

**FAQs from Initial 1422 Calls with State and City Grantees and from the Initial Webinars  
Second Batch - Final November 3, 2014**

**Q 29: Are stipends for volunteers allowed?**

A: We will be providing further guidance on stipends and other incentives.

**Q 30: Please clarify what counts as direct services. Can a LHD provide stipends to CHWs to educate individuals on how to self-manage their high blood pressure or deliver the Stanford Chronic Disease Self-Management Program (CDSMP) workshop?**

A: At this time, grantees should not plan on issuing stipends to CHWs. Also CDSM programs are not covered by 1422. In general, with respect to CHWs, allowable activities include developing and implementing systems approaches, including identifying appropriate training for CHWs, setting up policies by which CHWs are hired, creating or strengthening referral systems, and working with partners to identify sustained funding for the implementation of the system.

With respect to allowable self-management programs for people with hypertension, the following guidance applies: People with hypertension should be referred to evidence-based lifestyle programs that can increase hypertension control. These programs should promote the following elements: reduce weight, adopt DASH (Dietary Approaches to Stop Hypertension) eating plan principles including lower sodium intake, and engage in regular physical activity. For its designed general self-management purpose CDSMP has strong evidence, but it is not intended to increase control of high blood pressure.

**Q31: Please clarify how funds can be used to support and sustain the National DPP.**

**Q32: Can funds be used to support the development of new CDC recognized lifestyle change programs, and is there a time limit for this?**

A: Funds may be used in two major ways: first, to recruit and enroll populations that are at high risk for type 2 diabetes in existing CDC-recognized lifestyle change programs (CDC lifestyle programs.) In this case, “to sustain” would include developing and implementing systems-level changes to support the recruitment and enrollment of high risk individuals. For example, systems-level changes could include developing bi-directional referral systems between health systems and CDC lifestyle programs (i.e. through EHRs or 800 numbers) or developing systems to train and credential CHWs to promote referrals between health systems and CDC lifestyle programs.

Second, funds may be used to help local organizations (including LHDs) become CDC recognized lifestyle change programs. In this case, “to sustain” includes developing and delivering the program for up to two years after initial funding. This two-year period may take place during any of the funding years, but may not exceed two years from the time a new program applies for pending CDC recognition. Work must begin concurrently with the initial applications for pending recognition to secure a permanent funding source; grant funds may not be a long-term funding source for the delivery of CDC lifestyle programs.

**Q33: Can LHDs purchase equipment such as computers and blood pressure cuffs?**

A: Computers are an allowable expense and should be allocated to the supplies category in the budget template. Blood pressure monitors are not an allowable expense.

**Q34: Can you clarify the required reporting requirements?**

A: Grantees will submit an annual performance report for each year of the cooperative agreement. Guidance on any further reporting requirements will be provided shortly.

**Q35: Since 1422 is supposed to build on 1305, is there any way to integrate the workplans and budgets?**

A: While 1422 is designed to build on and leverage the efforts of 1305, at this time they are two separate awards with separate workplan and budgeting requirements.

**Q36: Can agencies can be funded again under 1422 if already funded under 1305?**

A: Yes, as long as the state can demonstrate clearly that there is no duplication of funding. If activities similar to those funded under 1305 are also funded under 1422, then the state should be able to demonstrate increased reach with the 1422 funds.

**Q37: Can the same staff be funded from both 1305 and 1422?**

A: Yes, as long as funding for any individual staff member does not exceed 100%.

**Q38: How do we set baselines and targets for the performance measures if we have not yet selected our communities?**

A: Further guidance will be provided in the operationalized profiles for each Performance Measure.

**Q39: Can we report an aggregate amount for contracts to represent the 50% that will be subawarded if we have not yet selected the communities that will receive subawards?**

A: Yes, if you have not yet made subawards, you may report an aggregate amount. However, all the required information for contracts must be included with the exception of the name of the individual communities.

**Q40: Will grantees need to track funds by categorical and component sources?**

A: Grantees are asked to use the 1422 template to plan use of funds according to the guidelines established in FOA DP14-1422. However, funds are reported annually only by categorical source, not by component.

**Q41: If there are minimal weaknesses noted in the Notice of Award, are there any areas that must be revisited in the workplan and budget?**

A: Yes, since the final awards were approximately 15% less than the amounts requested, 1422 grantees must make budget and workplan revisions to reflect this change. Grantees should also be talking with their Project Officers and making workplan and budget revisions to address Project Officer feedback.

**Q42: Can you clarify the emphasis for activities in Component 2?**

A: Activities for component 2 should generally reflect the budget allocations between heart disease and stroke prevention and diabetes prevention. So, roughly 70% of the component 2 activities should focus on hypertension and 30% should focus on prevention of type 2 diabetes.

**Q43: The start-up time during year 1 may be delayed. How much flexibility will be given regarding carryover requests?**

A: Since 1422 is funded solely with PPHF funding, there will be no carryover requests. Grantees are strongly encouraged to obligate funds as soon as possible to minimize delays.