



**Comprehensive Cancer Control**  
**DP17-1701**  
**OMB Screenshots**  
*(CDMIS 7.5 Release)*



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# Login

## Chronic Disease Management Information System (MIS)

User ID: Password: 

### Conditions of Use

- This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes (1) this computer network, (2) all computers connected to this network, and (3) all devices and storage media attached to this network or to a computer on this network.
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**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: 6/30/2019

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, Georgia 30333; ATTN: PRA (0920-0841)

### Collaborative Funding Opportunity Announcement OMB Information:

Form Approved: OMB 0920-0870  
Expiration Date: 11/30/2015

Public reporting burden of this collection of information is estimated to average 6 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 (0920-0870)

### Community Transformation Grant Funding Opportunity Announcement OMB Information:

Form Approved: OMB 0920-0946  
Expiration Date: 8/31/2015

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 (0920-0946)

### Report an Accessibility Problem

If you experience an accessibility problem with this CDC website, please e-mail CDMIS Support at [cdmis@cdc.gov](mailto:cdmis@cdc.gov). Be sure to specify the web page or file which has the accessibility issue.

# Program Information

## Contact Information

### Edit Contact Information

Organization Name:

Grantee Number:

Announcement Number:

DUNS Number:

\*Telephone:    ext.

FAX:

Web Address:

\*Program Mailing Address: \*Address Line 1   
Address Line 2   
\*City, State Zip    Select  -

\*Program Shipping Address:  Same as Program Mailing Address  
\*Address Line 1   
Address Line 2   
\*City, State Zip    Select  -

Principal Investigator: No Principal Investigator entered.  
 Same as Program Mailing Address  
Address Line 1   
Address Line 2   
City, State Zip    Select  -

Business/Financial Official: No Business/Financial Official entered.

Program/Project Manager/Director: No Program/Project Manager/Director entered.

CDC Grants Management Specialist:

CDC Project Officer:

# Program Summary

## Edit Program Summary

\*Grantee Type:

- State/District of Columbia
- Territory/Pacific Island Jurisdiction
- Tribe/Tribal Organization

\*Executive Summary:

ABC

Characters: 0 / Maximum: 5000

# Resources

## Personnel

### Add Personnel

#### Position Details

\* Position:

\* Position Status:  Vacant  Filled

\* Position Description: 

ABC ✓

Characters: 0 / Maximum: 500

#### Search for Existing Personnel

Find Personnel:  [Reset Personnel Details](#)

#### Personnel Details

\* Salutation:

\* First Name:

Middle Name:

\* Last Name:

\* Status:  Active  /  (MM/YYYY)  
 Inactive  /  (MM/YYYY)

\* Telephone:    ext.

FAX:

\* Email:

\* Employment Type:  Grantee Employee  
 Contract Employee  
 Other (specify)

\* Personnel Member is a Subject Matter Expert in:  
 Evaluation  % of Time Allocated  
 Local Implementation  % of Time Allocated  
 Policy, System and Environmental (PSE) Approaches  % of Time Allocated  
 Not Applicable



## Personnel (continued)

\* Personnel Member Competencies:

- Coalition and Partnership Development
- Communications (Public Relations, Media Relations, Social Media)
- Fiscal and Resource Management
- Health Care System Interventions
- Professional Development
- Strategic Planning
- Surveillance, Epidemiology and Utilization of Health Data
- Not applicable
- Other (specify)

\* Related Program Involvement and Program Time Allocation:

- Comprehensive Cancer Control (DP17-1701)
- Comprehensive Cancer Control ( DP17-1701) %

Association to Action Plan - Activities	Time Frame
No activities assigned.	

# Partnerships/Coalitions

## Add Partnership/Coalition

\* Partnership/Coalition Name:

\* Chairperson Name:

\* Chairperson Phone:    ext.

\* Chairperson Email:

Co-Chairperson Name:

Co-Chairperson Phone:    ext.


Co-Chairperson Email:

\* Is this Partnership/Coalition part of a 501c3 Organization?  Yes  No

501c3 Executive Director Name:

501c3 Executive Director Phone:    ext.

501c3 Executive Director Email:

\* Is this Partnership/Coalition Legislatively Mandated?  Yes  No Authorizing Official/Body:  Date Established:  

\* Member Composition:

Other Public Health Programs

- Breast and cervical cancer screening
- Diabetes
- Environmental Health
- Immunization
- Local/Tribal health Departments
- Maternal and child health
- Nutrition
- Physical activity
- SEER Cancer Registry
- State/Tribe/Territory/Pacific Island Jurisdiction CCC
- State/Tribe/Territory/Pacific Island Jurisdiction Health Commissioners
- State/Tribe/Territory/Pacific Island Jurisdiction Health Departments
- State/Tribe/Territory/Pacific Island Jurisdiction Office of Minority Health
- Tobacco control
- Urban Indian Health Centers
- Other (specify)

Other Government Entities

- Bureau of Indian Affairs
- City Planning and Land Use
- Department of Agriculture (e.g., Cooperative Extension Programs)
- Health Resources and Services Administration (HRSA)
- Human services agencies (specify)
- Indian Health Service
- Parks and Recreation
- Quality Improvement Organization for Medicare
- State/Tribe/Territory/Pacific Island Jurisdiction Education agencies
- State/Tribe/Territory/Pacific Island Jurisdiction Medicaid Agency
- Transportation Department
- Other (specify)

Professional Associations/Organizations

- American Academy of Dermatology
- American Academy of Family Physicians
- American Academy of Pediatrics
- American Cancer Society
- American College of Obstetrics and Gynecology
- American College of Physicians
- American College of Surgeons
- American Society of Clinical Oncology
- Association of American Indian Physicians
- Foundations
- Hospital associations
- Intercultural Cancer Council
- Nurses associations
- Primary care associations
- Rural health organizations
- State/Tribe/Territory/Pacific Island Jurisdiction Medical Societies/Associations
- Other (specify)

## Partnerships/Coalitions (continued)

### Academic/Medical Institutions

- Clinical Community oncology programs
- Community cancer centers
- Federally Qualified Health Centers (FQHC)
- For-profit hospitals (that are not Cancer Centers)
- Historically Black Colleges and Universities
- Hospice organizations
- Individual physicians
- Major Health System Organizations (e.g., HMO, Regional Hospitals)
- Medical Schools
- Minority Commissions
- NCI Designated Cancer Centers
- Prevention Research Centers
- Primary Health Care Facilities
- Schools of public health
- Tribal Colleges and Universities
- Other academic institutions
- Other(specify)  
\_\_\_\_\_

### Business/Industry

- Corporations or Businesses
- Environmental Organizations
- Fitness/Health
- Food and Beverage Industry
- Health plans/insurance companies
- Other corporations or businesses
- Pharmaceutical companies
- Other (specify)  
\_\_\_\_\_

### Political Leaders

- Governor or staff
- Indigenous Leaders
- Legislators or staff
- Other political leaders (mayors, city council, judges, etc.)
- Tribal Council
- Tribal Health administrators
- Tribal Leaders
- Other (specify)  
\_\_\_\_\_

### Community-Based Organizations

- Civic Organizations
- Community board members
- Faith-based organizations
- Minority organizations
- Survivor Groups
- YMCA
- Other (specify)  
\_\_\_\_\_

### CDC Chronic Disease Programs

- Colorectal Cancer Control Program
- High Obesity Program
- National Breast and Cervical Cancer Early Detection Program (NBCCEDP)
- National Program of Cancer Registries (NPCR)
- National Tobacco Control Program
- REACH
- State/Local/Tribal Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity
- WiseWoman
- Other (specify)  
\_\_\_\_\_
- Other (specify)  
\_\_\_\_\_

### Other

- Advisory Board
- All Tribes in the region
- Education (e.g., School Districts, After School Programs, Preschool)
- Individual Survivors
- Legal/Policy Experts
- Media
- Resource Centers
- Other (specify)  
\_\_\_\_\_
- Other (specify)  
\_\_\_\_\_
- Other (specify)  
\_\_\_\_\_

## Partnerships/Coalitions (continued)

\* Workgroups in Partnership/Coalition:

- Breast
- Cervical
- Colorectal
- Data and Surveillance
- Diagnosis/Treatment (Clinical Trials Survivorship)
- Diagnosis/Treatment (General)
- Early Detection
- Evaluation
- Health Disparities
- Lung
- Primary Prevention: General
- Primary Prevention: Nutrition/Physical Activity/Obesity
- Primary Prevention: Tobacco
- Policy, System and Environmental Change Approaches
- Screening
- Skin
- Survivorship
- Other (specify)
- Other (specify)
- Other (specify)

\* Race, Ethnicity and Geographic Representation:

- Racial Populations
- African American or Black
  - American Indian or Alaskan Native
  - Asian Indian
  - Chinese
  - Filipino
  - Japanese
  - Korean
  - Vietnamese
  - Other Asian (specify)
  - Native Hawaiian or Other Pacific Islander
  - Guamanian or Chamorro
  - Samoan
  - White
  - Other (specify)
- Ethnic Populations
- Hispanic or Latino
  - Non-Hispanic or Latino
- Geography
- Frontier
  - Rural
  - Urban

\* Number of Organizations in Partnership/Coalition:

\* Number of Individuals in Partnership/Coalition:

\* Date of Last Partnership Assessment:



Save

Cancel

# Partnerships/Coalitions Attachments

## Add Partnership/Coalition Attachment

\* Document Title:

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

\* Date Revised:

\* Type:

- By laws or operating procedures
- Member roster
- Partnership/Coalition Evaluation Results
- Partnership/Coalition Structure or Organization Chart
- Other (specify)

# Partners

## Add Partner

\* Status:  Active    Inactive

**Search for Existing Partner**

Find Partner:  [Reset Name & Details](#)

\* Partner Name:

**Partner Details**

\* Programs Involved: Comprehensive Cancer Control (DP17-1701)  
 Comprehensive Cancer Control ( DP17-1701)

\* Partner Type:

Partner Agreement/MOU/MOA:    
 File size cannot exceed 10MB  
 Note: Attaching a second file will overwrite the existing file.

# Contracts/Consultants

## Add Contract

\* Contract Status:  Awarded  Not Awarded

\* Primary Role in Program:

\* Organization Name:

\* Organization Type:

\* Organization's Status on Contract:  Active  Inactive

\* Is contract funded by this FOA?  Yes  No

Amount of Contract Funded by this FOA: \$

Fully Funded

Partially Funded

Describe Other Funding Sources:

ABC

Characters: 0 / Maximum: 500

No

Describe Other Funding Sources:

ABC

Characters: 0 / Maximum: 500

\* Contract/Consultant is a Subject Matter Expert in:

Evaluation  % of Time Allocated

Local Implementation  % of Time Allocated

Policy, System and Environmental (PSE) Approaches  % of Time Allocated

Not Applicable

# Financial

## Leveraged Funds

### Add Leveraged Funds

\* Source of Funds:

\* Organization Type:

\* Amount of Funds: \$

\* Description: 

Characters: 0 / Maximum: 1500

# In-kind

## Add In-kind Contributions

Summary of Contributions:	Meeting/Conference Support	<input type="text" value="0"/>
	Media/Publishing	<input type="text" value="0"/>
	Personnel	<input type="text" value="0"/>
	Printing	<input type="text" value="0"/>
	Supplies	<input type="text" value="0"/>
	Travel	<input type="text" value="0"/>
	Other(specify)	<input type="text" value="0"/>
	<input type="text"/>	<input type="text" value="0"/>
	Other(specify)	<input type="text" value="0"/>
	<input type="text"/>	<input type="text" value="0"/>
	Other(specify)	<input type="text" value="0"/>
	<input type="text"/>	<input type="text" value="0"/>
	Total Contributions:	\$0

Attach Additional Details:

File size cannot exceed 10MB

Attached:

Note: Attaching a second file will overwrite the existing file.



# Planning

## Standard Data Sources

### Standard Data Sources

\*Standard Data Sources:

	Most Recent Data Set Year
<input type="checkbox"/> Adult Tobacco Survey (ATS)	
<input type="checkbox"/> Air Quality Monitoring	
<input type="checkbox"/> American Cancer Society Facts and Figures	
<input type="checkbox"/> American Indian Adult Tobacco Survey (AIATS)	
<input type="checkbox"/> Behavioral Risk Factor Surveillance System (BRFSS)	
<input type="checkbox"/> BRFSS Adult HPV	
<input type="checkbox"/> BRFSS Child HPV	
<input type="checkbox"/> BRFSS Colorectal Cancer Screening	
<input type="checkbox"/> BRFSS Prostate Cancer Screening	
<input type="checkbox"/> BRFSS Women's Health	
<input type="checkbox"/> Centers for Medicare and Medicaid Services (CMS)	
<input type="checkbox"/> Chronic Disease Indicators	
<input type="checkbox"/> Community Health Assessment and Group Evaluation (CHANGE)	
<input type="checkbox"/> Community Health Status Indicators (CHSI)	
<input type="checkbox"/> FitnessGram	
<input type="checkbox"/> Health Plan Employer Data and Information Set (HEDIS)	
<input type="checkbox"/> Hospital Discharge Data	
<input type="checkbox"/> Indian Health Service	
<input type="checkbox"/> Kaiser Foundation	
<input type="checkbox"/> National Adult Tobacco Survey	
<input type="checkbox"/> National Cancer Data Base (NCDB)	
<input type="checkbox"/> National Health and Nutrition Examination Survey (NHANES)	
<input type="checkbox"/> National Health Interview Survey (NHIS)	
<input type="checkbox"/> National Immunization Survey (NIS)	
<input type="checkbox"/> National Program of Cancer Registries	
<input type="checkbox"/> National Youth Tobacco Survey (NYTS)	
<input type="checkbox"/> Pediatric Nutrition Surveillance System (PedNSS)	
<input type="checkbox"/> Pregnancy Nutrition Surveillance System (PNSS)	
<input type="checkbox"/> Pregnancy Risk Assessment Monitoring System (PRAMS)	
<input type="checkbox"/> REACH Risk Factor Surveillance System	
<input type="checkbox"/> School Health Education Profile	
<input type="checkbox"/> State HANES	
<input type="checkbox"/> State Health Interview Survey	
<input type="checkbox"/> Surveillance Epidemiology and End Results (SEER) Program	
<input type="checkbox"/> U.S. Census	
<input type="checkbox"/> Uniform Data System (UDS) (HRSA)	
<input type="checkbox"/> United States Renal Data System (USRDS)	
<input type="checkbox"/> Vital statistics	
<input type="checkbox"/> Women, Infants, and Children (WIC)	
<input type="checkbox"/> Youth Risk Behavior Surveillance System (YRBSS)	
<input type="checkbox"/> Other (specify)	

### Association to Action Plan

No objectives assigned.

Save Cancel

## Other Data Sources

### Add Other Data Source

\* Data Source Name:

\* Population Sampled:

ABC

Characters: 0 / Maximum: 1500

\* Collection Methods:

ABC

Characters: 0 / Maximum: 1500

\* Frequency:

Ongoing Collections    Single Collection

\* Most Recent Year Collected:


(YYYY)

# Evaluation

## 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:

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:


 

Characters: 0 / Maximum: 2000



## Evaluation (continued)

Were the evaluation results disseminated?

Yes


Enter Date of Dissemination  

Describe how evaluation results were disseminated:



 

Characters: 0 / Maximum: 2000

No

Expected Date of Dissemination  

Explain Barriers or Issues:



 

Characters: 0 / Maximum: 2000

Were enhancements made based on the evaluation findings?

Yes  No

Describe enhancements or barriers:

Characters: 0 / Maximum: 5000


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

## Evaluation Documents

### Add Evaluation Documents

\* Document Title:

\* File Name and Location:  Browse... File size cannot exceed 10MB

\* Date:  

\* Type:


- Manuscript
- Success Story
- White Paper
- Evaluation Brief
- Other (specify)

\* Is this one of the four required evaluation dissemination documents?  Yes  No


\* Was this document published in a peer review journal?

Yes

\* Journal Name

\* Publication Date  

Pending

\* Anticipated Publication Date  


No

## Plans and Logic Models

### Add Plans and Logic Models

\* Document Title:

\* File Name and Location:  Browse... 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
- Strategic Plan
- Sustainability Plan
- Other(Specify)