MEMORANDUM

To: James Reardon, Commissioner of Finance & Management
From: Nathan Lavery, Fiscal Analyst
Date: December 13, 2011
Subject: JFO #2535, #2536, #2537, #2538

No Joint Fiscal Committee member has requested that the following items be held for review:

**JFO #2535** – One limited service position in the Department of Health. This position will develop, organize and optimize a variety of Geographic Information System (GIS) applications and data sets. Funding for this position has already been approved (JFO 2022, 2406), but the duties were performed by a contractor. Approving this request would convert this contracted position to a limited service position.

[JFO received 11/10/11]

**JFO #2536** – One limited service position in the Agency of Administration. This position will provide administrative support for the Exchange Planning grant. Funding for this position has already been approved (JFO 2468).

[JFO received 11/10/11]

**JFO #2537** – $70,000 grant from the U.S. Department of Agriculture to the Vermont Agency of Agriculture, Food & Markets. These funds will be used to contract for the design of water quality monitoring stations on 5-10 farm sites, and to provide construction inspection services, as part of the Water Quality Monitoring project.

[JFO received 11/10/11]

**JFO #2538** – $75,365 grant from the U.S. Centers for Disease Control and Prevention (CDC) to the Vermont Department of Health. These funds will be used to contract with the Coalition for a Tobacco Free Vermont and the Center for Public Health and Tobacco Policy at New England Law to expand Vermont’s Tobacco Control Program. The contractors will provide training, research-based communication tools, and a statewide assessment of tobacco retail outlet numbers, as well as helping the department secure voluntary participation by state funded colleges/universities in a 100% smoke-free campus policy. This grant is awarded under the Affordable Care Act (ACA).

[JFO received 11/10/11]

The Governor’s approval may now be considered final. We ask that you inform the Secretary of Administration and your staff of this action.

cc: Harry Chen, Commissioner
    Chuck Ross, Secretary
    Michael Clasen, Deputy Secretary
MEMORANDUM

To: Joint Fiscal Committee Members
From: Nathan Lavery, Fiscal Analyst
Date: November 10, 2011
Subject: Grant Request

Enclosed please find five (5) items that the Joint Fiscal Office has received from the administration, including two limited service position requests.

**JFO #2534** — $363,768 grant from the U.S. Small Business Administration to the Vermont Department of Economic, Housing and Community Development. These funds will be used to help businesses defray the costs of participating in international trade shows, trade missions, and international business matchmaking services for the purpose of increasing exports in precision manufacturing, aeronautics, and specialty foods and tourism.

*JFO received 11/07/11*

**JFO #2535** — One limited service position in the Department of Health. This position will develop, organize and optimize a variety of Geographic Information System (GIS) applications and data sets. Funding for this position has already been approved (JFO 2022, 2406), but the duties were performed by a contractor. Approving this request would convert this contracted position to a limited service position.

*JFO received 11/10/11*

**JFO #2536** — One limited service position in the Agency of Administration. This position will provide administrative support for the Exchange Planning grant. Funding for this position has already been approved (JFO 2468).

*JFO received 11/10/11*

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*JFO received 11/10/11*

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participation by state funded colleges/universities in a 100% smoke-free campus policy. This grant is awarded under the Affordable Care Act (ACA).

[JFO received 11/10/11]

Please review the enclosed materials and notify the Joint Fiscal Office (Nathan Lavery at (802) 828-1488; nlavery@leg.state.vt.us) if you have questions or would like an item held for legislative review. Unless we hear from you to the contrary by November 23 we will assume that you agree to consider as final the Governor's acceptance of these requests.
STATE OF VERMONT
FINANCE & MANAGEMENT GRANT REVIEW FORM

Grant Summary: This is a Tobacco Control supplemental ACA Grant from US Centers for Disease Control for the Moving Forward: The Next Generation of Tobacco Control Policy in Vermont Project. It covers cost of two contracts to help the Health Department in this work. The contracts will be with the Coalition for Tobacco Free Vermont and the Center for Public Health and Tobacco Policy at New England Law.

Date: 11/1/2011

Department: Heath Department

Legal Title of Grant: State Supplemental Funding for Healthy Communities, Tobacco Prevention & Control, and Diabetes Prevention & Control—(Affordable Care Act)

Federal Catalog #: 93.520

Grant/Donor Name and Address: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.

Grant Period: From: 9/30/2011 To: 9/29/2012

Grant/Donation $75,365

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<th>SFY 1</th>
<th>SFY 2</th>
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<tbody>
<tr>
<td>$75,365</td>
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Grant Amount: $75,365

Position Information:

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<th>Explanation/Comments</th>
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</thead>
<tbody>
<tr>
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</table>

Additional Comments: The entire amount of the grant will go to fund the two contracts related to this project.

Department of Finance & Management (Initial)

Secretary of Administration (Initial)

Sent To Joint Fiscal Office

Date 11/8/11

RECEIVED
NOV 10 2011

JOINT FISCAL OFFICE
VERMONT GRANT ACCEPTANCE REQUEST  
Affordable Care Act (Form AA1-ACA)  

Priority Level (check one box):  
Expedited 14 Days ☐ Normal 30 days ☒

BASIC GRANT INFORMATION

1. Agency: Agency of Human Services  
2. Department: Health  
3. Program: Health Promotion & Disease Prevention  
4. Legal Title of Grant: State Supplemental Funding for Healthy Communities, Tobacco Prevention & Control, and Diabetes Prevention & Control -- (Affordable Care Act)  
5. Federal Catalog #: 93.520

6. Grant/Donor Name and Address: 
Centers for Disease Control and Prevention, United States Department of Health and Human Services


8. Purpose of Grant: See summary attached.

9. Impact on existing program if grant is not Accepted: 
none

10. BUDGET INFORMATION

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<th>SFY 2 FY</th>
<th>SFY 3 FY</th>
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<tr>
<td>Personal Services</td>
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<td>(Departmental Indirect)</td>
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<td>Total</td>
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Appropriation No: 3420021000  
Amount: $75,365

Department of Finance & Management  
Version 1.0-ACA_10-1-10  
Page 1 of 2

© CO NOV 01 2011
### PERSONAL SERVICE INFORMATION

11. Will monies from this grant be used to fund one or more Personal Service Contracts?  
   
<p>| | |</p>
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<tbody>
<tr>
<td>Yes</td>
<td>No</td>
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</table>
   
   If "Yes", appointing authority must initial here to indicate intent to follow current competitive bidding process/policy.

   | Appointing Authority Name: Dr. Harry Chen | Agreed by: [Initial] |

12. Limited Service Position Information: 

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   Total Positions

12a. Equipment and space for these positions: 

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<tbody>
<tr>
<td>Yes</td>
<td>No</td>
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</tbody>
</table>
   
   Is presently available. 
   Can be obtained with available funds.

### AUTHORIZATION AGENCY/DEPARTMENT

I/we certify that no funds beyond basic application preparation and filing costs have been expended or committed in anticipation of Joint Fiscal Committee approval of this grant, unless previous notification was made on Form AA-1PN (if applicable):

<table>
<thead>
<tr>
<th>Signature: Barbara C.</th>
<th>Date: 10-24-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title: Commissioner of Health</td>
<td>Deputy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature: Patrick Flood</th>
<th>Date: 10/31/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title: Deputy Secretary</td>
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### SECRETARY OF ADMINISTRATION

<table>
<thead>
<tr>
<th>Approved: [Signature]</th>
<th>Date: 11/3/11</th>
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<tr>
<td>(Secretary or designee signature)</td>
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### ACTION BY GOVERNOR

<table>
<thead>
<tr>
<th>Check One Box: Accepted</th>
<th>Rejected</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Signature]</td>
<td>Date: 11/8/11</td>
</tr>
<tr>
<td>(Governor’s signature)</td>
<td></td>
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</tbody>
</table>

### DOCUMENTATION REQUIRED

**Required GRANT Documentation**

- [ ] Request Memo
- [ ] Dept. project approval (if applicable)
- [ ] Notice of Award
- [ ] Grant Agreement
- [ ] Grant Budget
- [ ] Notice of Donation (if any)
- [ ] Grant (Project) Timeline (if applicable)
- [ ] Request for Extension (if applicable)
- [ ] Form AA-1PN attached (if applicable)
MEMORANDUM

To: Jim Giffin, AHS CFO
From: Leo Clark, VDH CEO
Re: Grant Acceptance of the Tobacco Control Supplement ACA grant
Date: 10/24/11

The Department of Health has received a grant from the United States Department of Health & Human Services, Centers for Disease Control and Prevention, providing $75,365 for one year to advance statewide smoking policy in Vermont.

We are requesting approval to receive these funds and are enclosing: the ACA Grant Acceptance Request (AA-1) and attached summary, a copy of the grant award document, and a copy of the grant application.

There are no new positions, no indirect costs, no IT services, and no match or MOE required for this grant award.

We appreciate your support in moving this request forward. Please let me know if you have questions or need additional information. Thank you.
The Department of Health has received a grant from the Department of Health & Human Services, Centers for Disease Control, under the Affordable Care Act, providing $75,365 for one year to advance statewide smoking policy in Vermont.

To successfully continue a reduction in adult tobacco use and exposure of all Vermonters' to second hand smoke, the Vermont Department of Health (VDH) Tobacco Control Program (TCP) is shifting focus towards a more population based strategy. With "Moving Forward: The Next Generation of Tobacco Control Policy in Vermont" project, the TCP will address two main policy areas: working with retailers to reduce or eliminate tobacco advertising and displays and creating two or more 100% smoke-free state-funded college campuses.

Short term goals include: (1) building the knowledge, skills, and abilities of statewide partners and TCP staff in all facets of population based tobacco control policy; (2) expansion in the number of partners, stakeholders, and policy makers engaged in policy enactment; (3) an increase in the number of policies enacted; and (4) engagement with all state-funded college campuses to become 100% smoke free. Overall project outcomes include experience and expertise in population based policy gained by TCP staff, statewide partners, and stakeholders in addition to an increase in population based tobacco control policies over the grant period.

The funds will be used for two personal service contracts with organizations that have expertise in population based policy and can build on the ability of the TCP team and stakeholders to accomplish these objectives through training, research-based communication tools, statewide assessment of tobacco retail outlet numbers and density, and engagement with all state funded colleges/universities to encourage voluntary 100% smoke-free campus policies.

The Health Department is hereby seeking approval to receive $75,365 in new Federal funds in State Fiscal Year 2012. We have attached the grant award document and a copy of the grant application.
Budget Narrative

Moving Forward: The Next Generation of Tobacco Control Policy in Vermont

A. Personnel $ 0
B. Fringe benefits $ 0
C. Travel $ 0
D. Equipment $ 0
E. Supplies $ 0
F. Contractual $75,365

Coalition for Tobacco Free Vermont (Proposed Contractor)

1. Name of Contractor: Vermont is proposing to contract with the Coalition for Tobacco Free Vermont, which is an organization. Tina Zuk is the coordinator for The Coalition and will be responsible for the scope of work in the contract. The Coalition for Tobacco Free Vermont uses the Vermont chapter of the American Cancer Society as its fiscal agent.

2. Method of Selection: This contract will be awarded via a sole source contract. The Coalition for Tobacco Free Vermont is uniquely qualified to complete this scope of work. The Coalition is the only organization that is working on statewide tobacco control policy in Vermont. As a coalition with an experienced coordinator, this organization will be able to build the capacity of local coalitions and stakeholders on policy. Historically, the Coalition has been very successful in advancing statewide policy, including smoke free bars, work places, and public places.


4. Scope of Work:

Task 1: To increase the capacity of community coalitions, stakeholders and the public in performing population-based policy reducing SHS exposure.

Deliverable 1.1: Provide one or more trainings to coalitions, stakeholders, and other community partners on the effectiveness of population-based policy to reduce SHS exposures. $5,000

Deliverable 1.2: Update The Coalition’s website to increase its use as a resource for policy background and efficacy, as well as ongoing progress on the smoke-free college campus effort. $2,000

Task 2: To provide coordination and technical assistance to TCP staff, partners statewide,
and other stakeholders throughout the project period. This includes monthly technical assistance calls to facilitate engaging all Vermont state funded colleges and universities on 100% smoke free bans, including residential buildings and all outdoor areas owned by the institution. The objective is for two or more campuses instituting a 100% smoke free ban.

Deliverable 2.1: Ms. Zuk will provide guidance and coordinate all communications, calls, and meetings on population based policy, in particular those relating to reducing SHS exposure, and the smoke free campus effort. Description of her communications and associated outcomes will be reported in monthly reports (due the 15th of following month). $2,000 x 9 monthly reports = $18,000

5. Method of Accountability: Eoana Sturges, MPH, Tobacco Youth, Policy and Disparities Specialist, is Project Lead and will be on the technical calls, at selected meetings, and holding monthly project meetings with Ms. Zuk to perform oversight and monitor progress.

6. Itemized Budget and Justification: This contract with The Coalition for Tobacco Free Vermont is based upon deliverables. The Coalition will be responsible for coordinating the activities related to increasing the capacity of TCP staff, tobacco coalitions, and stakeholders on population based policy to reduce exposure to SHS. In particular, The Coalition will coordinate the smoke free college and university campus effort. The Coalition will bill the VDH monthly for progress completed on each deliverable.

Deliverable 1.1: Provide one or more trainings on population-based policy $5,000

Deliverable 1.2: Update The Coalition’s website to increase its use as a policy resource on the smoke-free college campus effort. $2,000

Deliverable 2.1: Ms. Zuk will provide guidance and coordinate all communications, calls, and meetings on population based policy and the smoke free campus effort. Description of her communications and associated outcomes will be reported in monthly reports (due the 15th of following month). $2,000 x 9 monthly reports = $18,000

TOTAL $25,000

Center for Public Health and Tobacco Policy at New England Law (Proposed Contractor)

1. Name of Contractor: Vermont is proposing to contract with the Center for Public Health and Tobacco Policy at New England Law (The Center). Micah Berman is the Director for The Center, and will be responsible for the scope of work in the contract. The Center is an institution.

2. Method of Selection: This contract will be awarded via a sole source contract. The Center is
uniquely qualified to complete this scope of work as they are the lead organization working on implementation of point of sale advertising restrictions in the region. The Center, in a contract with New York State, demonstrated they can provide state government and its contractors with the strategic planning and training necessary to advance policy restricting access and advertising at tobacco retailers.

3. **Period of Performance:** July 1, 2011 to May 30, 2012

4. **Scope of Work:**

   **Task 1:** To increase the knowledge of TCP staff and coalitions on Vermont’s current legal oversight status in relation to tobacco retailers.

   **Deliverable 1.1:** Conduct a legal background review and create a report that addresses Vermont’s allowances and restrictions to guide the TCP staff, coalitions, and other partners in our efforts to implement Family Smoking and Prevention Tobacco Control Act/FDA changes. $3,000

   **Task 2:** To increase understanding of the current layout of Vermont’s retail environment that includes zoning, placement, density and other key elements.

   **Deliverable 2.1:** Conduct a survey of Vermont’s retail environment and create a user-friendly report that summarizes the opportunities for advancing tobacco control policy. Data may include number of retailers, density, geographic clustering and/or spread, current zoning restrictions (if any), etc similar to what The Center created for the NY Tobacco Control Program. $7,000

   **Task 3:** Increase knowledge and capacity among TCP staff and stakeholders on point of sale policy.

   **Deliverable 3.1:** Provide training, on-site and phone consultation, and guidance to TCP staff as needed throughout the term of the contract. Per The Center’s training plan approved by the VDH TCP, conduct one or more trainings on methods to effectively reduce the amount of tobacco advertising at point of sale by retailers. $23,000

   **Deliverable 3.2:** Produce model ordinances for use in Vermont. $5,000

   **Task 4:** Train staff and stakeholders to communicate effectively on the retailer point of sale issue and the value of ordinance or voluntary policy.

   **Deliverable 4.1:** As determined in consultation with TCP, provide fact sheets, retailer tool kit and communication pieces (e.g. press releases, model signage) for staff and stakeholders use. $7,500

   **Task 5:** Utilize experience and expertise in performing process and outcome evaluation on
both the second hand smoke and point of sale policy efforts.

**Deliverable 5.1:** Provide process and outcome evaluation for the entire Moving Forward project. $4,865

5. **Method of Accountability:** Eoana Sturges, MPH, Tobacco Youth, Policy and Disparities Specialist, is Project Lead and will be on the technical calls, at meetings, and hold monthly project meetings with The Center to perform oversight and monitor progress.

6. **Itemized Budget and Justification:** This contract with The Center will be based on deliverables. The Center will be responsible for performing the legal research, statewide retailer assessment, trainings, development of model ordinances and communication tools, and process and outcome evaluations on the entire Moving Forward project. The objective for these deliverables relate to increasing the capacity and skills to effectively use population based policy. The Center will bill the VDH on a quarterly basis for progress completed on the deliverables in this contract.

**Deliverable 1.1:** Conduct a background review and create a report that addresses the legal allowances and restrictions in Vermont concerning implementation of the Family Smoking and Prevention Tobacco Control Act/FDA changes. $3,000

**Deliverable 2.1:** Conduct a survey and create a report of Vermont’s retail environment that summarizes the opportunities for advancing tobacco control policy. $7,000

**Deliverable 3.1:** Provide trainings, on-site and phone consultation, and guidance to TCP staff and stakeholders as needed throughout the term of the contract. $23,000

**Deliverable 3.2:** Produce model ordinances for use in Vermont. $5,000

**Deliverable 4.1:** Provide staff and stakeholders skills and effective communication materials concerning point of sale policy. $7,500

**Deliverable 5.1:** Provide process and outcome evaluation for the entire Moving Forward project. $4,865

**G. Construction** $ 0

**H. Other** $ 0

**I. Total Direct Charges** $75,365

**J. Indirect Charges** $ 0

**K. Total** $75,365
Vermont’s adult smoking prevalence has reduced from 21.5% in 2000 to 17.9% in 2010. To successfully continue a reduction in adult tobacco use and exposure of all Vermonters’ to second hand smoke, the Vermont Department of Health (VDH) Tobacco Control Program (TCP) is shifting focus towards a more population based policy strategy. With the Moving Forward: The Next Generation of Tobacco Control Policy in Vermont project, the TCP will address two main policy areas: working with retailers to reduce or eliminate tobacco advertising and displays; and creating two or more 100% smoke-free state-funded college campuses. Short term goals include: (1) building the knowledge, skills, and abilities of statewide partners and TCP staff in all facets of population based tobacco control policy; (2) expansion in the number of partners, stakeholders, and policy makers engaged in policy enactment; (3) an increase in the number of policies enacted; and (4) engagement with all state-funded college campuses to become 100% smoke free. Overall project outcomes include experience and expertise in population based policy gained by TCP staff, statewide partners, and stakeholders in addition to an increase in population based tobacco control policies over the grant period.

The methods that will be employed include contracting with two organizations that have expertise in population based policy and can build on the ability of the TCP team and stakeholders to accomplish these objectives through training, research-based communication tools, statewide assessment of tobacco retail outlet numbers and density, and engagement with all state funded colleges/universities to encourage voluntary 100% smoke-free campus policies.
This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

**Application Filing Name:** Vermont Department of Health

### Mandatory Documents

- **Application for Federal Assistance (SF-424)**
- **Budget Information for Non-Construction Program**
- **Budget Narrative Attachment Form**
- **Project Narrative Attachment Form**

### Optional Documents

- **Other Attachments Form**

### Instructions

1. **Enter a name for the application in the Application Filing Name field.**
   - This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
   - You can save your application at any time by clicking the “Save” button at the top of your screen.
   - The “Save & Submit” button will not be functional until all required data fields in the application are completed and you clicked on the “Check Package for Errors” button and confirmed all data required data fields are completed.

2. **Open and complete all of the documents listed in the “Mandatory Documents” box. Complete the SF-424 form first.**
   - It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.
   - The forms listed in the “Mandatory Documents” box and “Optional Documents” may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. “Mandatory Documents” are required for this application. “Optional Documents” can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding “Optional Documents”.
   - To open and complete a form, simply click on the form’s name to select the item and then click on the => button. This will move the document to the appropriate “Documents for Submission” box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the “Open Form” button to begin completing the required data fields. To remove a form/document from the “Documents for Submission” box, click the document name to select it, and then click the <= button. This will return the form/document to the “Mandatory Documents” or “Optional Documents” box.
   - All documents listed in the “Mandatory Documents” box must be moved to the “Mandatory Documents for Submission” box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.

3. **Click the “Save & Submit” button to submit your application to Grants.gov.**
   - Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the “Save” button.
   - Click on the “Check Package for Errors” button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
   - The “Save & Submit” button will become active; click on the “Save & Submit” button to begin the application submission process.
   - You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.
**Application for Federal Assistance SF-424**

*1. Type of Submission:*  
- [X] Preapplication  
- [X] Application  
- [ ] Changed/Corrected Application

*2. Type of Application:*  
- [X] New  
- [ ] Continuation  
- [ ] Revision

* If Revision, select appropriate letter(s):  

*3. Date Received:*  04/28/2011

*4. Applicant Identifier:*  

5a. Federal Entity Identifier:  

5b. Federal Award Identifier:  

*State Use Only:*  

6. Date Received by State:  04/01/2011

7. State Application Identifier:  

**8. APPLICANT INFORMATION:**  

*a. Legal Name:* Vermont Department of Health

*b. Employer/Taxpayer Identification Number (EIN/TIN):* 036000274

*c. Organizational DUNS:* 009376155

*d. Address:*  
- Street1: 108 Cherry Street, PO Box 70  
- Street2:  
- City: Burlington  
- County: Chittenden  
- State: VT: Vermont  
- Province:  
- Country: USA: UNITED STATES  
- Zip / Postal Code: 05402

*e. Organizational Unit:*  
- Department Name: Vermont Department of Health  
- Division Name: Health Promotion/Disease Prevention

*f. Name and contact information of person to be contacted on matters involving this application:*  
- Prefix: Ms.  
- *First Name:* Eoana  
- Middle Name: Anastas  
- *Last Name:* Sturges  
- Suffix:  
- Title: Youth, Policy, & Disparities PH Specialist  
- Organizational Affiliation:  

* Telephone Number:* 802-652-2065  
* Fax Number:* 802-651-1634

* Email:* eoana.sturges@ahs.state.vt.us
<table>
<thead>
<tr>
<th>Field</th>
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<td>* Other (specify):</td>
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<td>10. Name of Federal Agency:</td>
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<td>14. Areas Affected by Project (Cities, Counties, States, etc.):</td>
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<td>* 15. Descriptive Title of Applicant's Project:</td>
<td>Moving Forward: The Next Generation of Tobacco Policy in Vermont</td>
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Attach supporting documents as specified in agency instructions.
16. Congressional Districts Of:

* a. Applicant  VT-All  
* b. Program/Project  VT-All  

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:  06/01/2011  
* b. End Date:  05/31/2012  

18. Estimated Funding ($):

* a. Federal  75,365.00  
* b. Applicant  0.00  
* c. State  0.00  
* d. Local  0.00  
* e. Other  0.00  
* f. Program Income  0.00  
* g. TOTAL  75,365.00  

19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on  
X b. Program is subject to E.O. 12372 but has not been selected by the State for review  
☐ c. Program is not covered by E.O. 12372  

20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes  X No  

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

X ** I AGREE  

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:  Dr.  
* First Name:  Harry  
Middle Name:  
* Last Name:  Chen  
Suffix:  
* Title:  Commissioner  
* Telephone Number:  802-863-7280  
Fax Number:  802-951-1275  
* Email:  harry.chen@ahs.state.vt.us  
* Signature of Authorized Representative:  Harry Chen  
* Date Signed:  04/28/2011  

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Standard Form 424 (Revised 10/2005)  
Prescribed by OMB Circular A-102
• Applicant Federal Debt Delinquency Explanation

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.
## SECTION A - BUDGET SUMMARY

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<td>$</td>
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<td>5. Totals</td>
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Total $ 75,365.00
### SECTION B - BUDGET CATEGORIES

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<td>c. Travel</td>
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<td>d. Equipment</td>
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<td>e. Supplies</td>
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<td>f. Contractual</td>
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7. Program Income

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Standard Form 424A (Rev. 7-97)

Prescribed by OMB (Circular A-102) Page 1A
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<td>(d) Other Sources</td>
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<td>(e) TOTALS</td>
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<td>(c) First</td>
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<td>(d) Second</td>
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<td>(e) Third</td>
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<table>
<thead>
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<th>SECTION F - OTHER BUDGET INFORMATION</th>
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<td>23. Remarks:</td>
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Authorized for Local Reproduction
Budget Narrative File(s)

* Mandatory Budget Narrative Filename: VT CDC Supplemental Award Application Budget Narrative

To add more Budget Narrative attachments, please use the attachment buttons below.
Project Narrative File(s)

* Mandatory Project Narrative File Filename: VT CDC Supplemental Award Application 4-28-11 FINAL.pdf

To add more Project Narrative File attachments, please use the attachment buttons below.
Other Attachment File(s)

* Mandatory Other Attachment Filename: Appendix 1 ABSTRACT 4-28-11 FINAL.pdf

To add more "Other Attachment" attachments, please use the attachment buttons below.

Add Mandatory Other Attachment  Delete Mandatory Other Attachment  [View Mandatory Other Attachment]

Add Optional Other Attachment  Delete Optional Other Attachment  [View Optional Other Attachment]
Federal Centers for Disease Control and Prevention (CDC)
Moving Forward: The Next Generation of Tobacco Control Policy in Vermont
Funding Opportunity: CDC-RFA-DP09-9010201PPHF11

Project Abstract (See Appendix 1)

1. Executive Summary: The Vermont Department of Health (VDH) established its comprehensive tobacco program in 2000, and one of the three main goals of the program continues to be the reduction of all Vermonters’ exposure to second hand smoke (SHS). In order to protect a higher proportion of the population and move towards tobacco-free communities as the norm, Vermont is progressing from a health-education focus around SHS to that of policy enactment. Vermont intends to use this additional funding opportunity to gain expertise in population-based policy making and with two contractors’ assistance, advance policy outcomes in two key areas: (1) increasing the number of retailers who reduce visibility of or remove tobacco advertising and displays; and (2) positively affect social norms in the 18-24 year old population by creating voluntary 100% Smoke-Free Zones on state-funded properties, including college campuses. In recent years, Vermont policy has focused on voluntary policies and individual town ordinances through a network of community coalitions. There has been great successes in this area. With this new opportunity, VDH would work on the following:

a) Continue to build the capacity and technical skills in developing and implementing population based policy among VDH Tobacco Control Program (TCP) staff, and key partners; b) Work with tobacco-retail policy experts to provide training, technical assistance, legally sound model ordinances and communication tools that will impact tobacco visibility and access; c) Increase collaboration and communication efforts between local and state coalition leadership in order to educate policy makers, stakeholders, and the public about the importance of reducing SHS exposure and the role of policy in reducing tobacco use prevalence.
In sum, this application will amplify existing community stakeholder’s ability to create, communicate, and promote policies and ordinances that will protect a significant portion of Vermont’s population. The two proposed contractors have extensive experience in advancing policy in the retail tobacco environment and in public use areas to reduce second hand smoke exposure. Our long-term goal includes developing more experience and a higher “success quotient” in population-based policy. Vermont has primarily focused on voluntary policy through youth and community coalitions. It is our intent that this funding will assist in our efforts to support policy objectives with a broader reach, including retail licensing and density, and multi-unit housing (see Appendix 2, Work Plan). Our short-term (one year) outcomes are to:

- Build knowledge, skill, and ability of local and state coalitions, as well as TCP staff, to create and execute action plans enacting population-based tobacco control policies (with a focus on CDC and our independent evaluator recommendations and FDA’s new allowances).
- Enable participants to use and report on outcomes associated with these policy efforts, including: raise the engagement and number of decision-makers and stakeholders in policymaking; expand our policy efforts in high prevalence communities; increase in local policies or ordinances introduced and adopted; and increase the number of retail outlets that reduce tobacco promotion and/or products, and the impact on the targeted populations.
- Engage State-funded college campuses to become 100% smoke free.

2. Program Infrastructure: Staffing, Program Management and Support: The Vermont TCP staff is well-equipped to administer its comprehensive program. Beginning its 11th year, the TCP seeks to gain experience and competence in creating population-based policy efforts through this supplemental award. The training needs for key staff will be addressed by this proposal, as well as through our participation in trainings related to CDC’s National Tobacco
Control Program, the Tobacco Control Network and the FDA. The key TCP staff include: 1) Rhonda Williams, Program Chief; 2) Eoana Sturges, Youth, Policy and Disparities Public Health Specialist; 3) Sharon Mallory, Community Tobacco Coalitions Public Health Specialist; (4) Yvonne Zietlow, Media & Social Marketing Specialist; (5) Heidi Gortakowski, Surveillance & Evaluation; and (6) Todd Hill, Statewide Cessation Specialist. Staff resumes (see Appendix 3 Staff Resumes) describe the teams' skills and experience in coalition and partnership development, health care systems, media advocacy, communications, health education, epidemiology, and data management. Ms. Sturges, MPH, will be the project lead.

Center for Public Health and Tobacco Policy at New England Law (The Center) was established by the State of New York Tobacco Control Program to work with its contractors to develop and support policy initiatives that reduce tobacco at the retail level. The Center works with tobacco control advocates in New York to support the adoption of evidence-based policies that reduce the availability of tobacco products, protect non-smokers from secondhand smoke, and minimize tobacco advertising and promotion. The Center is one of the few organizations in the U.S. that is actively working in this specialized policy area and has expressed great interest in assisting Vermont’s TCP with increasing its ability to enact policies that change the retail environment and positively impact social norms. With this funding, VDH will contract with The Center to build this capacity among TCP staff and stakeholders, utilizing and learning from their expertise in policy training and guidance, measurement, evaluation, and scanning Vermont’s unique retail environment.

The Coalition for Tobacco Free Vermont (The Coalition) was established in 2000 to advance tobacco control policy at the national, state, and local levels. Composed primarily of local chapters of the American Lung Association, American Cancer Society and the American
Heart Association, The Coalition has an impressive track record in the area of smoke free comprehensive laws (bars, workplaces, cabarets), banning of single sales of cigarettes, among other successes. Our project objective is to connect and strengthen the work and policy outcomes between the statewide coalition and the community coalitions across the state to more aptly address the health disparities caused by tobacco among Vermont’s low SES population. This funding will allow the TCP to contract with The Coalition to perform the following tasks: a) train and build a collaborative network, including community coalitions and stakeholders, in population-based policy, and b) work with all State-funded college campuses to coordinate the effort to create two or more 100% smoke free institutions.

3. Fiscal Management: All VDH grants utilize the same fiscal management procedures to monitor its contracts and grants including: a) internal audit controls; b) deliverables; c) quarterly expenditure reports provided by the business office; d) independent performance audits, and e) the business office will assign one employee to collaborate with the Program Chief to assure that all online reporting requirements are met during this 12-month project (see Appendix 3, SF424).

Proactive Quitline Services: Funding is not sought in this application. However, research suggests that increasing smoke free environments leads to an increase in smoker’s effort to quit. Through other funding sources, the Vermont Quitline has capacity to successfully address any potential surge in call volume during the grant period.

Healthcare Policy and Systems Changes: Funding is not sought in this application.

Use of Policy: The Vermont TCP will have five main objectives under this section that it will pursue over the course of this grant period: (1) train staff and partners in best practices to make population-based policy changes with an emphasis on point of sale strategies and smoke free ordinances; (2) assess the number and density of tobacco retail outlets; (3) reduce the visibility of
(or remove) tobacco promotions such as point of purchase displays and advertising at retail outlets, (4) reduce the visibility of cigarettes or other tobacco products in tobacco retail outlets; and (5) reach agreement from two or more state-funded college campuses who make it their policy to be 100% smoke free. Objectives will be guided by a strategic work plan that maps out a coordinated policy approach incorporating the latest research on SHS and FDA regulations.

RETAIL-FOCUSED POLICIES: VDH’s current work plans for tobacco coalitions include a requirement to reduce public secondhand smoke exposure or increase voluntary efforts by retailers to reduce point of sale advertising and the visibility of tobacco products in the retail environment. However, to make additional progress in this area, VDH will provide these community coalitions with more support, especially around the newest FDA regulations and how they can be used at the local level to impact tobacco visibility, promotion and policy. The majority (85%) of the tobacco industry’s budget is spent on marketing directed to retail promotion, making this a critical area of focus. Using ARRA funds VDH has already created a set of tools and materials, including a community guidance document for working with independent retailers. These tools are based upon qualitative research done in Vermont. Part of our efforts will be to assess the lengths that voluntary efforts can make towards policy change and to explore other options for further policy development. As an example, a large retail chain in New York (Price Chopper) now prohibits tobacco products visibility in its stores, similar to Canada’s law requiring that no tobacco products be visible in the store.

The Center’s expertise in FDA regulation and policy implementation on a state level (including our neighbor NY) will benefit the VT TCP efforts. Particularly, Vermont is interested in projects that the Center has worked on including: an assessment of the NY state tobacco retailer environment; an analysis of the potential for state and local regulations to limit the
exposure to youth at point of sale; and the development of model ordinances addressing advertising and licensing in communities. The Center’s expertise will assist VDH staff in building knowledge and expertise in the area of FDA regulation. The Center’s expertise in training will provide coalitions and stakeholders the skills and abilities needed when working in their local communities. One of VDH’s partners, the VT Department of Liquor Control (DLC), monitors retailer compliance and has discussed the use of more graphic warnings at point-of-purchase that would include the VT Quit Line number. VDH will continue to work with the DLC and the Vermont Tobacco Board on this opportunity under the guidance of The Center.

SECOND HAND SMOKE REDUCTION POLICY: Vermont has successfully enacted statewide bans of smoking in restaurants, bars, workplaces and public places. In recent years community coalitions have shifted their focus from health education to policy change. Coalitions have seen success in achieving public smoking bans for parks, and Vermont’s largest city (Burlington) ban on city beaches). While the VDH’s comprehensive efforts to reduce SHS have been successful, shifting to a population-based policy focus will allow for reaching more of our target demographic and creating more long-term sustainable health impacts.

According to the American Non-Smokers Rights Foundation, there are (as of 4/1/11) 500 college campuses and universities that are 100% smoke free, both indoors and out. With the healthy living focus in Vermont, we look to join other states in accomplishing both health protection and social norm change through 100% smoke free college campuses. Of Vermont’s state funded colleges, five of the six institutions (the sixth being the University of Vermont) tend to serve lower income students who have a much higher smoking prevalence.

Monitoring and Evaluation: The VDH is committed to continue its participation in the National Data Warehouse. Vermont sees the value and foresees no obstacles in continuing its
participation and data reporting on the Vermont Quit Line, including demographic data, intake
data and follow-up data. For this project, with assistance from The Center, VDH will perform
process and outcome evaluation. At six months into the project period, VDH will have
performed two or more policy trainings, environmental scan of the tobacco retail outlets, have
engaged all the college campuses, and created policy tool kits for community stakeholders. By
12 months we will have utilized the results of the environmental scan, removed advertising in 20
more stores (on top of the Healthy Retailer Initiative), and made two or more college campuses
100% smoke free. Through our bi-annual Adult Tobacco and Youth Risk Behavior Surveys,
Vermonters' exposure to second hand smoke will be assessed, anticipating a decrease.

Budget

A. Salaries and Wages

Personnel

Total $ 0

B. Fringe Benefits

Fringe Benefits

Total $ 0

C. Consultant Costs

Consultant Costs

Total $ 0

D. Equipment

Equipment

Total $ 0

E. Supplies

Supplies

Total $ 0

F. Travel

Travel (in-State and out-of-State)

Total $ 0

G. Other

Other

Total $ 0
H. Contractual Costs

1. **Coalition for Tobacco Free Vermont** (Tina Zuk, Coordinator). The Coalition is an organization.

2. Sole source contract. The Coalition for Tobacco Free Vermont is uniquely experienced to perform as a coordinator of this policy project.

3. 9 month contract: August 1, 2011 to May 30, 2012

4. To approach Vermont colleges and universities to institute a policy that would have them go 100% smoke free. This would include residential building and all outdoor areas owned by the institution. They will work in concert with a local community tobacco coalition in the area of each institution to assist them in this task. Provide training to coalitions on effective ways to advance policy initiatives such as this.

5. Eoana Sturges, MPH, Tobacco Youth, Policy and Disparities Specialist, is Project Lead and will be on the technical calls and at selected meetings to perform oversight and monitor progress. She is experienced in monitoring project outcomes.

6. Detailed budget is in the Budget Narrative. Total contract award will be $25,000.

---

1. **Center for Public Health and Tobacco Policy at New England Law** (Micah Berman, Director). The Center is an organization based at a college.

2. Sole source contract. The Center is one of a few select organizations in the nation that has the expertise, training and communication capacity to provide policy guidance on FDA law and tobacco retailer sales.

3. 11 month contract: July 1, 2011 to May 30, 2012

4. Conduct a survey of Vermont’s retail environment. Provide training and consultation to TCP staff. Produce model ordinances for use in Vermont. Conduct one training with the Vermont community tobacco coalitions on methods to effectively reduce the amount of tobacco advertising at point of sale retailers. Provide evaluation T&A.

5. Eoana Sturges, MPH, Tobacco Youth, Policy and Disparities Specialist, is Project Lead and will be on the technical calls and at selected meetings to perform oversight and monitor progress. She is experienced in monitoring project outcomes.

6. Detailed budget is in budget narrative. Total contract award will be $50,365

---

I. Direct Costs

Total $75,365

J. Indirect Costs

Total $0
Grant Number: 3U58DP00199403V

Principal Investigator(s): SHERI LYNN

Project Title: VERMONT HEALTHY COMMUNITIES, TOBACCO CONTROL, DIABETES PREVENTION AND CONTROL,

KAREN KELLEY
VERMONT DEPARTMENT OF HEALTH
108 CHERRY STREET
BURLINGTON, VT 05402

Budget Period: 09/30/2011 — 09/29/2012
Project Period: 09/30/2011 — 09/29/2012

Dear Business Official:

The Centers for Disease Control and Prevention hereby awards a grant in the amount of $75,365 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to VERMONT DEPT OF HEALTH in support of the above referenced project. This award is pursuant to the authority of 301A, 311BC, 317K2(42USC241A,243BC247BK2) and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact the individual(s) referenced in Section IV.

Sincerely yours,

Vivian F. Walker
Grants Management Officer
Centers for Disease Control and Prevention

Additional information follows
### Appendix 2: Work Plan for Moving Forward: The Next Generation of Tobacco Control Policy in Vermont

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<td>3 Engage each of the six identified colleges</td>
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<td>Identify and build support among campus stakeholders on SHS and population based policy</td>
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<td>Provide a training plan to VDH for the community tobacco coalitions on working on statewide policy</td>
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<td>Building capacity and skills of stakeholders</td>
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<td>Conduct one or more trainings with community tobacco coalitions that address working on statewide policy</td>
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<td>Building capacity and skills of partners and stakeholders</td>
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<td>6 Hold monthly technical assistance calls open to coalitions, TCP staff, and stakeholders</td>
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<td>7 Provide guidance to stakeholders on population based policy</td>
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<td>Building knowledge of population based policy</td>
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<td>Engage community tobacco coalitions and stakeholders in campus smoking ban efforts</td>
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<td>Link campus and community stakeholders to move forward on efforts</td>
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<td>9 Provide an monthly progress report on all deliverables</td>
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<td>Identify and correct program implementation as needed</td>
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<td>10 Two or more campuses enact 100% smoke free ban</td>
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<td>Increase in the number of population based SHS policies</td>
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SECTION I — AWARD DATA — 3U58DP001994-03W1

Award Calculation (U.S. Dollars)

Consortium/Contractual Cost $75,365

Federal Direct Costs $75,365
Approved Budget $75,365
Federal Share $75,365
TOTAL FEDERAL AWARD AMOUNT $75,365

AMOUNT OF THIS ACTION (FEDERAL SHARE) $75,365

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

04 $0
05 $0

Fiscal Information:

CFDA Number: 93.520
EIN: 1036000274B6
Document Number: 001994TP11

<table>
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<tr>
<th>IC</th>
<th>CAN</th>
<th>2011</th>
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<td>DP</td>
<td>939ZDKU</td>
<td>$75,365</td>
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SUMMARY TOTAL FEDERAL AWARD AMOUNT YEAR (3)

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<tr>
<th>GRANT NUMBER</th>
<th>TOTAL FEDERAL AWARD AMOUNT</th>
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<tr>
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<td>$75,365</td>
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<tr>
<td>6U58DP001994-03</td>
<td>$1,398,248</td>
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<tr>
<td>TOTAL</td>
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SUMMARY TOTALS FOR ALL YEARS

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<tr>
<th>YR</th>
<th>THIS AWARD</th>
<th>CUMULATIVE TOTALS</th>
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<tr>
<td>3</td>
<td>$75,365</td>
<td>$1,473,613</td>
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<tr>
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<tr>
<td>5</td>
<td>$0</td>
<td>$1,254,199</td>
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Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

CDC Administrative Data:
PCC: N / OC: 4141

SECTION II — PAYMENT/HOTLINE INFORMATION — 3U58DP001994-03W1

For payment information see Payment Information section in Additional Terms and Conditions.

INSPECTOR GENERAL: The HHS Office Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hshstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous. This note replaces the Inspector General contact information cited in previous notice of award.

SECTION III — TERMS AND CONDITIONS — 3U58DP001994-03W1

Page 2 of 12
This award is based on the application submitted to, and as approved by, CDC 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 and program regulation cited in this Notice of Award.
b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
c. 45 CFR Part 74 or 45 CFR Part 92 as applicable.
d. The HS Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.
e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

Treatment of Program Income:
Additional Costs

SECTION IV – DP Special Terms and Conditions – 3U58DP001994-03W1

TERMS AND CONDITIONS OF THIS AWARD

NOTE 1 - INCORPORATION: Funding Opportunity Announcement Number CDC-RFA-DP09-0102-01PPHF11 entitled, U.S. Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC), Affordable Care Act (ACA), State Supplemental Funding for Healthy Communities, Tobacco Prevention and Control, and Diabetes Prevention and Control, and the application dated 4/28/2011, are made a part of this ACA supplemental award.

NOTE 2 - APPROVED FUNDING: Supplemental Funds in the amount of $75,365 are approved for the period September 30, 2011 through September 29, 2012. All funding for future years will be based on satisfactory programmatic progress and the availability of funds.

ACA Sub-account Title in the DHHS Payment Management System (PMS): HRTPRVENT11

Note: The separate ACA sub-account HRTPRVENT11 must be used by your organization when requesting these funds in PMS.

NOTE 3 - INDIRECT COSTS: Not requested by recipient.

NOTE 4 - RENT OR SPACE COSTS: Recipients are responsible for ensuring that all costs included in this proposal are based on approved/established billing or final indirect cost rates that are allowable in accordance with the requirements of the Federal award(s) to which they apply and 2 CFR Part 225, Cost Principles for State, Local, and Indian Tribal Governments (OMB Circular A-87). The recipient also has a responsibility to ensure sub-recipients expend funds in compliance with federal laws and regulations. Furthermore, if rent has been treated as an indirect cost in the past and now is claimed as a direct cost; the recipient must provide a narrative justification which describes their prescribed policy to include the effective date to the assigned Grants Management Specialist identified in Section IV of the Notice of Award.

NOTE 5 - BUDGET REQUIREMENT: By 10/29/2011, the grantee must submit documentation to address the following areas of concern, if applicable:

a. Personnel? No comment
b. Fringe Benefits? No comment
c. Travel - No comment
d. Equipment - No comment
e. Supplies - No comment
f. Contracts?Recipient is to provide an itemized budget for all cost applicable to this cost category. Recipient is encouraged to review the CDC Budget Guidelines for assistance with ensuring that a complete budget is on file.
g. Other? No comment
h. Indirect Cost - No comment

If the information cannot be provided by the due date, you must submit a letter explaining the reason and state the date by which the Grants Management Specialist noted in Staff Contacts will receive the information.

NOTE 6 - FEDERAL INFORMATION SECURITY MANAGEMENT ACT (FISMA):
All information systems, electronic or hard copy which contain federal data need to be protected from unauthorized access. This also applies to information associated with CDC grants. Congress and the OMB have instituted laws, policies and directives that govern the creation and implementation of federal information security practices that pertain specifically to grants and contracts. The current regulations are pursuant to the Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002 Pub. L. No. 107-347.

FISMA applies to CDC grantees only when grantees collect, store, process, transmit or use information on behalf of HHS or any of its component organizations. In all other cases, FISMA is not applicable to recipients of grants, including cooperative agreements. Under FISMA, the grantee retains the original data and intellectual property, and is responsible for the security of this data, subject to all applicable laws protecting security, privacy, and research. If and when information collected by a grantee is provided to HHS, responsibility for the protection of the HHS copy of the information is transferred to HHS and it becomes the agency's responsibility to protect that information and any derivative copies as required by FISMA. For the full text of the requirements under Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002 Pub. L. No. 107-347, visit website:

http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?
dbname=107_cong_public_laws&docid=t;publ347.107.pdf

NOTE 7 - FEDERAL FUNDING ACCOUNTABILITY and TRANSPARENCY ACT of 2006:

( ) FFATA DOES APPLY: THE GRANTEE MUST FOLLOW THIS SECTION

In accordance with 2 CFR Chapter 1, Part 170 REPORTING SUB-AWARD AND EXECUTIVE COMPENSATION INFORMATION, Prime Awardees awarded a federal grant are required to file a FFATA sub-award report by the end of the month following the month in which the prime awardee awards any sub-grant equal to or greater than $25,000.

A. Reporting of first-tier subawards.
1. Applicability. Unless you are exempt as provided in paragraph D. of this award term, you must report each action that obligates $25,000 or more in Federal funds that does not include Recovery funds (as defined in section 1512(a)(2) of the American Recovery and Reinvestment Act of 2009, Pub. L. 111-5) for a subaward to an entity (see definitions in paragraph E. of this award term).

2. Where and when to report.
   i. You must report each obligating action described in paragraph A.1. of this award term to http://www.fsrs.gov.
   ii. For subaward information, report no later than the end of the month following the month in which the obligation was made. (For example, if the obligation was made on November 7, 2010, the obligation must be reported by no later than December 31, 2010).

3. What to report. You must report the information about each obligating action that the submission instructions posted at http://www.fsrs.gov specify.

B. Reporting Total Compensation of Recipient Executives.

1. Applicability and what to report. You must report total compensation for each of your five most highly compensated executives for the preceding completed fiscal year, if:
   i. The total Federal funding authorized to date under this award is $25,000 or more;
   ii. In the preceding fiscal year, you received:
      (a) 80 percent or more of your annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards), and
      (b) $25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards), and
   iii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at http://www.sec.gov/answers/execomp.htm).
2. Where and when to report. You must report executive total compensation described in paragraph A.1. of this award term:
   i. As part of your registration profile at http://www.ccr.gov.
   ii. By the end of the month following the month in which this award is made, and annually thereafter.

C. Reporting of Total Compensation of Subrecipient Executives.
1. Applicability and what to report. Unless you are exempt as provided in paragraph D. of this award term, for each first-tier subrecipient under this award, you shall report the names and total compensation of each of the subrecipients five most highly compensated executives for the subrecipients preceding completed fiscal year, if-
   i. in the subrecipients preceding fiscal year, the subrecipient received-
      (a) 80 percent or more of its annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and
      (b) $25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts), and Federal financial assistance subject to the Transparency Act (and subawards); and
   ii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at http://www.sec.gov/answers/execomp.htm).

2. Where and when to report. You must report subrecipient executive total compensation described in paragraph c.1. of this award term:
   i. To the recipient.
   ii. By the end of the month following the month during which you make the subaward. For example, if a subaward is obligated on any date during the month of October of a given year (i.e., between October 1 and 31), you must report any required compensation information of the subrecipient by November 30 of that year.

D. Exemptions
If, in the previous tax year, you had gross income, from all sources, under $300,000, you are exempt from the requirements to report:
   i. Subawards, and
   ii. The total compensation of the five most highly compensated executives of any subrecipient.

E. Definitions. For purposes of this award term:
1. Entity means all of the following, as defined in 2 CFR part 25:
   i. A Governmental organization, which is a State, local government, or Indian tribe;
   ii. A foreign public entity;
   iii. A domestic or foreign nonprofit organization;
   iv. A domestic or foreign for-profit organization;
   v. A Federal agency, but only as a subrecipient under an award or subaward to a non-Federal entity.

2. Executive means officers, managing partners, or any other employees in management positions.

3. Subaward:
   i. This term means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that you as the recipient award to an eligible subrecipient.
   ii. The term does not include your procurement of property and services needed to carry out the project or program (for further explanation, see Sec. __.210 of the attachment to OMB Circular A?133, Audits of States, Local Governments; and Non-Profit Organizations).
   iii. A subaward may be provided through any legal agreement, including an agreement that you or a subrecipient considers a contract.

4. Subrecipient means an entity that:
   i. Receives a subaward from you (the recipient) under this award; and
   ii. Is accountable to you for the use of the Federal funds provided by the subaward.
5. Total compensation means the cash and noncash dollar value earned by the executive during the recipients or subrecipients preceding fiscal year and includes the following (for more information see 17 CFR 229.402(c)(2)):

i. Salary and bonus.

ii. Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.

iii. Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.

iv. Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.

v. Above-market earnings on deferred compensation which is not tax-qualified.

vi. Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds $10,000.

NOTE 8 - NON-DELINQUENCY on FEDERAL DEBT

The Federal Debt Collection Procedures Act of 1990 (Act), 28 U.S.C. 3201(e), provides that an organization or individual that is indebted to the United States, and has a judgment lien filed against it, is ineligible to receive a Federal grant. CDC cannot award a grant unless the AOR of the applicant organization (or individual in the case of a Kirschstein-NRSA individual fellowship) certifies, by means of his/her signature on the application, that the organization (or individual) is not delinquent in repaying any Federal debt. If the applicant discloses delinquency on a debt owed to the Federal government, CDC may not award the grant until the debt is satisfied or satisfactory arrangements are made with the agency to which the debt is owed. In addition, once the debt is repaid or satisfactory arrangements made, CDC will take that delinquency into account when determining whether the applicant would be a responsible CDC grant recipient.

Anyone who has been judged to be in default on a Federal debt and who has had a judgment lien filed against him or her should not be listed as a participant in an application for a CDC grant until the judgment is paid in full or is otherwise satisfied. No funds may be used for or rebudgeted following an award to pay such an individual. CDC will disallow costs charged to awards that provide funds to individuals in violation of this Act.

These requirements apply to all types of organizations and awards, including foreign grants

NOTE 9 - REPORTING REQUIREMENTS

NATIONAL QUITLINE: Recipient is required to submit data quarterly to the National Quitline Data Warehouse

ANNUAL FINANCIAL STATUS REPORT (FSR, SF 269 or SF 269A) HAS BEEN REPLACED BY THE FEDERAL FINANCIAL REPORT (FFR, SF 425):

a) ANNUAL FINANCIAL STATUS REPORT:

The Annual Federal Financial Report (FFR) (SF 425) is required 90 days after the end of each budget period. The FFR for this budget period is due to the Grants Management Specialist by 12/29/2012. Reporting timeframe is 09/30/2011 through 09/29/2012. The FFR should only include those funds authorized and disbursed during the timeframe covered by the report. If the FFR is not finalized by the due date, an interim FFR must be submitted, marked NOT FINAL, and an amount of un-liquidated obligations must be identified that reflect unpaid expenses. Electronic versions of the form can be downloaded into Adobe Acrobat and completed on-line by reviewing, http://www.whitehouse.gov/omb/grants/sf269a.pdf (short form) or http://www.whitehouse.gov/omb/grants/sf269.pdf (long form).

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 submit a letter explaining the reason and date by which the Grants Officer will receive the information.
b) ANNUAL PROGRESS REPORT:

The Annual Progress Report is due 90 days following the end of the budget period 12/29/2012. Reporting timeframe is 09/30/2011 through 09/29/2012. The report must include:

- A comparison of actual accomplishments to the goal established for the period;
- The reasons for failure, if established goals were not met; and
- Other pertinent information including, when appropriate, analysis and explanation of performance costs significantly higher than expected.

c) FINAL PROGRESS REPORT

The Final Progress Report is required no later than 90 days after the end of the project period 12/29/2012. All manuscripts published as a result of the work supported in part or whole by the cooperative agreement will be submitted with the progress reports.

Special Note: An original plus two copies of the reports must be mailed to the Grants Management Specialist for approval by the Grants Management Officer by the due date. All reports must include the Award and Program Announcement numbers shown above.

NOTE 10 - TECHNICAL REVIEW RESPONSE REQUIREMENT: The Technical 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 as noted in the CDC Contact section of this Notice of Award, not later than 10/29/2011. Should these terms not be satisfactorily adhered to, it may result in denial of your authority to expend additional funds.

NOTE 11 - AUDIT REQUIREMENT: An organization that expends $500,000 or more in a year in Federal awards shall have a single or program-specific audit conducted for that year in accordance with the provisions of OMB Circular A-133, Audit of States, Local Governments, and Non-Profit Organizations. The audit must be completed along with a data collection form, and the reporting package shall be submitted within the earlier of 30 days after receipt of the auditors report(s), or nine months after the end of the audit period.

The audit report must be sent to:
Federal Audit Clearing House
Bureau of the Census
1201 East 10th Street
Jeffersonville, IN 47132

Should you have questions regarding the submission or processing of your Single Audit Package, contact the Federal Audit Clearinghouse at: (301) 763-1551, (800) 253-0696 or email: govs.fac@census.gov

It is very helpful to CDC managers if the recipient sends a courtesy copy of completed audits and any management letters on a voluntary basis to the following address.

Centers for Disease Control and Prevention (CDC)
ATTN: Audit Resolution, Mail Stop E-14
2920 Brandywine Road
Atlanta, GA 30341-4146

The grantee is to ensure that the sub-recipients receiving CDC funds also meet these requirements (if total Federal grant or cooperative agreement funds received exceed $500,000). The grantee must also ensure that appropriate corrective action is taken within six months after receipt of the sub-recipient audit report in instances of non-compliance with Federal law and regulations. The grantee is to consider whether sub-recipient audits necessitate adjustment of the grantee's own accounting records. If a sub-recipient is not required to have a program-specific audit, the Grantee is still required to perform adequate monitoring of sub-recipient activities. The grantee is to require each sub-recipient to permit independent auditors to have access to the sub-recipients records and financial statements. The grantee should include this requirement in all sub-recipient contracts.

NOTE 12 - SUBGRANT/SUBRECIPIENT AWARDS: Seed Grants/Sub-Grants are not authorized under this program or included in Program authorizing legislature. As a result, the
recipient is not permitted to fund seed grants or sub-grants. Recipient must issue proposed
funding as a procurement requirement per the organizations established procedures.

NOTE 13 - TRAVEL COST: In accordance with Health and Human Services (HHS) Grants Policy
Statement, travel is only allowable for personnel directly charged and approved on the
grant/cooperative agreement. There must be a direct benefit imparted on behalf of the traveler as
it applies to the approved activities of the Notice of Award. To prevent disallowance of cost,
Recipient is responsible for ensuring that only allowable travel reimbursements are applied in
accordance with their organizations established travel policies and procedures.

NOTE 14 - FOOD AND MEALS: Costs associated with food or meals are NOT permitted unless
included with per diem as a part of official travel.

NOTE 15 - PRIOR APPROVAL: All requests, which require prior approval, must bear the
signature of an authorized official of the business office of the grantee organization as well as the
principal investigator or program or project director named on this notice of award. The request
must be postmarked no later than 120 days prior to the end date of the current budget period and
submitted with an original plus two copies. Any requests received that reflect only one signature
will be returned to the grantee unprocessed. Additionally, any requests involving funding issues
must include an itemized budget and a narrative justification of the request.

Prior approval is required but is not limited to the following types of requests:

1) Use of unobligated funds from prior budget period (Carryover);
2) Lift funding restriction, withholding, or disallowance,
3) Redirection of funds,
4) Change in Contractor/Consultant;
5) Supplemental funds;
6) Response to Technical Review or Summary Statement;
7) Change in Key Personnel
8) Liquidation Extensions.

NOTE 16 - CORRESPONDENCE: ALL correspondence (including emails and faxes) regarding
this award must be dated, identified with the AWARD NUMBER, and include a point of contact
(name, phone, fax, and email). All correspondence should be addressed to the Grants
Management Specialist listed below and submitted with an original plus two copies.

Edna Green, Grants Management Specialist
Centers for Disease Control, PGO, Branch III
2920 Brandywine Road, Mail Stop E-09
Atlanta, GA 30341-4146
Telephone: (770) 488-2858
Fax: (770) 488-2778
Email: ecg4@cdc.gov

NOTE 17 - INVENTIONS: Acceptance of grant funds obligates recipients to comply with the

NOTE 18- PUBLICATIONS: Publications, journal articles, etc. produced under a CDC grant
support project must bear an acknowledgment and disclaimer, as appropriate, for example:
This publication (journal article, etc.) was supported by the Cooperative Agreement Number
above from The Centers for Disease Control and Prevention. Its contents are solely the
responsibility of the authors and do not necessarily represent the official views of the Centers for
Disease Control and Prevention.

NOTE 19 - CONFERENCE DISCLAIMER AND USE OF LOGOS:
Disclaimer: If a conference is funded by a grant, cooperative agreement, sub-grant and/or a
contract the recipient must include the following statement on conference materials, including
promotional materials, agenda, and internet sites:

Funding for this conference was made possible (in part) by the Centers for Disease Control and
Prevention. The views expressed in written conference materials or publications and by speakers
and moderators do not necessarily do not reflect the official policies of the Department of Health
and Human Services, nor does the mention of trade names, commercial practices, or
organizations imply endorsement by the U.S. Government.
Logos: Neither the HHS nor the CDC logo may be displayed if such display would cause confusion as to the conference source or give false appearance of Government endorsement. Use of the HHS name or logo is governed by U.S.C. 1320b-10, which prohibits misuse of the HHS name and emblem in written communication. A non-federal entity is unauthorized to use the HHS name or logo governed by U.S.C. 1320b-10. The appropriate use of the HHS logo is subject to review and approval of the Office of the Assistant Secretary for Public Affairs (OASPA). Moreover, the Office of the Inspector General has authority to impose civil monetary penalties for violations (42 C.F.R. Part 1003). Neither the HHS nor the CDC logo can be used on conference materials, under a grant, cooperative agreement, and contract or co-sponsorship agreement without the expressed, written consent of either the Project Officer or the Grants Management Officer. It is the responsibility of the grantee (or recipient of funds under a cooperative agreement) to request consent for use of the logo in sufficient detail to ensure a complete depiction and disclosure of all uses of the Government logos. In all cases for utilization of Government logos, the grantee must ensure written consent is received from the Project Officer and/or the Grants Management Officer.

NOTE 20 - EQUIPMENT AND PRODUCTS: To the greatest extent practicable, all equipment and products purchased with CDC funds should be American-made. CDC defines equipment as tangible non-expendable personal property (including exempt property) charged directly to an award having a useful life of more than one year AND an acquisition cost of $5,000 or more per unit. However, consistent with recipient policy, a lower threshold may be established. Please provide the information to the Grants Management Officer to establish a lower equipment threshold to reflect your organizations policy.

The grantee may use its own property management standards and procedures provided it observes provisions of the following sections in the Office of Management and Budget (OMB) Circular A-110 and 45 CFR Part 92:

i. Office of Management and Budget (OMB) Circular A-110, Sections 31 through 37 provides the uniform administrative requirements for grants and agreements with institutions of higher education, hospitals, and other non-profit organizations. For additional information, please review: the following website: http://www.whitehouse.gov/omb/circulars/a110/a110.html

ii. 45 CFR Parts 92.31 and 92.32 provides the uniform administrative requirements for grants and cooperative agreements to state, local and tribal governments. For additional information, please review the following website listed: http://www.access.gpo.gov/nara/cfr/waisidx_03/45cfr92_03.html

NOTE 21 - PROGRAM INCOME: Any program income generated under this cooperative agreement will be used in accordance with the additional cost alternative. The disposition of program income must have written prior approval from the Grants Management Officer.

Additional Costs Alternative—Used for costs that are in addition to the allowable costs of the project for any purposes that further the objectives of the legislation under which the cooperative agreement was made. General program income subject to this alternative shall be reported on lines 10r and 10s, as appropriate, of the FSR (Long Form).

NOTE 22 - KEY PERSONNEL: In accordance with 45 CFR 74.25(c) (2) & (3) CDC recipients shall obtain prior approv37 CFR 401.14.als from CDC for (1) change in the project director or principal investigator or other key persons specified in the application or award document, and (2) the absence for more than three months, or a 25 percent reduction in time devoted to the project, by the approved project director or principal investigator.

NOTE 23 - TRAFFICKING IN PERSONS: This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award terms and conditions, please review the following website:

http://www.cdc.gov/od/pgo/funding/grants/Award_Term_and_Condition_for_Trafficking_in_Persons.shtml

NOTE 24 - ACKNOWLEDGMENT OF FEDERAL SUPPORT: When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all awardees receiving Federal funds, including and not limited to State and local governments and recipients of Federal research
grants, shall clearly state (1) the percentage of the total costs of the program or project which will be financed with Federal money, (2) the dollar amount of Federal funds for the project or program, and (3) percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.

NOTE 25 - PAYMENT INFORMATION:

AUTOMATIC DRAWDOWN (DIRECT/ADVANCE PAYMENTS):
Payment under this award will be made available through the Department of Health and Human Services (HHS) Payment Management System (PMS). PMS will forward instructions for obtaining payments.

a.) PMS correspondence, mailed through the U.S. Postal Service, should be addressed as follows:

Director, Division of Payment Management, OS/ASAM/PSC/FMS/DPM
P.O. Box 6021
Rockville, MD 20852

Phone Number: (877) 614-5533
Email: PMSSupport@psc.gov
Website: http://www.dpm.psc.gov/grant_recipient/shortcuts/shortcuts.aspx?explorer.event=true

Please Note: To obtain the contact information of DPM staff within respective Payment Branches refer to the links listed below:

University and Non-Profit Payment Branch:
http://www.dpm.psc.gov/contacts/dpm_contact_list/univ_nonprofit.aspx?explorer.event=true

Governmental and Tribal Payment Branch:

Cross Servicing Payment Branch:
http://www.dpm.psc.gov/contacts/dpm_contact_list/cross_servicing.aspx

International Payment Branch:
(301) 443-9188
Note: Staff person designated to handle all of CDCs international cooperative agreements.

b.) If a carrier other than the U.S. Postal Service is used, such as United Parcel Service, Federal Express, or other commercial service, the correspondence should be addressed as follows:

US Department of Health and Human Services
PSC/DFQ/Division of Payment Management
7700 Wisconsin Avenue ? 10th Floor
Bethesda, MD 20814

To expedite your first payment from this award, attach a copy of the Notice of Grant/Cooperative Agreement to your payment request form.

NOTE 26 - ACCEPTANCE OF THE TERMS OF AN AWARD:
By drawing or otherwise obtaining funds from the grant payment system, the recipient acknowledges acceptance of the terms and conditions of the award and is obligated to perform in accordance with the requirements of the award. If the recipient cannot accept the terms, the recipient should notify the Grants Management Officer.

NOTE 27 - CERTIFICATION STATEMENT:
By drawing down funds, Awardee certifies that proper financial management controls and accounting systems to include personnel policies and procedures have been established to adequately administer Federal awards and funds drawn down are being used in accordance with applicable Federal cost principles, regulations and Budget and Congressional intent of the President.

NOTE 28 - CDC STAFF CONTACTS:

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Grants Management Officer: Vivian F. Walker  
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Procurement and Grants Office  
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Email: vew4@cdc.gov Phone: 770-488-2077

SPREADSHEET SUMMARY
GRANT NUMBER: 3U58DP001994-03W1
INSTITUTION: VERMONT DEPARTMENT OF HEALTH

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## Appendix 2 - Work Plan

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<td>Center for Public Health &amp; Tobacco Policy at New England Law</td>
<td>1 Have a signed contract with vendor and review project objectives</td>
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<td>2 Start Implementation</td>
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<td>Planning meeting with VDH for contract implementation</td>
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<td>3 Provide a training plan to VDH for the community tobacco coalitions on the retail environment</td>
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<td>Build capacity and skills of partners and stakeholders</td>
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<td>4 Conduct training with the Vermont community tobacco coalitions</td>
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<td>Building capacity and skills of partners and stakeholders</td>
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<td>5 Assess the Vermont tobacco retailer environment</td>
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<td>Identify process and tools needed to advance tobacco control policy</td>
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<td>6 Provide analysis where potential lies to limit the exposure of youth at the point of sale</td>
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<td>Identify opportunities and geographic areas for advancing point of sale policy</td>
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<td></td>
<td>7 Develop model ordinances that are specific to Vermont to limit tobacco retailing</td>
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<td>Increase the capacity of partners and stakeholders to advance SHS and point of sale tobacco control policy. Increase the number of SHS and point of sale policies in Vermont</td>
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<td>8 Provide process and outcome evaluation for entire Moving Forward project</td>
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<td>Increase knowledge, skills, and abilities of staff, partners, and stakeholders to continue policy efforts to reduce SHS exposure and tobacco use rates across Vermont</td>
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I. Summary of Project/Proposed Objectives:

With the Moving Forward: The Next Generation of Tobacco Control Policy in Vermont project, the TCP will address two main policy areas: working with retailers to reduce or eliminate tobacco advertising and displays; and creating two or more 100% smoke-free state-funded college campuses.

The methods that will be employed include contracting with two organizations that have expertise in population based policy and can build on the ability of the TCP team and stakeholders to accomplish these objectives.

Short term goals include: (1) building the knowledge, skills, and abilities of statewide partners and TCP staff in all facets of population based tobacco control policy; (2) expansion in the number of partners, stakeholders, and policy makers engaged in policy enactment; (3) an increase in the number of policies enacted; and (4) engagement with all state-funded college campuses to become 100% smoke free.

Overall project outcomes include experience and expertise in population based policy gained by TCP staff, statewide partners, and stakeholders in addition to an increase in population based tobacco control policies over the grant period.

II. Summary of Major Strengths (Please use bullets):

- The applicant has chosen to work on two high priority tobacco control areas, restriction at the point of sale, and elimination of secondhand smoke exposure on state college and university campuses, and has established SMART objectives in these two areas.
- The applicant will contract with experienced agencies to carry out capacity building training
Program Announcement - DP09-9010201PPHF11

for state staff and local coalition partners, and continue to work with partners to achieve the policy objectives.

- The applicant has proposed a strong workplan that is clear and detailed, with reasonable timeframes established to carry out the plan. The budget narrative also details the scope of work and deliverables for each contractor.

III. Summary of Major Weaknesses (Please use bullets):

- None noted.

IV. Other relevant comments:

- The applicant may wish to consider how public education regarding point of sale tobacco control strategies can be done to build public demand for these policies.

V. Recommendations:

VI. Itemized Budget: (see attached EPMIS sheet)

VII. Research Determination

No research activities have been proposed.
<table>
<thead>
<tr>
<th>Staff</th>
<th>P.O. Team</th>
<th>Office/Blackberry</th>
<th>Email Address</th>
<th>Room #</th>
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<tr>
<td>Erin Abramsohn</td>
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<tr>
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<tr>
<td>Kevin Collins</td>
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<td>Kathleen Collomb</td>
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<tr>
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<td>Sharanya Krishnan</td>
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<td>Angeline Miller</td>
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<td>Sarah O'Leary</td>
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<td>Shawna Shields</td>
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<td>770-488-5325</td>
<td><a href="mailto:iok0@cdc.gov">iok0@cdc.gov</a></td>
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</table>
**Office on Smoking and Health**  
Program Services Branch *(As of 04/12/11)*

Acting Branch Chief, Denita Dean  
Deputy, Chris Benjamin

Elyse Hill, Program Analyst • Sylvia Cotton, Budget Analyst, Contractor • Asha Hill, Program Analyst, Contractor

Team A ~ Angeline Miller, Program Operations Assist • Team B ~ Evelyn Shepard, Program Operations Assist

Team Lead A ~ Monica Elschen  
Team Lead B ~ Kevin Collins

<table>
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<tr>
<th>State</th>
<th>Team A Project Officer</th>
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<th>Team B Project Officer</th>
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**US Territories**

Pacific (AS, GU, FSM, RMI, CNMI, PU)  
Island-Caribbean (Puerto Rico and Virgin Islands)

**Tribal Support Centers**

Black Hills Center for American Indian Health  
Cherokee Nation Tribal Support Group  
Great Plains Tribal Chairman Health Board  
Inter-Tribal Council of Michigan  
Muscogee Creek Nation  
SEARHC  
Tanana Chiefs  
Nez Pearce

**National Associations**

National Association of County and City Officials (NACCHO)  
National Association of Local Board of Health (NALBOH)  
National Association of State and Territorial Health Officers (ASTHO)

**National Networks**

APPEAL (AA/PI)  
Fenway Institute (GLBT)  
NAATPN (African American)  
Tribal Free Council  
American Latino Institute (Latino/Hispanic)  
Tribal Council of Michigan (Al/AN)  

Mary Beth Welton  
Michele Williams

Shauntrelle Andrews  
Donna Henry  
Sharan Kishnan  
Gloria Bryan  
Alison Amoroso  
Susan Brown  
Gloria Bryan

Crystal Bruce  
Jerie Jordan

Erin Abramsohn  
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