8 d. 7 | d. | Equipment | 0.00 | | | ory progress of th | e project): | | |
| f. Travel 13,062.00 b. 5 e. 8 g. Construction 0.00 b. 5 e. 8 h. Other 143,500.00 h. Other 143,500.00 i. Contractual 326,489.00 j. TOTAL DIRECT COSTS 866,231.00 k. INDIRECT COSTS 866,231.00 l. TOTAL APPROVED BUDGET 952,854.00 m. Federal Share 952,854.00 m. Federal Share 952,854.00 n. Non-Federal Share 952,854.00 n. Non-Federal Share 0.00 n. Non-Federal Share 0.00 n. Non-Federal Share 0.00 n. Total Approved by the grantee when funds are drawn or otherwise obtained from the grant payment system. | e. | Supplies | 25,938.00 | | TOTAL DIRECT COSTS | | TOTA | L DIRECT COSTS | |
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| h. Other 143,500.00 i. Contractual 326,489.00 j. TOTAL DIRECT COSTS 866,231.00 k. INDIRECT COSTS 86,623.00 I. TOTAL APPROVED BUDGET 952,854.00 m. Federal Share 952,854.00 m. Non-Federal Share 952,854.00 n. Non-Federal Share 0.00 143,500.00 15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING a. DEDUCTION b. ADDITIONAL COSTS c. MATCHING c. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING: a. The grant program legislation b. The grant program legislation b. The grant program regulations. c. This award notice including terms and conditions, if any, noted below under REMARKS. The grant program regulations are conflicting or otherwise inconsistent policies applicable to this grant. In the event there are conflicting or otherwise inconsistent policies applicable to this grant. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system. | a. | Construction | 0.00 | | | - | | | |
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| Section Sect | i. | Contractual | 326,489.00 | b. | ADDITIONAL COSTS | | | b | |
| k. INDIRECT COSTS 16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING: a. The grant program legislation b. The grant program legislation c. This sward notice including terms and conditions, if any, noted below under REMARKS. d. Federal administrative requirements, cost principles and audit requirements applicable to this grant. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system. | j. | TOTAL DIRECT COSTS ———— | 866,231.00 | d. | OTHER RESEARCH (Add / Deduct Option) | | | | |
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| a. The grant program legislation b. The grant program legislation b. The grant program legislation c. This award notice including terms and conditions, if any, noted below under REMARKS. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. Federal administrative requirements, cost principles and audit requirements applicable to this grant. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system. | | | | ON THE ABOVE | TITLED PROJECT AND IS SUBJECT TO THE | TERMS AND CONDITION | ONS INCORPORAT | EDERAL AWARDING AGENCY TED EITHER DIRECTLY | |
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| obtained from the grant payment system. | | | | In the event the | re are conflicting or otherwise inconsistent | policies applicable to | the grant, the ab | ove order of precedence shall | |
| REMARKS (Other Terms and Conditions Attached - Yes No) | n. | Non-Federal Share | 0.00 | prevail. Accep obtained from t | ance of the grant terms and conditions is a he grant payment system. | cknowledged by the | grantee when fun | ds are drawn or otherwise | |
| | RE | MARKS (Other Terms and Conditions Attached - | | No) | | | | | |

GRANTS MANAGEMENT OFFICIAL:

Pamela Render, Grants Management Officer 2920 Brandywine Road

Mailstop E09 Atlanta, GA 30341

Phone: 770-488-2712

| 17.0BJ CLA | ASS 41.51 | 18a. VENDOR CODE | 1866000543A2 | 18b. EIN | 866000543 | 19. DUNS | 144733792 | 20. | CONG. DIST. 03 |
|------------|--------------|------------------|--------------|----------|---------------------|----------|-----------------|-----|----------------|
| FY | -ACCOUNT NO. | DOCUM | MENT NO. | | ADMINISTRATIVE CODE | AMT A | ACTION FIN ASST | | APPROPRIATION |
| 21. a. | 0-921046W | b. 18NU5 | 8DP006600 | c. | DP | d. | \$190,169.00 | e. | 75-20-0951 |
| 22. a. | | b. | | c. | | d. | | e. | |
| 23. a. | | b. | | c. | | d. | | e. | |

NOTICE OF AWARD (Continuation Sheet)

| PAGE 2 of 3 | | DATE ISSUED 09/17/2020 |
|-------------|------|---------------------------|
| GRANT NO. | 6 NU | 58DP006600-03-01 |

Direct Assistance

| BUDGET CATEGORIES | PREVIOUS AMOUNT (A) | AMOUNT THIS ACTION (B) | TOTAL (A + B) |
|-------------------|---------------------|------------------------|---------------|
| Personnel | \$0.00 | \$0.00 | \$0.00 |
| Fringe Benefits | \$0.00 | \$0.00 | \$0.00 |
| Travel | \$0.00 | \$0.00 | \$0.00 |
| Equipment | \$0.00 | \$0.00 | \$0.00 |
| Supplies | \$0.00 | \$0.00 | \$0.00 |
| Contractual | \$0.00 | \$0.00 | \$0.00 |
| Construction | \$0.00 | \$0.00 | \$0.00 |
| Other | \$0.00 | \$0.00 | \$0.00 |
| Total | \$0.00 | \$0.00 | \$0.00 |

NOTICE OF AWARD (Continuation Sheet)

| PAGE 3 of 3 | | DATE ISSUED 09/17/2020 | |
|-------------|------|---------------------------|--|
| GRANT NO. | 6 NU | 58DP006600-03-01 | |

| Federal Financial Report | Cycle | | |
|-----------------------------|---------------------------|----------------|---------------------------|
| Reporting Period Start Date | Reporting Period End Date | Reporting Type | Reporting Period Due Date |
| 09/30/2018 | 09/29/2019 | Annual · | 12/28/2019 |
| 09/30/2019 | 09/29/2020 | Annual | 12/28/2020 |
| 09/30/2020 | 09/29/2021 | Annual | 12/28/2021 |

AWARD ATTACHMENTS

Pima County Health Department

6 NU58DP006600-03-01

- 1. Terms and Conditions
- 2. Technical Review

ADDITIONAL TERMS AND CONDITIONS OF AWARD

Supplemental Funding: The purpose of this amendment is to approve supplemental funding in the amount of \$190,169 for the year 03 budget period September 30, 2020 through September 29, 2021. This funding is approved based on the recipient's applications submitted August 28, 2020. The breakdown of funding is as follows:

REACH Immunization Supplement: \$190,169

Additional funds are authorized and distributed as indicated below:

| | Year 03 Base Award | REACH Immunization Supplement | Total Approved Budget |
|--------------------|--------------------|-------------------------------|--------------------------|
| Salaries and Wages | \$ | \$ | \$ |
| | 205,342.00 | 70,158.00 | 275,500.00 |
| Fringe Benefits | \$ | \$ | \$ |
| | 60,519.00 | 21,223.00 | 81,742.00 |
| Equipment | - | \$ - | \$ - |
| Supplies | \$ | \$ | \$ |
| | 20,938.00 | 5,000.00 | 25,938.00 |
| Travel | \$ 13,062.00 | \$ - | \$ 13,062.00 |
| Construction | - | \$ - | \$ - |
| Other | \$ | \$ | \$ |
| | 67,000.00 | 76,500.00 | 143,500.00 |
| Contractual | \$ 326,489.00 | \$ - | \$ 326,489.00 |
| Consultant | \$ - | \$ - | \$ - |
| Total Direct Cost | \$ | \$ | \$ |
| | 693,350.00 | 172,881.00 | 866,231.00 |
| Indirect Costs | \$ | \$ | \$ |
| | 69,335.00 | 17,288.00 | 86,623.00 |
| Total Award | \$ | \$ | \$ |
| | 762,685.00 | 190,169.00 | 952,854.00 |

Budget Revision Requirement: By **October 30, 2020** the recipient must submit a revised budget with a narrative justification. Please provide the following details:

- Supplies: The amount requested for supplies in the SF-424A is not consistent with the amount requested in the budget narrative. Please clarify the amount needed for supplies.
- Other: The amount requested for other costs in the SF-424A not consistent with the amount requested in the budget narrative. Please clarify the amount needed for other costs.
- Total budget: The total budget amount in the SF-424A is not consistent with total budget amount requested in the budget narrative. Please update the budget narrative to match the approved funding amount of \$190,169.

Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are

required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date.

Technical Review Statement Response Requirement: The review comments on the strengths and weaknesses of the proposal are provided as part of this award. A response to the weaknesses in these statements must be submitted to and approved, in writing, by the Grants Management Specialist/Grants Management Officer (GMS/GMO) noted in the CDC Staff Contacts section of this NoA, no later than 30 days from the budget period start date. Failure to submit the required information by the due date, **October 30, 2020**, will cause delay in programmatic progress and will adversely affect the future funding of this project.

Indirect Costs: The recipient's indirect costs are approved and based on a de minimis rate of ten (10) percent of modified total direct costs (MTDC) as defined in 45 CFR Part 75.2, effective September 30, 2020.

GMS Contact:

Natasha Jones, Grants Management Specialist

Telephone: 770-488-1649 Email: njones6@cdc.gov

Racial and Ethnic Approaches to Community Health (REACH) CDC-RFA-DP18-1813 Flu Immunization Supplement

Flu Immunization Supplement Technical Review

AWARD INFORMATION

Recipient Name: Pima County Health Department

Award Number: DP006600

Amount Requested: \$190,169.00

Amount Recommended: \$ 190,169.00

Reviewer Name: Jonathan Hill

Section I. Work Plan

Summary: The Pima County Health Department proposes to increase influenza vaccination coverage, and I promote culturally specific prevention messaging for Pima County communities with lower flu vaccination coverage including Mexican American, Native American and recently immigrated groups, along with people that have difficulty accessing services and primary care in both rural and urban areas.

A. Major Strengths

Addresses all requirements in Focus Area A and 3 in Focus Area B (+2 than required). Well defined, measurable outcome measures. Tasks and process measures also well defined. Wealth of efforts related to educational materials at schools, clinics, healthcare systems, places of worship, and low-income housing complexes. Mobile testing units already established.

B. Areas Needing Improvement

Please submit a revised workplan that addresses the following. No timeframes listed for task completion. Events and campaigns listed in workplan activities are not linked to National Influenza Vaccination Week. Lack of detail about data collection and sources. No confirmation of commitment to actively participate in Learning Hub, State and Community Health Media Center, or Data Hub.

C. Budget review

Please submit a revised budget and budget justification addressed the following. Task 2.3 under Focus Area B suggests procurement of vaccine, which is not an allowable cost. The Flu Vaccine Supplement budget may support paid staff and clinical supplies that contribute to vaccination efforts if the recipient clearly describes how the staff or supplies support or increase partners' ongoing vaccination efforts that will be sustainable rather than independent and/or new efforts. Please provide justification for all proposed staff. Please review your staffing plan and ensure that no staff is budgeted for over 100% time taking into account both the REACH budget and the Vaccination Supplement budget. More detail for "Supplies" and "Other" budget line items is needed. Please provide an in-direct rate agreement.

D. Recommendations

| | A revised work plan is required. The recipient is required to work with their project officer to make the required changes. |
|--------------|---|
| | A revised work plan is NOT required. |
| Section CDC. | n II. Research Determination – This NOFO is only for non-research activities supported by |
| ⊠ No | research activities are proposed. |
| □ Re | search activities have been proposed but were disapproved or disallowed. |