

Chronic Disease Management Information System (MIS)

User ID:

Password:

Conditions of Use and Logon

This is a U.S. Federal Government system and shall be used only by authorized persons for authorized purposes. Users do not have a right to privacy in their use of this government system. System access, activity, and information stored or transmitted may be monitored for adherence to acceptable use policy. Users of this system hereby consent to such monitoring. Improper or illegal use detected may result in further investigation for possible disciplinary action, civil penalties, or referral to law enforcement for criminal prosecution. This system contains non-public information that must be protected from unauthorized access, disclosure, sharing, and transmission violation of which can result in disciplinary action, fines, and/or criminal prosecution.

By logging into this application, I understand and agree to use the application in the manner in which it is intended. I agree to keep my user ID or password secured, not allowing others access. Unauthorized access to information or information systems is prohibited. Failure to comply with these rules will result in loss of access.

Funded FOA users: Type the User ID and password assigned to you for this application.

- Passwords are case-sensitive.
- For security reasons, a period of 45 or more minutes of inactivity requires that you log in again.
- After 5 unsuccessful attempts to log in, your account will be temporarily locked for 15 minutes.

Session Time Out Warning

For your security, your CDMIS session will time out after 45 minutes of inactivity. Any information that has not been saved will be lost. After 35 minutes of inactivity, you will receive a pop-up message indicating your remaining time. If you choose to continue your session, your time will be extended by 45 additional minutes.

State Oral Disease Prevention Funding Opportunity Announcement OMB Information:

Form Approved: OMB 0920-0739
Expiration Date: 5/31/2017

Public reporting burden of this collection of information varies from 3 to 15 hours with an estimated average of 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0739)

DELTA FOCUS Funding Opportunity Announcement OMB Information:

Form Approved: OMB 0920-0968
Expiration Date: 5/31/2016

Public reporting burden of this collection of information varies from 3 to 15 hours with an estimated average of 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0968)

Comprehensive Cancer Control Funding Opportunity Announcement OMB Information:

Form Approved: OMB 0920-0841
Expiration Date: 3/31/2016

Public reporting burden of this collection of information varies from 3 to 6 hours with an estimated average of 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, GA 30333; ATTN: PRA (0920-0841)

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Chronic Disease MIS: Comprehensive Cancer Control (DP12-1205)

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FOAs and Recipients

FOAs

Comprehensive Cancer Control (DP12-1205) ▼

Recipients

All | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z

Alabama Department of Public Health	Hawaii Department Of Health	Northwest Portland Area Indian Health Board
Alaska Department Of Health	Idaho Department Of Health And Welfare	Ohio Department of Health
Alaska Native Tribal Health Consortium	Illinois Department Of Public Health	Oklahoma State Department Of Health
American Samoa Department Of Health	Indiana State Department Of Health	Oregon State Dept of Human Services
Arizona Department Of Health Services	Iowa Department Of Public Health	Pennsylvania Department Of Health
Arkansas Department Of Health	Kansas Department Of Health And Environment	Republic Of Palau Ministry Of Health
California Department Of Public Health	Louisiana State University Health Sciences Center	Rhode Island Department of Health
Cherokee Nation Health Service Group	Maine Department of Health	South Carolina Department of Health And Environmental Control
Colorado Department Of Public Health And Environment	Marshall Islands Ministry of Health	South Dakota Department of Health
Commonwealth Of The Northern Mariana Islands	Maryland Department Of Health And Mental Hygiene	South Puget Intertribal Planning Agency
Connecticut Department Of Public Health	Massachusetts Department of Public Health-Middlesex County	State of Missouri Department of Health
Delaware Department of Health and Social Services	Michigan Department Of Community Health	Tennessee Department Of Health
District Of Columbia Department Of Health	Minnesota Department Of Health	Texas Department Of State Health Services
Federated States of Micronesia Department of Health, Education and Social Affairs	Mississippi Department Of Health	Tohono O'odham Nation
Federated States of Micronesia Department of Health, Education and Social Affairs: Chuuk State	Montana Department Of Public Health And Human Services	University of Kentucky Research Foundation
Federated States of Micronesia Department of Health, Education and Social Affairs: Kosrae State	Nebraska Department of Health and Human Services	University of Puerto Rico Medical Sciences Campus
Federated States of Micronesia Department of Health, Education and Social Affairs: Pohnpei State	Nevada Department Of Health And Human Services	Utah State Department of Health
Federated States of Micronesia Department of Health, Education and Social Affairs: Yap State	New Hampshire Department of Health and Human Services	Vermont Department Of Health
Florida Department Of Health	New Jersey Department of Health and Senior Services	Virginia Department of Health
Fond Du Lac Reservation	New Mexico Department Of Health	Washington State Department Of Health
Georgia Department Of Human Resources	New York State Department Of Health And Health Research, Inc.	West Virginia Department Of Health And Human Services
Great Plains Tribal Chairmen's Health Board	North Carolina Department Of Health And Human Services	Wisconsin Department Of Health And Family Services
Guam Department Of Public Health And Social Services	North Dakota Department Of Health	Wyoming Department Of Health

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[Contact Information](#) | [Program Summary](#)

2014-2015 Program Information

Year:

[Contact Information](#) [edit](#)

[View Contact Information](#)

Organization Name:

Grantee Number:

Announcement Number:

DUNS Number:

*Telephone:

FAX:

Web Address:

*Program Mailing Address:

*Program Shipping Address:

Principal Investigator:

Business/Financial Official:

Program/Project Manager/Director:

Principal Investigator:

Business/Financial Official:

Program/Project Manager/Director:

CDC Grants Management Specialist:

CDC Project Officer:

Name	Component	Email	Phone

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Contact Information | **Program Summary**

2015-2016 Program Information

Year:

[Program Summary](#) [edit](#)

[View Program Summary](#)

*Grantee Type:

*Executive Summary:

- System Admin
- FOAs & Recipients
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[Personnel](#) | [Partnerships/Coalitions](#) | [Partners](#) | [Contracts/Consultants](#)

2014-2015 Resources

Year:

Personnel [add](#)

No information entered.

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[Personnel](#) | [Partnerships/Coalitions](#) | [Partners](#) | [Contracts/Consultants](#)

2015-2016 Resources

Year:

[Partnership/Coalition](#) [edit](#) | [attachments](#)

[View Partnership/Coalition](#)

No information entered.

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[Personnel](#) | [Partnerships/Coalitions](#) | [Partners](#) | [Contracts/Consultants](#)

2015-2016 Resources

Year:

[Partner add](#)

Partner Name	Partner Type	Status	Action Plan Involvement
--------------	--------------	--------	-------------------------

No information entered.

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[Personnel](#) | [Partnerships/Coalitions](#) | [Partners](#) | **[Contracts/Consultants](#)**

2015-2016 Resources

Year:

Contracts/Consultants [add](#)

Organization Name	Primary Role in Program	Contract Status
No information entered.		

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Leveraged Funds | In-kind

2015-2016 Financial

Year:

Leveraged Funds [add](#)

▼ Source of Funds	Organization Type	Funds
-------------------	-------------------	-------

No information entered.

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Leveraged Funds | **In-kind**

2015-2016 Financial

Year:

In-kind Contributions [add](#)

View In-kind Contributions

No information entered.

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Hawaii Department Of Health

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Data Sources | Evaluation | Plans and Logic Models

Other Data Sources [add](#)

Name	Most Recent Year Collected
------	----------------------------

No information entered.

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[Data Sources](#) | [Evaluation](#) | [Plans and Logic Models](#)

2015-2016 Planning

Year:

[Evaluation](#) [add](#)

Add Evaluation

No information entered.

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System Admin	FOAs & Recipients	Program Information	Resources	Financial	Planning	Action Plan	Reports	Search
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[Data Sources](#) | [Evaluation](#) | [Plans and Logic Models](#)

2015-2016 Planning

Add Evaluation

*Do you have an Evaluation Plan?

Yes

*Plan Date 

*Attach Evaluation Plan

File size cannot exceed 5MB


*Evaluation Plan includes description of the following:

- Data collection and analysis methods
- How the goals/objectives link to outcomes
- Intermediate measures of success
- Long term measures of success
- Mixed methods that yield both quantitative and qualitative data
- Plans for communication and utilization of findings
- Potential effects of selected activities
- Short term measures of success
- Stakeholder involvement

*Evaluation Plan assesses the following:

- Cancer Plan
- Coalition/Partnership
- Program Interventions

No

*Expected Date of Completion 


*Explain Barriers or Issues:

ABC

Characters: 0 / Maximum: 2000

*Have you created an Evaluation Report?

Yes

*Report Date 


*Attach Evaluation Report

File size cannot exceed 5MB

*Evaluation Report addresses the following:

- Evaluation Methods
- Limitations
- Recommendations
- Results

No


*Expected Date of Completion 

*Explain Barriers, Issues or Interim Approach:


ABC

*Were the evaluation results disseminated?

Yes

*Enter Date of Dissemination 

*Describe how evaluation results were disseminated:


ABC 

↑


↓

Characters: 0 / Maximum: 2000

No

*Expected Date of Dissemination 

*Explain Barriers or Issues:

ABC 

↑


↓

Characters: 0 / Maximum: 2000

*Were enhancements made based on the evaluation findings?

Yes No

*Describe enhancements or barriers:

ABC 

↑

Character count field with a dropdown arrow on the right and the text "Characters: 0 / Maximum: 5000" below the input area.

*After clicking the Save button, select the "Evaluation Documents" link at the top of the page to upload additional evaluation products.

Save Cancel



Chronic Disease MIS: Comprehensive Cancer Control (DP12-1205)

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 My Reports  Help  Log Out

System Admin	FOAs & Recipients	Program Information	Resources	Financial	Planning	Action Plan	Reports	Search
--------------	-------------------	---------------------	-----------	-----------	----------	-------------	---------	--------

[Data Sources](#) | [Evaluation](#) | [Plans and Logic Models](#)

2014-2015 Planning

Year:

Plans and Logic Models [add](#)

Document Title	File	Date Revised	Type	File Size
----------------	------	--------------	------	-----------

No information entered.

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- Search


Data Sources | Evaluation | **Plans and Logic Models**

2015-2016 Planning

Add Plans and Logic Models

*Document Title:

*File Name and Location: File size cannot exceed 10MB

*Date Revised: 

*Type:

- Burden Report
- Dissemination Plan
- Environmental PSE Scan & Report
- Logic Model
- Media/Communication Plan
- Media Tracking Report
- Needs Assessment
- Policy Agenda
- Resource Plan
- State Plan
- Stories from the Field
- Strategic Plan
- Sustainability Plan
- Other(Specify)

- System Admin
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- Resources
- Financial
- Planning
- Action Plan**
- Reports
- Search

2014-2015 Action Plan

Year:

Action Plan Summary

[Download Action Plan Report](#) [Download Action Plan Summary](#) [Download Action Plan Hierarchy](#)

[Add PPO](#)

Project Period Objective Summary

No information entered.

Project Period Objective Progress [add](#)

Progress Period	Description	Target Met
-----------------	-------------	------------

No information entered.

Annual Objective [add](#)

Add Project Period Objective

* Objective ID:

* Related Program Goal:

ABC

Characters: 0 / Maximum: 2000

* Priority Area:

- Prevention
- Early Detection
- Palliation/End of Life Care
- Diagnosis
- Screening
- Surveillance and Data
- Survivorship
- Treatment
- Workforce
- Not Applicable
- Other (specify)

- *Cancer Focus:
- All Cancers
 - Breast
 - Cervical
 - Childhood Cancer
 - Colorectal
 - Hematologic
 - Lung
 - Ovarian
 - Prostate
 - Skin
 - Not applicable
 - Other (specify)

* Describe the objective and how it will impact the problem:

ABC

Characters: 0 / Maximum: 2000

* Measurement:
(This section creates the SMART Objective Statement)

Direction of Change: Select Unit of Measurement: Select

Select

Baseline: Target:

Unknown

Data Source: Select one

Timeframe: 06/30/2012 - 06/29/2017

Save Cancel

Add Project Period Objective Progress

Related Project Period Objective:

*Progress Period:

*Objective's Target Met:

Yes No Ongoing

*Current Measurement:

Unknown at this time

*Describe Progress:



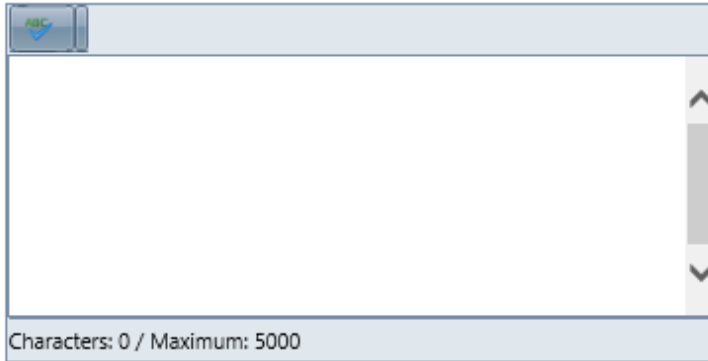
Characters: 0 / Maximum: 5000

*Facilitating Factors of Success:



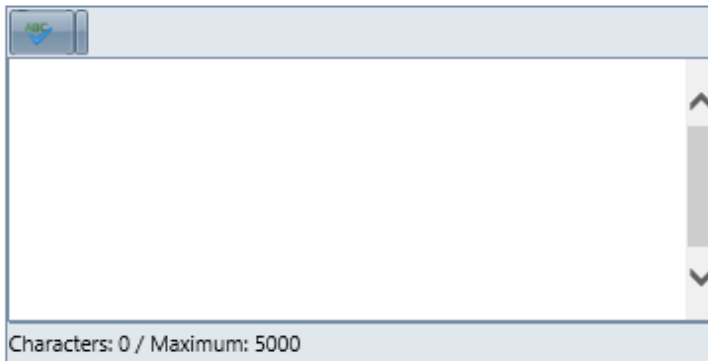
Characters: 0 / Maximum: 5000

*Barriers/Issues Encountered:



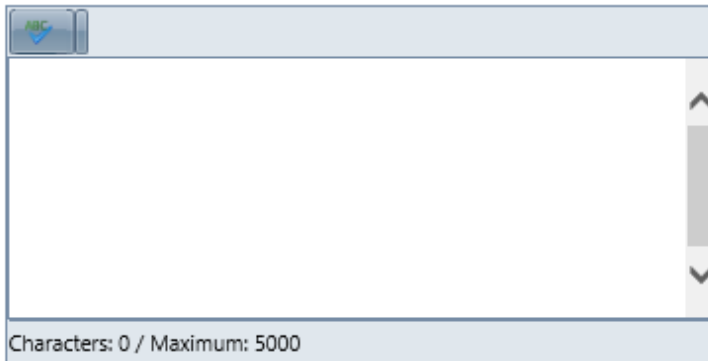
A text input field with a light blue header bar containing a small icon with the letters 'ABC' and a checkmark. The main area is empty. A vertical scrollbar is on the right side. At the bottom, a status bar reads 'Characters: 0 / Maximum: 5000'.

*Plans to Overcome Barriers/Issues Encountered:



A text input field with a light blue header bar containing a small icon with the letters 'ABC' and a checkmark. The main area is empty. A vertical scrollbar is on the right side. At the bottom, a status bar reads 'Characters: 0 / Maximum: 5000'.

Unanticipated Outcomes Resulting from the Objective:



A text input field with a light blue header bar containing a small icon with the letters 'ABC' and a checkmark. The main area is empty. A vertical scrollbar is on the right side. At the bottom, a status bar reads 'Characters: 0 / Maximum: 5000'.

Save Cancel

Add Annual Objective

Related Project Period Objective:

*Objective ID:

*Related FOA Recipient Activity:

- 1. Program Management
- 2. Fiscal Management
- 3. Routinely Utilize Cancer Surveillance Data
- 4. Routinely Support Collaborate and Coordinate with Existing Cancer Coalition
- 5. Maintain, Implement, and Periodically Revise a Comprehensive Cancer Control Plan
- 6. Demonstrate Outcomes through Evaluation to Improve Program Performance

*Describe the objective and how it will impact the problem:

ABC

Characters: 0 / Maximum: 2000

*Population Focus:

- General Population
- Specific Population

*Scope:

- City, County, Local
- Multi-State Region
- National
- Region Within State, Territory, Pacific Island Jurisdiction
- State, Territory, Pacific Island Jurisdiction
- Tribe/Tribal Organization

***Setting:**

- Agriculture
- Community
- Faith-based
- Health Care
- School
- Transportation
- Work Site
- Other (specify)

***Cross-Cutting Issues:**

- Access to Care
- Clinical trials
- Early Detection and Treatment
- Education and Health Promotion
- Epidemiology/Surveillance
- Genomics
- Health disparities/social determinants
- Patient Navigation
- Quality of Care
- Not Applicable
- Other (specify)

***Level of Change:**

- Community/Population
- Individual
- Organizational/System
- Policy
- Provider/Community Health Worker/Patient Navigator
- Other (specify)

***Type of Change:**

- Awareness, Knowledge, Attitude
- Behavior/practice
- Policy

***Measurement:**

(This section creates the SMART Objective Statement)

Direction of Change:	Unit of Measurement:
Select <input type="text"/>	Select <input type="text"/>
Short-Term Outcome Indicator	
Select <input type="text"/>	
Baseline:	Target:
<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Unknown	
Data Source:	
Select one <input type="text"/>	

*Evidence Based Strategy:

Select one

*Identify the Rationale/ Approach for the Strategy:

Select one

*Infrastructure Strategies:

- Communicate with partners
- Communicate with the general public
- Coordinate with other chronic disease programs
- Educate and inform key decision makers
- Ensure a strategic and diverse coalition/partnership
- Ensure program improvement
- Ensure staff has needed competencies (hiring and training)
- Fund coalition/partnership
- Fund local governmental or non-governmental organizations
- Hire competent staff
- Measurement of outcomes and impact through evaluation
- Monitor expenditures routinely
- Monitor implementation of the cancer plan
- Provide training and technical assistance
- Retain competent staff
- Share information from CDC-sponsored meetings or professional training opportunities
- Update the cancer plan
- Utilize cancer surveillance data
- Other (specify)

Timeframe:

06/30/2015 - 06/29/2016

Add Annual Objective Progress

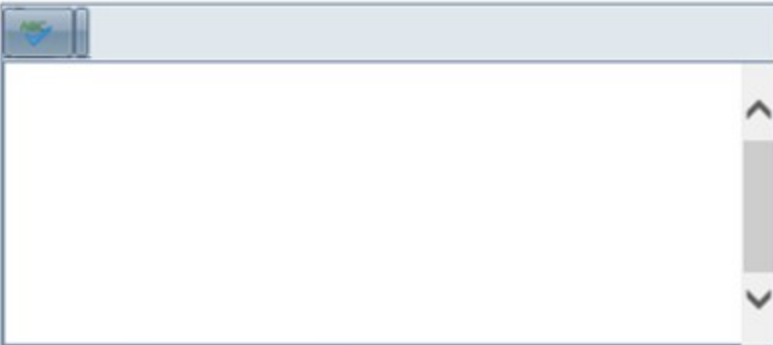
Related Annual Objective:

*Progress Period:

*Objective's Target Met: Yes No Ongoing

*Current Measurement: Unknown at this time

*Describe Progress:



Characters: 0 / Maximum: 5000

*Describe specific partner contributions including activities that supported this progress:



Characters: 0 / Maximum: 5000

*Is this objective related to a PSE Change? Yes No

*Status:

*Title:

*Estimated number of people reached:

*Data Source:

*Most recent data set year:

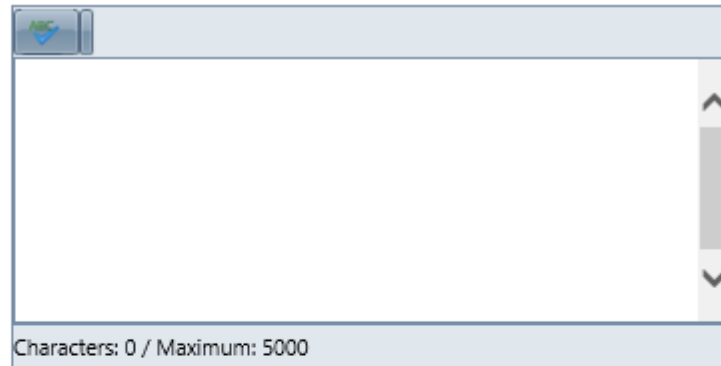
*Facilitating Factors of Success:

Characters: 0 / Maximum: 5000

*Barriers/Issues Encountered:

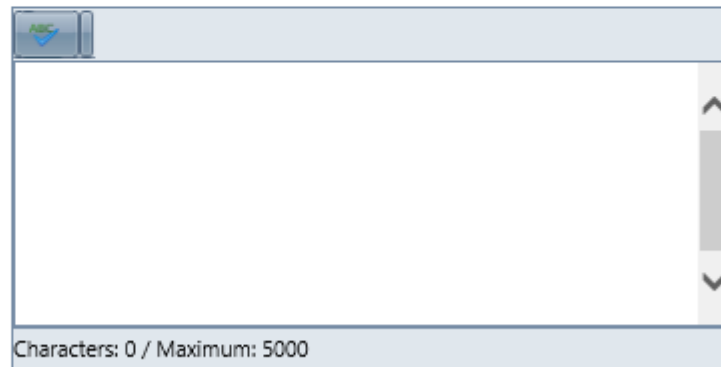
Characters: 0 / Maximum: 5000

*Plans to Overcome
Barriers/Issues
Encountered:



A text input field with a light blue header bar containing a small icon. The main area is a large white rectangle with a vertical scrollbar on the right side. Below the input area, a status bar displays the text "Characters: 0 / Maximum: 5000".

Unanticipated Outcomes
Resulting from the
Objective:



A text input field with a light blue header bar containing a small icon. The main area is a large white rectangle with a vertical scrollbar on the right side. Below the input area, a status bar displays the text "Characters: 0 / Maximum: 5000".

Save Cancel

Add Annual Objective Activity

Related Annual Objective:

*Activity ID:

*Activity Title:

*Activity Description:

Characters: 0 / Maximum: 2000

*Lead Personnel Assigned:

*Key Contributing Partners:

No partners assigned

Partners

*Implementation Workgroups

Select the implementation workgroup(s) the partner is assigned to from the list below:

- Colorectal
- Data and Surveillance
- Primary Prevention: Nutrition/Physical Activity/Obesity
- Primary Prevention: Tobacco
- Survivorship
- Other -Early Detection
- Other -Equitable Access To Care
- Not Applicable

Add

Partner Name

Implementation Workgroups

No Implementation Workgroups Selected

*Key Contributing Contracts/Consultants:

No Contracts/Consultants assigned

Available

Selected



*Timeframe:

Start Date:

End Date:

Save

Cancel

Action Plan Summary

[Download Action Plan Report](#) [Download Action Plan Summary](#) [Download Action Plan Hierarchy](#)

Add Annual Objective Product

Related Annual Objective:

*Product Title:

*Product Description:



Characters: 0 / Maximum: 1500

*Product Type:

Attachment:

File size cannot exceed 10MB