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Public Health Emergency Preparedness (PHEP) Cooperative Agreement	\$8,008,571	\$800,857	6
CDC-RFA-DPP22-2202, Cancer Prevention and Control Programs for State, Territorial, and Tribal Organizations	\$2,042,182	\$484,357	9
Hospital Preparedness Program (HPP) Cooperative Agreement	\$2,654,184	\$265,418	13
Maternal, Infant and Early Childhood Home visiting Grant Program	\$7,912,916 \$7,625,880	\$241,964 \$0	15
OK Healthy Brain Initiative (OHBI) which will provide TA to Implement Public Health Actions related to cognitive health	\$500,000	\$150,000	17
ELC – Supplemental	\$354,035.18	\$0	19
WIC Food Grant	\$50,649,925	\$0	21
OK Initiative to Address COVID-19 Health Disparities	\$43,768,887	\$0	22
Strengthening Public Health Infrastructure Grant	\$37,738,018	\$0	23
WIC Administration	\$23,677,432	\$0	24
Cooperative Agreement for Emergency Response: Public Health Crisis Response – 2018	\$23,036,076	\$0	25
CDC-RFA-IP19-1901 Immunization and Vaccines for Children	\$19,645,614	\$0	27
Medicare Funds	\$7,374,811	\$0	30
Oklahoma – Strengthening STD Prevention and Control for Health Departments	\$4,957,777	\$0	32
ELC – Core	\$4,898,973	\$0	33
OK High Impact HIV Prevention and Surveillance Programs for Health Departments	\$3,983,794	\$0	36
Community Based Child Abuse Prevention Grants	\$3,176,094	\$0	37
OK Overdose Data to Action Surveillance and Prevention Program	\$2,453,381	\$0	39

Ending the HIV Epidemic: A plan for America – Ryan White HIV/AIDS Program Parts A and B	\$2,000,000	\$0	41
Preventive Health and Health Services Block Grant	\$1,661,224	\$0	42
OK Tobacco Core Grant	\$1,618,668	\$0	44
Grants to State for Loan Repayment	\$1,509,000	\$0	46
Medical Reserve Corps Small Grant Program	\$1,200,000	\$0	47
Community Based Child Abuse Prevention Grants	\$1,114,701 \$1,083,001	\$0 \$0	50
OSDH Chronic Disease Prevention Program: The National Cardiovascular Health Program (DP-23-0004)	\$1,102,086	\$0	52
WIC Modernization Grant	\$1,088,501	\$0	54
WIC Breast Feeding Peer Counseling	\$1,072,335	\$0	55
A Strategic Approach to Advancing Health Equity for Priority Populations with or at risk for Diabetes – 2023	\$1,000,000	\$0	56
State Maternal Health Innovation Program	\$1,000,000	\$0	58
OK Community Health Workforce Initiative	\$1,000,000	\$0	59
Sexual Risk Avoidance Education (SRAE)	\$946,712	\$0	61
Tuberculosis Elimination and Laboratory Cooperative Agreement	\$725,629	\$0	62
Personal Responsibility Education Program	\$664,271 \$622,748	\$0 \$0	64
OK Viral Hepatitis B and Hepatitis C Prevention and Surveillance Project	\$584,738	\$0	65
OK Rape Prevention and Education Program	\$551,098	\$0	66
Maternal Mortality Review Committee financial support to improve data quality and timeliness – ERASE	\$495,000	\$0	68
Oklahoma – CLIA	\$492,230	\$0	70
OK Childhood Lead Poisoning Prevention Program has identified three goals to ensure project success including enhanced surveillance, improved linkage to care and increased testing	\$468,678	\$0	71
Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response – Monkey Pox	\$437,893	\$0	73
OK Behavioral Risk Factor Surveillance System	\$381,000	\$0	75

State Newborn Screening System Priorities Program	\$357,800	\$0	77
Early Hearing Detection and Intervention Information System (EHD-IS) Surveillance Program	\$320,000	\$0	78
OK Violent Death Reporting System	\$312,737	\$0	80
OK Impact Award	\$271,087	\$0	82
OK Core State Injury Prevention Program	\$250,000	\$0	83
Universal Newborn Hearing Screening	\$235,000	\$0	85
OK State Public Health Approaches to Addressing Arthritis	\$225,000	\$0	87
State Primary Care Offices	\$224,803	\$0	89
The OK Pregnancy Risk Assessment Monitoring System (PRAMS)	\$175,000	\$0	90
Advancing Health Equity: District 9 Accelerator Plan in SE Oklahoma	\$125,000	\$0	91
WIC Breastfeeding Performance Bonus Award	\$116,368	\$0	92
OK School-Based Surveillance Project	\$112,500	\$0	93
OK State Systems Development Initiative	\$100,000	\$0	94

Oklahoma State Department of Health (OSDH - 340) Annual Financial Disclosures

Date: 12/31/2024

REVENUE SOURCE: AR

Source	CFDA	Grant Name		
HRSA	93.994	Maternal and Child Health Services		
Principal Investigator		Joyce Marshall	FAIN	B04MC54570
Federal Award		\$ 5,143,035 (OSDH portion)	Non-Fed Award	\$ 3,937,948
Budget Begin Date		10/01/2024	Grant Period Begin Date	10/01/2024
Budget End Date		09/30/2026	Grant Period End Date	09/30/2026

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

HRSA 93.994 Title V Maternal and Child Health (MCH) Block Grant

*Title V runs overlapping grant project periods

Oklahoma benefits approximately 1.3 million women, infants, and children with Title V programs. In Oklahoma, Title V is administered by the Oklahoma State Department of Health (OSDH) and the Department of Human Services (DHS), in close partnership with the Oklahoma Family Network (OFN).

Reporting requirements include:

- Title V MCH Block grantees are required to write annual reports and every five years complete a statewide needs assessment, which we are currently in the process of completing for 2025-2030.
- MCH must participate in all required trainings, data collection activities, and submit all required paperwork as a condition of this grant.
- Must meet extensive registration, financial and programmatic reporting, and payment/funding requirements.
- Travel is required for the MCH and CSHCN Directors for the Block Grant Application/ Annual Report Review and the MCH Federal State Technical Assistance Partners Meeting.

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

- Cannot fund more than 10% for administrative costs
- Cannot spend less than 30% of total grant for services/programs for children and adolescents
- Cannot spend less than 30% for services/programs for Children with Special Health Care Needs.
- One-third of funds received go directly to DHS for Children with Special Health Care Needs pursuant to grant agreement and current state law.

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

A \$3 state match for every \$4 in federal funding is required from each funded entity.

REVENUE SOURCE: CP

Source	CFDA	Grant Name		
HRSA	93.917	RYAN WHITE CARE ACT TITLE II		
Principal Investigator		Olivia Scott	FAIN	X07HA00048
Federal Award		\$ 9,389,739	Non-Fed Award	\$ 2,347,435
Budget Begin Date		04/01/2024	Grant Period Begin Date	04/01/2022
Budget End Date		03/31/2025	Grant Period End Date	03/31/2027

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

Funding for the Ryan White (RW) Part B grant is noncompetitive and formula based (calculated based on the number of individuals living with HIV in Oklahoma) funding received by the Oklahoma State Department of Health from the Health Resources and Services Administration. The grant funds HIV care services and provides HIV medications to low-income HIV infected individuals residing in the state of Oklahoma. Services provided through the program include outpatient ambulatory HIV care including laboratory testing, medical and social services case management, oral health care, medical transportation, home health, emergency financial services, nutrition counseling, mental health, HIV drug assistance, health insurance assistance and copay assistance. The program has eligibility requirements and serves individuals at 500% FPL and below. To continue to receive funding for this grant, the Oklahoma State Department of Health must submit a yearly application and meet federal reporting requirements which include submitting multiple data, financial and narrative reports over the course of the funding year.

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

HRSA requires administrative costs be limited to 10%. There is a Maintenance of Effort (MOE) requirement the state is required to meet of \$786,000. This requires that the state maintain the same level of funding for HIV care in the current year as was earmarked the previous year. MOE is accomplished utilizing available rebate funds or state appropriations.

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

State match of \$2,347,435 required, based on current number of HIV cases

REVENUE SOURCE: CF5

Source	CFDA	Grant Name		
CDC	93.069	Public Health Emergency Preparedness (PHEP) Cooperative Agreement		
Principal Investigator		Sharon DellaVecchio	FAIN	NU90TU000034
Federal Award		\$ 8,008,571	Non-Fed Award	\$ 800,857
Budget Begin Date		07/01/2024	Grant Period Begin Date	07/01/2024
Budget End Date		06/30/2025	Grant Period End Date	06/30/2029

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

The Public Health Emergency Preparedness (PHEP) cooperative agreement is a critical source of funding for state, local, and territorial public health departments. The purpose of this funding is to strengthen state, tribal, local and territorial (STLT) public health preparedness, response, and recovery capacity and capability through a continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and implementing corrective actions. The reporting requirements are performance progress and monitoring, evaluation and performance measurement plan, quarterly updates and performance reports.

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
 - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order
 - proposed or pending before any legislative body
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Recipients may supplement but not supplant existing state or federal funds for activities described in the budget.

- Payment or reimbursement of backfilling costs for staff is not allowed.
- None of the funds awarded to these programs may be used to pay the salary of an individual at a rate in excess of Executive Level II or \$192,300 per year.
- Funds may not be used to purchase or support (feed) animals for labs, including mice.
- Funds may not be used to purchase a house or other living quarters for those under quarantine. Rental may be allowed with approval from the CDC OGS. • Recipients may (with prior approval) use funds for overtime for individuals directly associated (listed in personnel costs) with the award with prior approval from CDC OGS.
- Recipients may not use funds for construction or major renovations.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly justified in the budget.
- Funds cannot be used to purchase over-the road passenger vehicles.
- Funds cannot be used to purchase vehicles to be used as means of transportation for carrying people or goods, such as passenger cars or trucks and electrical or gas-driven motorized carts.
- Recipients can (with prior approval) use funds to lease vehicles to be used as means of transportation for carrying people or goods, e.g., passenger cars or trucks and electrical or gas-driven motorized carts during times of need.
- Additionally, PHEP grant funds can (with prior approval) be used to make transportation agreements with commercial carriers for movement of materials, supplies and equipment. Funds can (with prior approval) be used to procure leased or rental vehicles for movement of materials, supplies and equipment.
- Recipients can (with prior approval) use funds to purchase material-handling.
- Recipients may purchase basic (non-motorized) trailers with prior approval from the CDC OGS.
- Funds may not be used to purchase clothing such as jeans, cargo pants, polo shirts, jumpsuits, sweatshirts, or T-shirts. Purchase of vests to be worn during exercises or responses may be allowed.
- Generally, funds may not be used to purchase food.
- PHEP recipients can, with prior CDC approval, use funds to purchase caches of antibiotics for use by public health responders and their households to ensure the health and safety of the public health workforce during an emergency response, or an exercise to test response plans. Funds may not be used to supplant other funding intended to achieve this objective.
- PHEP recipients can, with prior CDC approval, use funds to purchase caches of vaccines for public health responders and their households to ensure the health and safety of the public health workforce.
- PHEP recipients can, with prior CDC approval, use funds to purchase caches of vaccines for select critical workforce groups to ensure their health and safety during an exercise testing response plans.
- Recipients may not use PHEP funds to supplant other funding intended to achieve these objectives.
- PHEP funds may not be used to purchase vaccines for seasonal influenza mass vaccination clinics or other routine vaccinations covered by ACIP schedules.

- CDC has amended its PHEP funding restrictions regarding the purchase of vaccines for the general public. On a case-by-case basis and only with CDC prior approval, PHEP funds may be used to purchase limited supplies of
- vaccines for emergency response activities that help jurisdictions strengthen their public health preparedness and response capabilities. This purchase should only be used when necessary for the rapid distribution and administration of
- medical countermeasures such as during a supply disruption (Section 2802 of the PHS Act).
- Recipients may not use funds for clinical care except as allowed by law.
- Instruments, reagents and supplies for the following are not generally purchased with PHEP funding:
 - Instruments, reagents and supplies for testing seasonal influenza;
 - Instruments, reagents and supplies for testing rabies;
 - Instruments, reagents and supplies for routine food testing (surveillance);
 - Instruments, reagents and supplies for testing vaccine preventable diseases (e.g. measles, mumps, etc.)
 - Instruments, reagents and supplies for routine testing of vector-borne illnesses (both clinical and vector surveillance);
 - Routine drug screening of laboratory staff.

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

PHEP requires a state match of 10% funded with state appropriations.

REVENUE SOURCE: BI

Source	CFDA	Grant Name	
CDC	93.898	CDC-RFA-DP22-2202, Cancer Prevention and Control Programs for State, Territorial, and Tribal Organizations	
Principal Investigator		Jennifer Gingerich	FAIN NU58DP007125
Federal Award		\$ 2,042,182	Non-Fed Award \$ 484,357
Budget Begin Date		06/30/2024	Grant Period Begin Date 06/30/2022
Budget End Date		06/29/2025	Grant Period End Date 06/29/2027

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

Oklahoma receives funding CDC for Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations. Within Oklahoma the grant is known as Oklahoma Cancer Prevention and Control Programs (Breast and Cervical Cancer Early Detection Program/Take Charge) Oklahoma Comprehensive Cancer Control Program, and the Oklahoma Central Cancer Registry. Each of these programs helps Oklahomans in different ways when it comes to helping reduce the morbidity and mortality from all cancers in Oklahoma.

Take Charge which is Oklahoma's National Breast and Cervical Cancer Early Detection Program is tasked with helping to reduce morbidity and mortality from breast and cervical cancer. Take Charge is able to help individuals ages 21 to 64 who are in need breast and/or cervical cancer screening. To be eligible for the services individuals must fall within the stated age range, be uninsured or underinsured (which is an unmet deductible of \$150.00+), they must be within 185% of the Federal Poverty Level (FPL), and Take Charge must be the payer of last resort. Since Medicaid expansion is set at around 138% FPL there are still a number of individuals who qualify for Take Charge services. Take Charge is responsible for providing a \$1.00 for every \$3.00 supplied by CDC. Take Charge can only help in the detection and diagnosing of breast and/or cervical cancer; Take Charge is not allowed to help with treatment per the Cooperative Agreement with the CDC. Take Charge partners with fee-for-service providers around the State for clinical screening, mammograms, and diagnostic testing. Take Charge is also currently working on a pilot program to reintroduce Take Charge to some of our County Health Departments. The statutory authority is The National Breast and Cervical Cancer Early Detection Program (NBCCEDP) authorized under sections 1501-1510 [42 U.S.C. 300k, 42 U.S.C. 300l, 42 U.S.C. 3001-1, 42 U.S.C. 300m, 42 U.S.C. 300n, 42 U.S.C. 300 n-1, 42 U.S.C. 300 n-2, 42 U.S.C. 300 n-3, 42 U.S.C. 300 n-4, 42.U.S.C. 300-4a, 42 U.S.C. 300 n-5] of the Public Health Service Act, as amended.

Oklahoma Comprehensive Cancer Control Program (OCCCCP), is Oklahoma's version of the National Comprehensive Cancer Control Program. This program focuses on additional cancers besides breast and cervical cancers. Additionally, OCCCCP is responsible for both ensuring that the State's Comprehensive Cancer Network (OCCN) which is Oklahoma's cancer coalition is up and running and is doing so successfully. Part of the mission of both the OCCCCP and the OCCN was to ensure that Oklahoma had an updated Comprehensive Cancer Plan in place for the next 5 years. The plan focused on breast, cervical, colorectal, lung, prostate, and childhood cancer survivorship. The OCCCCP also has projects focused on helping to ensure that children are making healthy choices by helping children understand a healthy foundation through the GoNapSacc program and the Junior Master Gardener

program. The grant recommends a match from OCCCP of at least 10% of the amount that is supplied. The statutory authority is 317(k) (2) and (e) of the Public Health Service Act, [42 U.S.C. section 247b (e) and (k) (2)], as amended.

The Oklahoma Central Cancer Registry is responsible for implementing a population-based core Cancer Registry program. They also provide GIS mapping, data via maps, graphics, etc. for use in helping write grants but also to help determine populations needing the services of one or more management team within OSDH or the CDC. The grant requires matching funds in the amount of one dollar for every four dollars of Federal funds. A Maintenance of Effort is required for this program. The statutory authority is authorized under the Public Health Service Act, (42 USC 280e-280e-4; Public Law 102-515), as amended.

To continue funding awardees must:

- Report performance measures
- Submit evaluation reports
- Submit six-month reporting requirements including budget, work plan, and additional reports
- Must attend required CDC Meetings and Trainings throughout the grant cycle

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
 - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

Component specific restrictions

Take Charge Program

- As specified in PL 101-354, use of federal funds for treatment is prohibited.
- As specified by PL 101-354, not more than 10 percent of cooperative funds awarded may be spent annually for administrative expenses. These administrative expenses are in lieu of and replace indirect costs [Section 1504(f) of the PHS Act, as amended].

Comprehensive Cancer Control Program

- No more than 40% of the requested budget is allocated for program staffing.
- In addition, an applicant must ensure that at least 60% of the requested budget is allocated to program implementation at state and local levels.

Cancer Register

- As specified in the Public Health Service Act, (42 USC 280e-280e-4), as amended, cooperative agreement funds must not be used for purposes other than those outlined in this announcement.
- May not purchase licensing, or development of central cancer registry applications or database systems that perform the same functions as tools provided by CDC/NPCR (see CDC/NPCR Registry Plus module description).
- May not design and development of new software and/or enhancement of an existing central cancer registry database management system where publicly available products exist.
- May not have funding for activities associated with the maintenance and support of a central registry database system that exceeds 20 percent of the total direct budget request per year.
- May not direct data collection in reporting facilities unless justified.
- May not abstract from hard-copy medical records at the central cancer registry unless justified.
- May not purchase promotional items.
- May not travel international (exception Canada for NAACCR conference). May not travel to meetings not directly related to cancer registries.
- May not use funds for cell phones, blackberries, palm pilots, or any other personal electronic device.
- May not use funds for automobiles or construction.
- Funds must be used to supplement not to supplant existing State and/or other Federal resources.

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

Take Charge Program

- \$3.00 of federal funding for each \$1.00 Non-Federal Match. Matching funds Funding source State Funds - Section 1502(a) and (b)(1), (2), and (3) of the Public Health Services PHS) Act; Estimated approximately \$300,000.00 in FY 2026

Oklahoma Comprehensive Cancer Control Program

- Cost sharing funds in an amount not less than 10% of Federal funds awarded under this program. Although there is no cost-sharing requirement, recipients should document and report how funds have been leveraged to increase financial and in-kind support for their NCCCP work plans and coalitions. Estimated approximately \$42,000.00 in FY 2026

Oklahoma Central Cancer Registry

- \$4.00 of federal funding for each \$1.00 Non-Federal Match. Per PHS Act (42 USC 280e-280e-4), matching funds are required for Program 3, NPCR applicants in an amount not less than 25 percent of such costs or one dollar for every four dollars of Federal funds awarded under this program; [Title 42, Chapter 6A, Subchapter II, Part M, § 280e(b)(1)]. Funding source is State Funds- Estimated approximately \$200,000.00 in FY 2026. Maintenance of Effort (MOE) Requirement- Estimated approximately \$63,000.00 in FY 2026

REVENUE SOURCE: CU

Source	CFDA	Grant Name		
CDC	93.889	Hospital Preparedness Program (HPP) Cooperative Agreement		
Principal Investigator		Sharon DellaVecchio	FAIN	U3REP240776
Federal Award		\$ 2,654,184.00	Non-Fed Award	\$ 265,418.00
Budget Begin Date		07/01/2024	Grant Period Begin Date	07/01/2024
Budget End Date		06/30/2025	Grant Period End Date	06/30/2029

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

The Hospital Preparedness Program (HPP) cooperative agreement is a whole-of-community endeavor that connects health care entities at the local, state, regional, and national levels to plan for and respond to emergencies and disasters to address community needs, building connectivity and saving lives. Progress reporting and annual financial reporting are required.

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the
- budget.
- Recipients may not use funds for lobbying activities
- Salaries may not exceed the rate of \$189,600 USD per year
- Funding under these awards may only be used for minor alteration and renovation (A&R) activities.
- HPP funds may not be used to purchase clothing for promotional purposes. Clothing that can be used for personal protective equipment
- (PPE) and/or response purposes, and can be re-issued, may be purchased.
- Recipients may not use funds to purchase a house or other living quarters for those under quarantine.
- HPP recipients may (with prior approval) use funds for overtime for individuals directly associated (listed in personnel costs) with the award.

- HPP recipients cannot use funds to support standalone, single-facility exercises.
- HPP recipients cannot spend HPP funds on training courses, exercises, and planning resources when similar offerings are available at no cost.
- HPP grant funds can (with prior approval) be used to purchase HCC material-handling.
- HPP grant funds cannot be used to purchase over-the-road passenger vehicles.
- HPP grant funds can (with prior approval) be used to procure leased or rental vehicles as means of transportation for carrying people (e.g., passenger cars or trucks) during times of need.
- HPP grant funds can (with prior approval) be used to procure leased or rental vehicles for movement of materials, supplies and equipment by HCC members.
- Additionally, HPP grant funds can (with prior approval)

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

HPP requires a state match of 10% funded with state appropriations.

REVENUE SOURCE: DK

Source	CFDA	Grant Name	
HRSA	93.87	Maternal, Infant and Early Childhood Homevisiting Grant Program	
Principal Investigator		Juan Delara	FAIN X10MC53634
Federal Award		\$ 7,912,916.00	Non-Fed Award \$ 241,964.00
Budget Begin Date		09/30/2024	Grant Period Begin Date 09/30/2024
Budget End Date		09/29/2026	Grant Period End Date 09/29/2026

Source	CFDA	Grant Name	
HRSA	93.87	Maternal, Infant and Early Childhood Homevisiting Grant Program	
Principal Investigator		Juan Delara	FAIN X10MC50323
Federal Award		\$ 7,625,880	Non-Fed Award \$
Budget Begin Date		09/30/2023	Grant Period Begin Date 09/30/2023
Budget End Date		09/29/2025	Grant Period End Date 09/29/2025

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Grants fund programs that provide evidence based home visiting services to pregnant women and families, particularly those considered at-risk, necessary resources and skills to raise children who are physically, socially, and emotionally healthy and ready to learn. From birth to kindergarten entry, The Maternal, Infant, and Early Childhood Home Visiting Grants provide funding, to develop and implement evidence-based, voluntary home visiting programs to pregnant women and families (particularly those considered at-risk) that best meet the needs. By electing to participate in local home visiting programs, families receive help from health, social service, and child development professionals. Through regular, planned home visits, parents learn how to improve their family's health and provide better opportunities for their children. Grantees must give priority to families living in at-risk communities as identified by the statewide needs assessment. Set requirements for grant award and sustainability include ongoing fiscal and program and evaluation reporting activities and meeting established benchmarks. Additionally, the legislation that established the Maternal, Infant, and Early Childhood Home Visiting program requires that grantees demonstrate measurable improvement in at least four of the following six benchmark domains:

- Improvement in maternal and newborn health
- Reduction in child injuries, abuse, and neglect
- Improved school readiness and achievement

- Reduction in crime or domestic violence
- Improved family economic self-sufficiency
- Improved coordination and referral for other community resources and supports

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

- No more than 25% can be spent on Recipient Level Infrastructure Costs
- No more than 10% can be spent on Administrative Expenditures
- No more than 10% can be spent on State-Led Evaluation

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

Cost sharing or matching is required to qualify for matching funds under the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program per the authorizing statute. For matching funds, HRSA will contribute 75% of the funding and eligible entities/recipients will contribute 25% in non-federal funds up to a ceiling amount. The federal obligation is determined by a statutory formula. Recipients must identify and track federal matching funds separately from federal base funds awarded.

REVENUE SOURCE: DC

Source	CFDA	Grant Name		
CDC	93.334	Oklahoma Healthy Brain Initiative (OHBI) which will provide Technical Assistance to implement Public Health Actions related to cognitive health		
Principal Investigator		Morgan Hamilton	FAIN	NU58DP007498
Federal Award		\$ 500,000	Non-Fed Award	\$ 150,000
Budget Begin Date		09/30/2024	Grant Period Begin Date	09/30/2023
Budget End Date		09/29/2025	Grant Period End Date	09/29/2028

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

This cooperative agreement supports actions from the Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Act PL115-406. OSDH received the Component 2 funding for 5 Implementation years. The Oklahoma Healthy Brain Initiative (OHBI) aims to enhance Oklahoma's ability to affect change at the population level by establishing and strengthening partnerships to implement sustainable health systems changes for improving prevention and early diagnosis of Alzheimer's Disease and Related Dementias (ADRD), enhanced public education and caregiver support, and prevention of avoidable hospitalizations among the target population. Recipients will use a public health approach to ADRD using CDC's Healthy Brain Initiative State and Local Public Health Partnerships to Address Dementia: The 2018-2023 Road Map, the Road Map for Indian Country (RM Series), as well as future updates of both, as guides to expand and improve the response to ADRD in their jurisdictions. Recipients will increase awareness and understanding among the general public (including populations of high burden), providers, and other professionals of ADRD topics corresponding to primary, secondary, and tertiary prevention. Recipients will address the social determinants of health (SDOH) to achieve health equity goals including but not limited to the improvement of community-clinical linkages among health care systems and existing services, public health agencies, and community-based organizations. This funding opportunity builds on accomplishments under the previous CDC-2004 grant that Oklahoma received for Dementia infrastructure building.

The reporting requirements include:

- Submit an Evaluation and Performance Measurement Plan
- Report performance measures
- Submit evaluation reports
- Submit reporting requirements including budget, work plan, and additional reports

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for: publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body OR the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

This award shall provide from non-federal sources, an amount equal to 30 percent of the amount provided under such agreement (which may be provided in cash or in-kind) to carry out the activities supported by the cooperative agreement.

REVENUE SOURCE: BQ

Source	CFDA	Grant Name		
CDC	93.323	CK19-1904 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)		
Principal Investigator		Jolianne Stone	FAIN	NU50CK000535
Federal Award		\$ 354,035,018	Non-Fed Award	\$ 0
Budget Begin Date		04/23/2020	Grant Period Begin Date	08/01/2019
Budget End Date		07/31/2027	Grant Period End Date	07/31/2027

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

Currently, there are 12 active ELC COVID related awards. The federal award listed above is comprised of these 12 active COVID supplemental awards. The blended purpose of these awards are to support COVID PHL diagnostic testing and sequencing, statewide rapid COVID testing, HAI/AR training, HAI/AR pathogens surveillance and testing, sequencing of PulseNet and AMD pathogens, jurisdictional surveillance of COVID and other infectious diseases of PH significance, testing wastewater for COVID and other respiratory pathogens, modernize data collection and delivery, HAI training, and to support COVID vaccination efforts. The agency has utilized this federal funding to ensure rapid test results through the purchase of instruments, supplies, PPE, maintenance agreements, LIMS systems, surveillance systems and its support, and data systems. Funds have been used to fund the training of staff to enhance COVID and other infectious disease response, to fund staff for laboratory testing, surveillance, data management, point of care testing, to enhance the infrastructure of the PHL and of the CHD PODS. Funds are also being utilized to replace an aging vital records system, to fund OMES support, and the support of many other 3rd party partners.

The Centers for Disease Control and Prevention (CDC) is responsible for monitoring the progress of awarded agencies in achieving the desired outcomes of ELC-supported activities. This includes routine and ongoing communication between the CDC and OSDH, site visits, and the following reporting:

- Quarterly and annual financial reporting
- Quarterly workplan reporting
- Bi-annual and/or annual performance measurement requirements
- Completing various assessments and analyses
- Attendance at various annual meetings at the CDC for ELC funded programs/projects

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed unless the CDC provides written approval to the recipient. These requests are reviewed by the Office of Grant Services (OGS) grant management specialist on a case-by-case basis.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body;
 - The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provide who is eligible.

STATE MATCH or LEVERAGED FUNDS REQUIREMENTS:

No requirement

REVENUE SOURCE: EF

Source	CFDA	Grant Name		
USDA	10.557	WIC Food Grant		
Principal Investigator		Christina Windrix	FAIN	256OK505W1006
Federal Award		\$ 50,649,925	Non-Fed Award	\$ 0
Budget Begin Date		10/01/2024	Grant Period Begin Date	10/01/2024
Budget End Date		09/30/2025	Grant Period End Date	09/30/2025

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

Food funds allocated to WIC by USDA using a calculation primarily based on the state's reported participation numbers. The formula ensures eligible participants can be served and encourages state agencies to reduce program costs in order to maximize the number of participants served. Food funds are specifically used to provide low-income pregnant, breastfeeding and postpartum women, infants, and children to age five at nutritional risk nutritious foods to supplement their diets. States are required to submit a State Plan each year, including a signed Federal/State Agreement. Funding is provided by USDA through a calculated formula. Components of the formula include prior year grant level, economy to scale, salary differentials and caseload performance.

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

Such funding is only for the purpose of providing food benefits to participants with the exception of the purchase of breast pumps provided to mothers so infants can be breastfed for longer durations. It is required for WIC funds to be spent in support of the program.

STATE MATCH or LEVERAGED FUNDS REQUIREMENTS:

No Requirement

REVENUE SOURCE: CQ

Source	CFDA	Grant Name		
CDC	93.391	Oklahoma Initiative to Address COVID-19 Health Disparities		
Principal Investigator		Floritta Pope	FAIN	NH75OT000097
Federal Award		\$ 43,768,887	Non-Fed Award	\$ 0
Budget Begin Date		06/01/2021	Grant Period Begin Date	06/01/2021
Budget End Date		05/31/2025	Grant Period End Date	05/31/2025

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

The purpose is to address COVID-19-related health disparities and advance health equity by expanding state, local, US territorial and freely associated state health department capacity and services to prevent and control COVID-19 infection (or transmission) among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities. There are multiple components under this award - Base Funding: \$31,266,310 and State Rural Carveout - \$12,502,577. The programmatic/funding specific closeout requirements is a final performance progress and evaluation report.

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

No funding restrictions or limitations

STATE MATCH or LEVERAGED FUNDS REQUIREMENTS:

No Requirement

REVENUE SOURCE: C6

Source	CFDA	Grant Name		
CDC	93.987	Strengthening US Public Health Infrastructure, Workforce and Data Systems		
Principal Investigator		Tracey Douglas	FAIN	NE11OE000059
Federal Award		\$ 37,738,018	Non-Fed Award	\$ 0
Budget Begin Date		12/01/2022*	Grant Period Begin Date	12/01/2022
Budget End Date		11/30/2027*	Grant Period End Date	11/30/2027

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

CDC's Public Health Infrastructure Grant (PHIG) is a groundbreaking investment supporting critical public health infrastructure needs across the United States. One hundred and seven health departments and three national public health partners received funding through this 5-year grant (12/1/2022 - 11/30/2027). PHIG gives health departments the flexibility to direct funds towards specific organizational and community needs that strengthen public health outcomes. The overall vision is for the OSDH to utilize these funds to enhance the workforce, improve the foundational capabilities and address data modernization within Oklahoma based on gaps identified as part of the transformation process. The purpose of this funding request is to increase retention of current and future Oklahoma State Department of Health (OSDH) central and county office employees to strengthen and develop the public health workforce of Oklahoma, increase foundational capabilities of permanent systems, and build upon ongoing data modernization efforts to better meet the needs of this state. This will be accomplished through increasing funding for hiring critical positions, conducting workforce needs assessments to identify areas for improvement, providing additional trainings and certification programs to build the skillsets of the current and future workforce, strengthening ongoing transformation programs, continuing data modernization efforts, and putting in place policies and programming to improve workforce and systems sustainability going forward. Reporting requirements include recipient evaluation and performance management plan and biannual progress report.

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

No funding restrictions and limitations

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

No Requirement

REVENUE SOURCE: EA

Source	CFDA	Grant Name	
USDA	10.557	WIC Administration	
Principal Investigator	Christina Windrix		FAIN 256OK505W1003
Federal Award	\$ 23,677,342	Non-Fed Award	\$ 0
Budget Begin Date	10/01/2024	Grant Period Begin Date	10/01/2024
Budget End Date	09/30/2025	Grant Period End Date	09/30/2025

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a preventive public health nutrition program that provides nutrition and breastfeeding education, nutritious foods, and improved access to regular health care and social services women and young children with, or at risk of developing nutrition related health problems. It is a short term intervention program designed to influence lifetime nutrition and health behaviors in a targeted, high-risk population. To be income eligible for WIC, participants must be at or below 185% of the poverty level or on Medicaid, TANF or SNAP. In Oklahoma, WIC is 100% federally funded through FNS USDA. States are required to submit a State Plan each year, including a signed Federal/State Agreement. Funding is provided by USDA through a calculated formula. Components of the formula include prior year grant level, economy to scale, salary differentials and caseload performance.

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

It is required for WIC funds to be spent in support of the program.

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

No Requirement

REVENUE SOURCE: C2

Source	CFDA	Grant Name		
CDC	93.354	Cooperative Agreement for Emergency Response: Public Health Crisis Response - 2018		
Principal Investigator		Allen Henry	FAIN	NU90TP922160
Federal Award		\$ 23,036,076	Non-Fed Award	\$ 0
Budget Begin Date		07/01/2021	Grant Period Begin Date	07/01/2021
Budget End Date		08/30/2025	Grant Period End Date	08/30/2025

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

Purpose of this funding is to establish, expand, train, and sustain the public health workforce to support jurisdictional emerging infectious disease outbreak prevention, preparedness, response, and recovery initiatives. The funding is to recruit, hire, and train personnel to address projected jurisdictional response needs. Reporting requirements include: Bi-Annual progress reports on status of timelines, goals, and objectives as defined by CDC in approved work plans, Bi-Annual fiscal reports as defined in REDCap (beginning 60 days after NOAs are issued) and CDC may require recipients to develop annual progress reports (APRs). CDC will provide APR guidance and optional templates should they be required.

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable purposes, including personnel, travel supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for: Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body; and the salary or expenses of any grant or contract recipient, or agency acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order proposed or pending before any legislative body.

- See additional Requirements 12 (AR-12) for detailed guidance for this prohibition and additional guidance on lobbying for CDC recipients.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- In accordance with the United States Protecting Life in Global Health Assistance Policy, all non-governmental organizations (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning or to provide financial support to any other foreign non-governmental organization that conducts such activities.

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

No Requirement

REVENUE SOURCE: CD

Source	CFDA	Grant Name		
CDC	93.268	CDC-RFA-IP19-1901 Immunization and Vaccines for Children		
Principal Investigator		Sarah Waters	FAIN	NH23IP922575
Federal Award		\$ 19,645,614.00	Non-Fed Award	\$ 0
Budget Begin Date		06/30/2023	Grant Period Begin Date	06/30/2019
Budget End Date		06/29/2025	Grant Period End Date	06/29/2025

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

Immunization Service works are funded by the Center for Disease Control (CDC) and work closely with the CDC in educating, preventing disease, promoting vaccine awareness and vaccine confidence to over 4 million residents of the State of Oklahoma. Immunization Service works to plan, develop, and maintain a public health infrastructure that helps assure high immunization coverage levels and low incidence of vaccine-preventable diseases throughout the State of Oklahoma. The Immunization Service recruits and maintains a network of VFC providers to ensure access points throughout the state; conducts oversight activities on all providers to ensure that vaccine is stored and handled properly to ensure viability; and coordinates the ordering, processing and reconciliation of more than 1 million doses of VFC vaccine each year. As a part of this effort, the purpose of the Vaccines for Children (VFC) program is to increase access to vaccines for eligible children by supplying federal government-purchased pediatric vaccines to public and private health care providers enrolled in the state's VFC program. The reporting requirements are performance progress and monitoring.

Some of the many functions in order to do this are:

- Providing vaccines through County Health Departments.
- Operate the program, perform on-site inspections, and coordinate the purchase and distribution of vaccines to over 800 public and private clinics enrolled in the Vaccines for Children Program statewide.
- Operating and maintaining the Oklahoma State Immunization Information System (OSIIS).
- Providing information about vaccines and the diseases they prevent to the public and health care professionals.
- Support, consult and train Schools and Childcare facilities in enforcement of the immunization laws.
- Support Parents in immunization exemptions when requested.

- Assist Providers in their application process and the Public in obtaining the Yellow Fever Vaccine required for some International Travel.
- Conduct quality assurance monitoring visits to all Vaccines for Children clinics in Oklahoma to ensure the vaccine is accounted for, stored and administered properly as per CDC guidelines.
- Work with multiple partners, for example Department of Human Services (DHS), the Oklahoma Health Care Authority, the Department of Education, Oklahoma University Health Science Center (OUHSC) etc. to raise awareness about the value of immunizations and help to increase immunization levels among Oklahomans.
- Efforts to improve school immunization rates, conduct seasonal flu vaccination and adult immunization activities, and decrease perinatal hepatitis B transmission.
- Assist in the State of Oklahoma's COVID-19 response.

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law. This restriction
- does not prohibit the use of IP19-1901 funding for vaccination activities, including the direct administration of vaccines.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - publicity or propaganda purposes, for the preparation, distribution, or use of any
 - material designed to support or defeat the enactment of legislation before any
 - legislative body
 - the salary or expenses of any grant or contract recipient, or agent acting for such
 - recipient, related to any activity designed to influence the enactment of

- legislation, appropriations, regulation, administrative action, or Executive order
 - proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and
- additional guidance on lobbying for CDC recipients.

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

No requirement

REVENUE SOURCE: CH

Source	CFDA	Grant Name		
CMS	93.777	Medicare Funds		
Principal Investigator		Dr. LaTrina Frazier	FAIN	
Federal Award		\$ 7,374,811	Non-Fed Award	\$ 0
Budget Begin Date		10/01/2024	Grant Period Begin Date	10/01/2024
Budget End Date		09/30/2025	Grant Period End Date	09/30/2025

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

The Centers for Medicare and Medicaid Services (CMS) contracts with the Department to perform certification and complaint inspections of health care providers that provide patient services reimbursed through Medicare or Medicaid. This contract is funded through an annual renewal grant to the Department. In addition to the inspections, the grant funds training and certification of nurse aides, resident assessment data collection for nursing home and home health providers, and the assessment and development of emergency preparedness plans among certified health care providers. The requirements in the grant specify that inspections and program administration are performed as outlined in the Centers for Medicare and Medicaid Services' Mission and Priority Document. Each state agency is evaluated annually for compliance under the CMS State Performance Standards System.

Providers covered under the grant include the following:

- Ambulatory Surgical Centers (ASCs)
- Comprehensive Outpatient Rehabilitation Facilities (CORFs)
- Community Mental Health Centers (CMHCs)
- End Stage Renal Dialysis (ESRD) Facilities
- Federally Qualified Health Centers (FQHCs)
- Home Health Agencies (HHAs)
- Hospitals: Acute, Critical Access Hospitals (CAHs), Rehabilitation, Long-term Care, Psychiatric and Organ Transplant Programs
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IIDs)
- Portable X-Ray Suppliers
- Psychiatric Residential Treatment Facilities (PRTF)
- Rural Health Clinics (RHCs)
- Skilled Nursing Facilities (SNFs)
- Organ Procurement Organizations

- Outpatient Physical Therapy and Speech-Language Pathology Services

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

Funds are restricted to the performance of inspections, training, program management and travel.

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

No requirement

REVENUE SOURCE: CG

Source	CFDA	Grant Name		
CDC	93.977	Oklahoma - Strengthening STD Prevention and Control for Health Departments		
Principal Investigator		Amber Rose	FAIN	NH25PS005143
Federal Award		\$ 4,951,777.00	Non-Fed Award	\$ 0
Budget Begin Date		01/01/2023	Grant Period Begin Date	01/01/2019
Budget End Date		02/28/2026	Grant Period End Date	02/28/2026

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

The Oklahoma State Department of Health (OSDH), Sexual Health and Harm Reduction Service (SHHRS), works throughout the state to address STI prevention and control. Through this project, Oklahoma will work to improve the quality, completeness, and use of STI surveillance and prevention program data to monitor epidemiological trends, and develop new or enhance existing strategies for prevention programs that aim to achieve national prevention goals, as well as utilize a high impact prevention approach. The Service is fully integrated with HIV, STI, and viral hepatitis prevention and surveillance activities as well as directing and executing the Ryan White Care programs. Our surveillance and prevention programs operate in coordination with each other. Service personnel work with community partners in affected communities across Oklahoma in an effort to prevent new infections of CT, GC, Syphilis and HIV by reducing undiagnosed infections and ensuring proper treatment is provided. The Service is currently staffed with personnel that have the necessary competencies and technical expertise required to provide the operational and foundational activities for STI prevention and surveillance programs and services along with the capacity to respond to emerging threats, such as antimicrobial resistance and disease outbreaks. Progress and performance reports are required to continue to receive funding.

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

Only state government is eligible in Oklahoma to apply for this funding.

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

No requirement

REVENUE SOURCE: BQ

Source	CFDA	Grant Name		
CDC	93.323	Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)		
Principal Investigator		Jolianne Stone	FAIN	NU51CK000348
Federal Award		\$ 4,898,973.00	Non-Fed Award	\$ 0
Budget Begin Date		08/01/2024	Grant Period Begin Date	08/01/2024
Budget End Date		07/31/2025	Grant Period End Date	07/31/2029

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

The Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) Cooperative Agreement provides financial support and technical assistance to state, local, and U.S. territory and affiliate health departments to detect, prevent, and respond to emerging infectious diseases.

ELC funds support the epidemiological and laboratory operations of the OSDH Infectious Disease Prevention and Response (IDPR), the OSDH Infectious Disease Systems and Collaboration (IDSC), and the OSDH Public Health Laboratory (PHL).

These critical funds currently support 12 ELC programs/projects at OSDH that address core epidemiology and laboratory activities and include the following: Cross-cutting Epidemiology and Laboratory Capacity; ELC Leadership, Management, Administration; Health Information Systems (HIS); Advanced Molecular Detection (AMD); National Wastewater Surveillance System (NWSS); Cross-cutting Emerging Issues; Enteric, Foodborne, Waterborne, and Environmentally Transmitted Diseases; Healthcare-associated Infections (HAI), Antimicrobial Resistance (AR), and Antibiotic Stewardship; Enhanced Surveillance for Vaccine-Preventable Disease (VPD) and Respiratory Diseases; Vector-borne Diseases and Tick-Associated Conditions; and Surveillance for Emerging Threats to Pregnant People and Infants Network (SET-NET). The purpose of the activities supported by ELC funds is to protect the public health and safety of Oklahoma residents through effective detection, response, and prevention and control of known and emerging (or re-emerging) infectious diseases. Infectious disease surveillance and investigation responsibilities are centralized within OSDH IDPR. Pursuant to notifiable disease rules, reports are submitted to the OSDH for review and assignment to an IDPR epidemiologist, local county health department, public health nurse, or city-county health department epidemiologist for investigation. All completed investigations are reviewed and classified by an IDPR surveillance epidemiologist. The IDPR is responsible for maintaining the 24/7/365 epidemiologist-on-call system to provide consultation regarding the incidence,

spread, treatment, and control measures to healthcare providers, organizations, and the general public. Emerging disease events, such as response to the Zika virus, Ebola virus traveler monitoring, and novel influenza events are coordinated by the OSDH IDPR. Furthermore, response to outbreaks of apparent infectious diseases is led by IDPR epidemiologists with a team approach involving the PHL, Protective Health Services for environmental expertise, and other internal and external partners as indicated by the etiologic agent.

The Oklahoma State Department of Health Public Health Laboratory (OSDH PHL) is responsible for providing analytical services for the Oklahoma State Department of Health, local county health departments including both city-county jurisdictions, Tribal health partners, healthcare practitioners, and private citizens, including specialized laboratory procedures and reference testing for pathogens of public health importance. The OSDH PHL also provides technical assistance and consultation for private clinical laboratories of Oklahoma; guidance and training for detection and identification of a terrorist event; applied research and university instruction related to the public health protection mission of the laboratory; and pharmacy services to county health departments.

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed unless the CDC provides written approval to the recipient. These requests are reviewed by the Office of Grant Services (OGS) grant management specialist on a case-by-case basis.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body;
 - The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.

- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provide who is eligible.

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

No requirement

REVENUE SOURCE: BE

Source	CFDA	Grant Name		
CDC	93.940	Oklahoma's High-Impact HIV Prevention and Surveillance Programs for Health Departments		
Principal Investigator		Amber Rose	FAIN	NU62PS924836
Federal Award		\$ 3,983,793	Non-Fed Award	\$ 0
Budget Begin Date		08/01/2024	Grant Period Begin Date	08/01/2024
Budget End Date		05/31/2025	Grant Period End Date	05/31/2029

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

The Oklahoma State Department of Health (OSDH), Sexual Health and Harm Reduction Service (SHHRS), works throughout the state to address HIV prevention and control. Through this project, Oklahoma will work to improve the quality, completeness, and use of HIV surveillance and prevention program data to monitor epidemiological trends, and develop new or enhance existing strategies for prevention programs that aim to achieve national prevention goals, as well as utilize a high impact prevention approach. The Service is fully integrated with HIV, STI, and viral hepatitis prevention and surveillance activities as well as directing and executing the Ryan White Care programs. Our surveillance and prevention programs operate in coordination with each other. SHHRS personnel work with community partners in affected communities across Oklahoma in an effort to prevent new infections of HIV, CT, GC, Syphilis, hepatitis B and hepatitis C by reducing undiagnosed infections and ensuring proper treatment or linkage to care is provided. The Service is currently staffed with personnel that have the necessary competencies and technical expertise required to provide the operational and foundational activities for HIV prevention and surveillance programs and services along with the capacity to respond to emerging threats, such as antimicrobial resistance and disease outbreaks. Progress and performance reports are required to continue to receive funding.

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

Only state government is eligible in Oklahoma to apply for this funding.

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

No requirement

REVENUE SOURCE: BC

Source	CFDA	Grant Name		
ACF	93.59	Community-Based Child Abuse Prevention Grants		
Principal Investigator		Beth Martin	FAIN	2101OKBCC6
Federal Award		\$ 3,176,094	Non-Fed Award	\$ 0
Budget Begin Date		10/01/2020	Grant Period Begin Date	10/01/2020
Budget End Date		09/30/2025	Grant Period End Date	09/30/2025

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

The Community-Based Child Abuse Prevention (CBCAP) grant is managed at the federal level by the Office on Child Abuse and Neglect (OCAN) at the Children's Bureau, Administration for Children and Families, Health and Human Services. Each state's Governor designates a lead entity to administer the funds, which is OSDH in Oklahoma. CBCAP Programs were created for these purposes:

1. to support community-based efforts to develop, operate, expand, enhance, and coordinate initiatives, programs and activities to prevent child abuse and neglect and to support the coordination of resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect; and
2. to foster understanding, appreciation and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect.

CBCAP programs should have some activities available to the general population such as public awareness and education about preventing child abuse and neglect. In addition, programs should also target services to vulnerable families that are at risk of abuse or neglect. The use of the American Rescue Plan Acts funds were meant to supplement existing CBCAP programs and activities as well as to launch new initiatives that aimed to improve child abuse prevention and support families. Other areas that could be focused on with these funds include supporting underserved communities, develop a range of preventative services for children and families through public-private partnerships, coordinate resources and concrete supports to help address unmet needs, and to develop public awareness of child abuse prevention. Oklahoma's CBCAP funding supports a wide variety of programs, activities and training. Many of Oklahoma's child abuse prevention programs are enhanced by CBCAP. Through OSDH, CBCAP funds support: work with a public-private partnership to target rural Oklahoma Counties through the development and implementation of Family Resource Centers; Family Resource Center development and implementation in larger Oklahoma Counties, the National Family Support Network's Quality of Standards for Family Strengthening and Support national certification training;

statewide implementation of the Quality of Standards and the state wide network - the Oklahoma Family Support Network, the University of Oklahoma's Pediatric Department's Sooner Success which supports children and parents who have disabilities along with respite voucher for this population, the Oklahoma Commission on Children and Youth's Parent Partnership Board, the Oklahoma Parent Advisory Committee Community of Practice, parent engagement, parent voice, co-sponsorship for the Oklahoma Child Abuse and Neglect Conference; professional development, promotion and coordination of national child abuse prevention month and crafting the Oklahoma State Plan for the Prevention of Child Abuse and Neglect, (2024-2028).

In order to continue receiving CBCAP, the following is required:

- Submit an application annually which contains assurances by the Oklahoma Governor and the OSDH Commissioner of Health.
- Provide a financial report and annual program report by the designated deadline (fiscal reports are due at the end of the FY and grant year runs 12 months from the date of issuance of the award).
- At least one representative will attend an annual 2-5 day federally initiated CBCAP grantees conference.

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

- Limit funding for administrative purposes to no more than 20 percent.
- Federal funds must be obligated no later than three years after the end of the federal fiscal year in which the funds are allocated.

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

No requirement

REVENUE SOURCE: DA

Source	CFDA	Grant Name		
CDC	93.136	Oklahoma Overdose Data to Action Surveillance and Prevention Program		
Principal Investigator		Dr. Tracy Wendling	FAIN	NU17CE010188
Federal Award		\$ 2,453,381.00	Non-Fed Award	\$ 0
Budget Begin Date		09/01/2024	Grant Period Begin Date	09/01/2023
Budget End Date		08/31/2025	Grant Period End Date	08/31/2028

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

The Injury Prevention Service was awarded Overdose Data to Action in States funding from the Centers for Disease Control and Prevention (CDC) to support the collection of high quality, complete, and timely data on overdoses, and to use those data to inform prevention and response. Information about the Injury Prevention Service's work on substance use and overdose prevention, including related data and resources, is available at <http://oklahoma.gov/health/overdose>. There are two overall required components of the award – a surveillance component and a prevention component. Key activities include: (1) improving and enhancing capacity to conduct surveillance; (2) collecting and disseminating data from emergency departments and hospital admissions for drug overdoses; (3) collecting and disseminating data on unintentional and undetermined intent drug overdose deaths; (4) conducting data linkage projects; (5) engaging clinicians and health systems on evidence-based practices for addressing opioid use disorder and stimulant use disorder; (6) developing and maintaining public health and public safety partnerships related to overdose prevention and response; (7) utilizing navigators to connect people to services, treatment options, and harm reduction services; and (8) providing education and technical assistance on drug overdose prevention. Performance measurement and progress reporting are required to continue receiving funding.

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

Funding for this cooperative agreement requires meeting all reporting timelines for data submissions, dissemination activities, and required plans (e.g., data management, evaluation and performance measurement, work plans, progress reports) and addressing all required strategies using best practices, evidence-based approaches, and innovative ideas. Funding may only be used for reasonable program purposes, including personnel, travel, supplies, and services.

Funds may not be used for research; medical/clinical care; purchasing furniture or equipment; publicity or propaganda purposes; the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation; lobbying or any activities designed to influence the enactment of legislation; incentives; or pre-award costs. Prohibited purchases also include naloxone/Narcan, syringes, certain harm reduction supplies/activities/costs, and medication-assisted treatment waiver fees. Program funds cannot be used for implementing or expanding drug “take back” programs or other drug disposal programs (e.g., drop boxes or disposal bags); directly funding or expanding direct provision of substance abuse treatment programs; HIV/HCV/other STD/STI testing; wastewater analysis; development of educational materials on safe injection; the prevention of adverse childhood experiences (ACEs) as a stand-alone activity; public safety activities that do not include clear collaboration with public health partners; and the collection of neonatal abstinence syndrome surveillance data.

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

No requirement

REVENUE SOURCE: CP

Source	CFDA	Grant Name	
HRSA	93.686	Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B	
Principal Investigator	Olivia Scott		FAIN UT8HA33938
Federal Award	\$ 2,000,000	Non-Fed Award	\$ 0
Budget Begin Date	03/01/2024	Grant Period Begin Date	03/01/2020
Budget End Date	02/28/2025	Grant Period End Date	02/28/2025

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

Funding for the Ryan White Ending the HIV Epidemic (EHE) grant is noncompetitive funding received by the Oklahoma State Department of Health from the Health Resources and Services Administration. The grant funds HIV core and support services to low-income individuals living with HIV in the state of Oklahoma, with fewer restrictions than the Part B formula grant.

The EHE initiative aims to substantially reduce HIV infections in the U.S. by focusing additional resources in jurisdictions where they are most needed. Oklahoma was identified as one of 7 states with a high rural burden of HIV. The initiative seeks to reduce the number of new HIV infections in the United States by 75 percent by 2025 and by 90 percent by 2030.

To continue to receive funding for this grant, the Oklahoma State Department of Health must submit a yearly application and meet federal reporting requirements which include submitting multiple data, financial and narrative reports over the course of the funding year.

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

HRSA requires administrative costs be limited to 10%.

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

No requirement

REVENUE SOURCE: AP

Source	CFDA	Grant Name		
CDC	93.991	Preventive Health and Health Services Block Grant		
Principal Investigator		Tracey Douglas	FAIN	NB01PW000029
Federal Award		\$ 1,661,224	Non-Fed Award	\$ 0
Budget Begin Date		10/01/2023	Grant Period Begin Date	10/01/2023
Budget End Date		09/30/2025	Grant Period End Date	09/30/2025

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

The Centers for Disease Control and Prevention (CDC), Preventive Health and Health Services (PHHS) Block Grant allows the 50 states, the District of Columbia, 2 American Indian tribes, 5 US territories, and 3 freely associated states to address their own unique public health needs and challenges with innovative and community-driven methods. The Oklahoma State Health Department (OSDH) has been a recipient of Prevent Block funding since 1986. OSDH is designated as the principal state agency for the allocation and administration of the PHHSBG within the state of Oklahoma. The Department received approximately 1.6 million dollars for Federal Fiscal year 2024. The PHHS Block Grant is governed by an Advisory Committee. The Advisory Committee was established per federal eligibility requirements to receive funding from the Centers for Disease Control and Prevention's (CDC) PHHSBG. The Advisory Committee provides valuable input and recommendations and advises on public health priorities. Through a competitive process the Committee has selected the following projects to be funded through FFY 2024: Advancing Health Equity and Strengthening Minority Health, Healthy Aging and Injury Prevention, Office of Communications - CHO Digital Display System, Suicide Prevention, Partner Inflicted Brain Injury - PIBI, Sexual Assault Hotline Training, Support & Surveillance, Child Passenger Safety Program- CPS, Certified Healthy Oklahoma Community and Congregation Consultation - CHO, Chronic Disease Prevention Service - Community Health Screening, Go NAPSACC Expansion, Healthy School Environments Technical Assistance, Increasing Nutrition Security in County Health Departments with Statewide Partners, Northeastern Oklahoma CATCH Coordinated School Health Initiative, D6 Pilot Birth Certificate Waiver for Homeless, Fluoride Outreach Project, Project Combatting Heavy Advertisement of Tobacco (CHAT) in Oklahoma. The Block Grant is the primary source of non-categorical funding that provides grantees the latitude to fund any of the national health objectives available in the nation's Healthy People 2030 health improvement plan. States invest their PHHS Block Grant dollars in a variety of public health areas. PHHS Block Grant dollars are used to support existing programs, implement new programs, and respond to unexpected

emergencies. The State Work Plan is due annually by July 1 and outlines what activities will be taking place. An annual report is due by Feb 1st and reports on if objectives were met in the interim. A Success Story is due annually by Feb 1st. A final progress report is due annual December 30th. Funds must be used for activities directed toward the achievement of the National Health Promotion and disease Prevention Objectives in Healthy People 2030. Portion allocated must be used for rape prevention and education programs. Annual Basic administration cannot exceed 10% of the Annual Basic amount. Allocation for FFY24 - Oklahoma Annual Basic - \$ 1,578,568 Sex Offense - \$ 82,656 Total Award - \$ 1,661,224

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

The funding includes the following unallowable costs: Purchase of naloxone, purchase of syringes, drug disposal programs are not permissible, clinical care, publicity and propaganda, funds cannot be used for the preparation, distribution, or use of any material or to pay the salary or expenses of grants, contract recipients, or agents that aim to support or defeat the enactment of legislation, regulation, administrative action, or executive order proposed or pending before a legislative body, beyond normal, recognized relationships. The following are prohibited uses - provide inpatient services, make cash payments to intended recipients of health services, purchase or improve land, purchase, construct, or permanently improve any building or other facility, or purchase major medical equipment, satisfy any requirement for the expenditure of non-Federal funds as a condition for the recipient of federal funds, or provide financial assistance to any entity other than a public or nonprofit private entity.

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

No requirement

REVENUE SOURCE: B2

Source	CFDA	Grant Name		
CDC	93.387	Oklahoma Tobacco Core Grant		
Principal Investigator		Elizabeth Chery-Mullen	FAIN	NU58DP006831
Federal Award		\$ 1,618,668	Non-Fed Award	\$ 0
Budget Begin Date		04/29/2024	Grant Period Begin Date	06/29/2020
Budget End Date		04/28/2025	Grant Period End Date	04/28/2025

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

CDC's Office on Smoking and Health seeks to build on the successes of previously funded work to expand evidence-based, culturally appropriate policy, systems, and environmental (PSE) strategies and activities to address the National Tobacco Control Program (NTCP) four national goals: 1) Prevent initiation of tobacco use (including emerging products and e-cigarettes) among youth and young adults; 2) Promote quitting among adults and youth; 3) Eliminate exposure to secondhand smoke (SHS); and 4) Identify and eliminate tobacco-related disparities among population groups. The most effective strategies for tobacco control are population-based PSE approaches that contribute to changes in social norms and behaviors related to tobacco use and dependence and SHS exposure. In order to have the greatest population impact, these evidence-based PSE strategies must be sustained for a sufficient amount of time at the appropriate intensity and have the greatest span (economic, regulatory, and comprehensive) and reach.

To continue funding, awardees must:

- Submit an Evaluation and Performance Measurement Plan
- Report performance measures
- Submit evaluation reports
- Submit reporting requirements including budget, work plan, and additional reports

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

- Restrictions that must be considered while planning the programs and writing the budget are:
- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:

- publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
- the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

No requirement

REVENUE SOURCE: BV

Source	CFDA	Grant Name		
CDC	93.547 / 93.165	Grants to State for Loan Repayment		
Principal Investigator		Jana Castleberry	FAIN	H5646810
Federal Award		\$ 1,509,000	Non-Fed Award	\$ 0
Budget Begin Date		09/01/2022	Grant Period Begin Date	09/01/2022
Budget End Date		08/31/2025	Grant Period End Date	08/31/2025

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

The purpose of this program is to increase the number of primary care, mental health, and dental care providers working in Oklahoma's health professional shortage areas (HPSAs) and National Health Service Corps (NHSC) certified facilities. NHSC sites include community health centers, Tribal health systems, community mental health centers, critical access hospitals, rural health clinics that meet certain criteria, and federal and state correctional facilities. Eligible clinicians will receive up to 50K in student loan repayment funds in exchange for a two-year service obligation at a site located in a HPSA or certified as a NHSC site. Annual progress reports, quarterly performance updates and annual work plan are required for this award.

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

- 45 CFR Part 75 applies to all federal funds associated with this award

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

No requirement

REVENUE SOURCE: B9

Source	CFDA	Grant Name	
Assistant Secretary for Preparedness	93.008	Medical Reserve Corps Small Grant Program	
Principal Investigator	Allen Henry		FAIN U3REP230688
Federal Award	\$ 1,200,000	Non-Fed Award	\$ 0
Budget Begin Date	06/01/2023	Grant Period Begin Date	06/01/2023
Budget End Date	05/31/2025	Grant Period End Date	05/31/2025

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

The purpose of this grant is to support activities in under served areas/populations (e.g. medically under served areas, rural communities), address the needs of at-risk individuals (e.g. children, pregnant women, senior citizens, and other individuals who have special needs in the event of a public health emergency); serve areas impacted by more frequent and/or more severe disasters related to climate change; workforce growth initiatives inclusive of future healthcare occupations for students at all levels, prehospital providers, and public health officials; and create new MRC units or expand existing units to further the goals above. Annual progress reports and annual financial reports are required for this award.

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- Recipients may not generally use HHS/ASPR funding for the purchase of furniture. Any such proposed spending must be identified in the budget.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Recipients may not use funds to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: provided that such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the state or local jurisdiction, as applicable, is experiencing or is at risk for a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law.
- Recipients may not use funds to advocate or promote gun control.
- Salaries may not exceed the rate of \$212,100 USD per year: the Consolidated

Appropriations Act, 2023 (P.L. 117-328). limits the salary amount that you may be awarded and charge to HHS/ASPR grants and cooperative agreements. Award funds should not be budgeted to pay the salary of an individual at a rate in excess of Executive Level II. Currently, the Executive Level II salary of the Federal Executive Pay scale is \$12,700. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under an HHS/ASPR grant or cooperative agreement.

- Recipients may not use funds for lobbying activities: Pursuant to the Consolidated Appropriations Act, 2023 (P.L. 117-328), (a) you shall not use any funds from an award made under this announcement for other than normal and recognized executive legislative relationships. You shall not use funds for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself. (b) You shall not use any funds from an award made under this announcement to pay the salary or expenses of any employee or sub-recipient, or agent acting for you, related to any activity designed to influence the enactment of legislation, appropriations, regulations, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government. (c) The above prohibitions include any activity to advocate or promote any proposed, pending, or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.
- Recipients may not use funds for fund raising.
- Recipients may not use funds for the cost of money even if part of the negotiated indirect cost rate agreement.
- Recipients may not use funds for purchase of vehicles.
- Funding under these awards may only be used for minor alteration and renovation (A&R) activities. Construction and major A&R activities are not permitted. A&R of real property generally is defined as work required to change

the interior arrangements or installed equipment in an existing facility so that it may be more effectively utilized for its currently designated purpose or be adapted for an alternative use to meet a programmatic requirement. The work may be categorized as improvement, conversion, rearrangement, rehabilitation, remodeling, or modernization, but it does not include expansion, new construction, development, or repair of parking lots, or activities that would change the “footprint” of an existing facility (e.g., relocation of existing exterior walls, roofs, or floors; attachment of fire escapes). Minor A&R may include activities and associated costs that will result in:

- Changes to physical characteristics (interior dimensions, surfaces, and finishes); internal environments (temperature, humidity, ventilation, and acoustics); or utility services (plumbing, electricity, gas, vacuum, and other laboratory fittings);
- Installation of fixed equipment (including casework, fume hoods, large autoclaves, biological safety cabinets);
- Replacement, removal, or reconfiguration of interior non-load bearing walls, doors, framed, or windows in order to place equipment in a permanent location;
- Making unfinished shell space suitable for purposes other than human occupancy, such as storage of pharmaceuticals; or,
- Alterations to meet requirements for accessibility for the physically handicapped.

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

No requirement

REVENUE SOURCE: B8

Source	CFDA	Grant Name	
ACF	93.59	Community-Based Child Abuse Prevention Grants	
Principal Investigator	Lorri Essary		FAIN 2401OKBCAP
Federal Award	\$ 1,114,701	Non-Fed Award	\$ 0
Budget Begin Date	10/01/2023	Grant Period Begin Date	10/01/2023
Budget End Date	09/30/2026	Grant Period End Date	09/30/2026

Source	CFDA	Grant Name	
ACF	93.59	Community-Based Child Abuse Prevention Grants	
Principal Investigator	Lorri Essary		FAIN 2301OKBCAP
Federal Award	\$ 1,083,001	Non-Fed Award	\$ 0
Budget Begin Date	10/01/2022	Grant Period Begin Date	10/01/2022
Budget End Date	09/30/2025	Grant Period End Date	09/30/2025

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

Community-Based Child Abuse Prevention (CBCAP) grant is managed at the federal level by the Office on Child Abuse and Neglect (OCAN) at the Children's Bureau, Administration for Children and Families, Health and Human Services. Each state's Governor designates a lead entity to administer the funds, which is OSDH in Oklahoma.

CBCAP programs should have some activities available to the general population such as public awareness and education about preventing child abuse and neglect. In addition, programs should also target services to vulnerable families that are at risk of abuse or neglect.

Oklahoma's CBCAP funding supports a wide variety of programs, activities and training. Many of Oklahoma's child abuse prevention programs are enhanced by CBCAP. Through OSDH, CBCAP funds support: Oklahoma's rural Parents as Teachers affiliates; Circle of Parents training and implementation models, the National Family Support Network's Quality of Standards for Family Strengthening and Support national certification training; statewide implementation of the Quality of Standards and the state wide network - the Oklahoma Family Support Network, the University of Oklahoma's Center on Child Abuse and Neglect's Child Sexual Abuse Prevention Work-group, co-sponsorship for the Oklahoma Child Abuse and Neglect Conference; professional development, promotion and coordination of national child abuse prevention month and ongoing development and implementation of the Oklahoma State Plan for the Prevention of Child Abuse and Neglect, (2024-2028).

In order to continue receiving CBCAP, the following is required:

- Submit an application annually which contains assurances by the

Oklahoma Governor and the OSDH Commissioner of Health.

- Provide a financial report and annual program report by the designated deadline (fiscal reports are due at the end of the FY and grant year runs 12 months from the date of issuance of the award).
- At least one representative will attend an annual 2-5 day federally initiated CBCAP grantees conference.
- Limit funding for administrative purposed to no more than 20 percent.

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

- Limit funding for administrative purposed to no more than 20 percent.
- Federal funds must be obligated no later than three years after the end of the federal fiscal year in which the funds are allocated.

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

To secure CBCAP funding for FY 2024, the application must confirm and document the leveraged state, private, and other non-federal funds used in FY 2023 (October 1, 2022 - September 30, 2023). These funds must have been directed through the CBCAP lead agency, spent on community-based child abuse prevention activities, and not used as match or cost-sharing for other federal programs. States must submit a completed Leveraged Funds Worksheet, itemizing funds and providing an assurance statement signed by the lead agency administrator and fiscal authority.

Additionally, the application must include a budget that allocates a minimum of 20% of the grant award in non-federal cash funds (not in-kind) for CBCAP activities. The budget must support participation in the annual CBCAP grantees' conference and reflect line-item expenditures for federal and non-federal funds. The 20% match should be based on population-only formula estimates provided in the application guidance and amended, if necessary, within 30 days of receiving the Grant Award Letter.

REVENUE SOURCE: BJ

Source	CFDA	Grant Name		
CDC	93.426	OK State Department of Health, Chronic Disease Prevention Program: The National Cardiovascular Health Program (DP-23-0004)		
Principal Investigator		Morgan Hamilton	FAIN	NU58DP007471
Federal Award		\$ 1,102,086	Non-Fed Award	\$ 0
Budget Begin Date		06/30/2024	Grant Period Begin Date	06/30/2024
Budget End Date		06/29/2025	Grant Period End Date	06/29/2028

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

This cooperative agreement supports state investments in implementing and evaluating evidence-based and evidence-informed strategies to prevent and manage cardiovascular disease (CVD). The populations of focus are those impacted by the high prevalence of CVD, exacerbated by health inequities and disparities, social determinants, such as low incomes, poor health care, and unfair opportunity structures. Specific emphasis is placed on the prevention and control of hypertension and high cholesterol. We must achieve outcomes that reduce hypertension and high blood cholesterol in alignment with the broad strategies indicated. The applicant must accomplish these outcomes by aligning with and joining an existing, or creating a new, learning collaborative (LC). Given the importance of health equity, this cooperative agreement also addresses social and economic factors to help communities and health systems respond to social determinants present in their communities to offer those at risk of or burdened with CVD the best health outcomes possible. This funding opportunity builds on accomplishments under the previous CDC-1305 (statewide), CDC-1422 (prioritized counties) and CDC-1815 (prioritized counties) grants that Oklahoma received.

In order to continue receiving funding:

- Submit an Evaluation and Performance Measurement Plan
- Report performance measures
- Submit evaluation reports
- Submit reporting requirements including budget, work plan, and additional reports

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.

- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

No requirement

REVENUE SOURCE: EK

Source	CFDA	Grant Name		
USDA	10.577	WIC Modernization Grant		
Principal Investigator		Christina Windrix	FAIN	236OK710M2008
Federal Award		\$ 1,088,501	Non-Fed Award	\$ 0
Budget Begin Date		5/23/2023	Grant Period Begin Date	5/23/2023
Budget End Date		9/30/2027	Grant Period End Date	9/30/2027

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

The United States Department of Agriculture, Food and Nutrition Service (FNS) awarded the Oklahoma State Department of Health WIC Program with the Fiscal Year (FY) 2023 WIC Modernization Grant. The grant funds are part of The American Rescue Plan Act of 2021 provided specifically to carry out outreach, innovation, and program modernization efforts to increase participation and redemption of benefits in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

The Oklahoma FY2023 WIC Modernization Grant Projects submission plan includes the following:

- Text messaging
- Mobile Phone Support,
- Plain Language and Limited English Proficiency (LEP) Support
- Publicly Available Data Sets
- Additional Technology and/or Human Centered Design Projects
- Improve WIC Shopping Experience
- Data Matching to Improve Outreach and Streamline Certification

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

It is required for WIC Modernization funds to be spent in support of the program.

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

No requirement

REVENUE SOURCE: EM

Source	CFDA	Grant Name	
USDA	10.557	WIC Breast Feeding Peer Counseling	
Principal Investigator		Christina Windrix	FAIN 246OK525W5003
Federal Award		\$ 1,072,335	Non-Fed Award \$ 0
Budget Begin Date		10/01/2024	Grant Period Begin Date 10/01/2023
Budget End Date		09/30/2025	Grant Period End Date 09/30/2026

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

The WIC Breastfeeding Peer Counseling program has been funded since 2004 based on research showing that the unique mother-to-mother support component helps improve breastfeeding initiation and duration rates among low-income women. This funding is available to implement and sustain peer counseling programs that operate under research-based practices as outlined in the FNS Loving Support© Model. The Breastfeeding Peer Counseling program provides an important adjunct to the usual WIC clinic services. Peer counselors extend the care of WIC clinic staff in breastfeeding support. They supplement, but do not replace, the work of CPAs, Nutritionists, WIC Designated Breastfeeding Experts, and lactation professionals. Peer counselors play a vital role in WIC, serving as role models for breastfeeding, and providing mother-to-mother encouragement and support during pregnancy and at critical times during the postpartum period. This support is distinct from health professional-to-mother in that the source of support is a peer, someone who is similar in fundamental ways to the recipient of the support. A peer is in a position to offer support by virtue of relevant experience and can relate to others in a similar situation. Peer counselors may have the time to delve more deeply into the barriers and issues that might make it difficult for new mothers to breastfeed.

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

It is required for WIC funds to be spent in support of the WIC Breastfeeding Peer Counseling Program.

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

No requirement

REVENUE SOURCE: B1

Source	CFDA	Grant Name		
CDC	93.988	A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes - 2023		
Principal Investigator		Morgan Hamilton	FAIN	NU58DP007376
Federal Award		\$ 1,000,000	Non-Fed Award	\$ 0
Budget Begin Date		06/30/2024	Grant Period Begin Date	06/30/2023
Budget End Date		06/29/2025	Grant Period End Date	06/29/2028

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

This cooperative agreement is to decrease risk for type 2 diabetes among adults with prediabetes and improve self-care practices, quality of care, and early detection of complications among people with diabetes. All work supported will focus on reducing health disparities for priority populations, defined as those who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion. A menu of strategies related to diabetes management and type 2 diabetes prevention is provided. Strategies are based on interventions grounded in scientific and practice-based evidence. These include 1) diabetes self-management education and support (DSMES), which improves health outcomes and quality of life and is cost effective; and 2) the National Diabetes Prevention Program (National DPP), which supports a lifestyle intervention founded on the science of the DPP research study that confirmed type 2 diabetes can be prevented in adults at high risk. Other strategies are aligned with recommendations in the 2021 National Clinical Care Commission Report to Congress on preventing and controlling diabetes and its complications. The cooperative agreement includes 3 components Oklahoma is Component A recipient and has to achieve state/district-wide reach on at least 6 strategies selected.

To continue funding awardees must:

- Submit an Evaluation and Performance Measurement Plan
- Report performance measures
- Submit evaluation reports
- Submit reporting requirements including budget, work plan, and additional reports

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including

personnel, travel, supplies, and services.

- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
 - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

No requirement

REVENUE SOURCE: BW

Source	CFDA	Grant Name	
HRSA	93.110	State Maternal Health Innovation Program	
Principal Investigator	Jill Nobles-Botkin	FAIN	U7AMC33713
Federal Award	\$ 1,000,000	Non-Fed Award	\$ 0
Budget Begin Date	09/30/2024	Grant Period Begin Date	09/30/2024
Budget End Date	09/29/2025	Grant Period End Date	09/29/2029

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

The overall goals of the grant are to optimize resources to implement state-specific actions that address disparities in maternal health and improve maternal health outcomes, including the prevention and reduction of maternal mortality and severe maternal morbidity (SMM).

A description of any action required to be taken by the state government entity as a condition for the receipt or continued receipt of federal funds:

- Required participation in trainings, meetings, data collection and documentation activities as conditions of grant cooperative agreement.
- Must meet extensive financial and programmatic reporting and payment/funding requirements as specified in cooperative agreement and grantee documentation.
- Must utilize funds for approved programs and activities only.

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

A description of any action prohibited to be taken by the state government entity as a condition for the receipt or continued receipt of federal funds:

Initiation or implementation of activities and/or utilization of funding for items that are not approved or outside the scope of the State Maternal Health Innovation Program grant are prohibited.

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

No requirement

REVENUE SOURCE: C9

Source	CFDA	Grant Name		
CDC	93.495	Oklahoma Community Health Workforce Initiative		
Principal Investigator		Cathy Billings	FAIN	NU58DP006996
Federal Award		\$ 1,000,000	Non-Fed Award	\$ 0
Budget Begin Date		08/31/2023	Grant Period Begin Date	08/31/2021
Budget End Date		08/30/2025	Grant Period End Date	08/30/2025

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

The Oklahoma Community Health Workforce Initiative focuses on training, deploying, and engaging the CHW Workforce. CHWs are trusted members of the community with lived experience that connect clients to resources, make referrals, provide health education, coordinate care, build community capacity, and close the gap between health care and public health. This grant was originally focused on mitigating the spread of COVID-19 through partnership with Community Health Workers (CHWs). As the pandemic has subsided the focus on COVID-19 has shifted.

CB1: Train Community Health Workers

- Host four quarterly trainings a year with professional development, continuing education, self care, and networking for OSDH CHWs and Community Partner CHWs.
- Host a monthly call with program spotlights to spread awareness of resources across the state, provide updates, gather feedback, and encourage sharing of challenges for troubleshooting and successes for celebrating.

CB3: Integrate CHWs into Organizations

- Focus on high impact community partnerships to integrate CHWs into organizations that are serving people with unmet health related social needs. Create strategic partnerships for funding to strengthen sustainability of the workforce.

CB4: Educate Partners

- Provide partner education for community partners interested in employing or partnering with CHWs. Educate on training criteria, scope of work, implementation, and opportunities for blending and braiding funding.

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

- This award follows 45 CFR 75

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

No requirement

REVENUE SOURCE: CY

Source	CFDA	Grant Name		
ACF	93.235	Sexual Risk Avoidance Education (SRAE)		
Principal Investigator		Mekay Bixby	FAIN	2401OKSRAE
Federal Award		\$ 946,712.00	Non-Fed Award	\$ 0
Budget Begin Date		10/01/2023	Grant Period Begin Date	10/01/2023
Budget End Date		09/30/2025	Grant Period End Date	09/30/2025

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

The Oklahoma Sexual Risk Avoidance Education grant program (SRAE) introduces programs into communities across the state to increase protective factors while mitigating risk factors in an effort to reduce the number of teen births and rates of sexually transmitted infections (STIs).

Under this grant the OSDH must:

- Have the project fully functioning within 60 days following the notice of award for the grant.
- Have facilitators/educators formally trained in the program model or elements of the program by professionals who can provide follow-up technical assistance to facilitators.
- Send at least two key staff persons to the 3-day Adolescent Pregnancy Prevention (APP) Program Grantee Conference and two staff persons to a minimum of two of three topical training sessions offered each year of the project in areas such as Washington DC, Portland, OR, and Boston, MA.
- Collect all of the federally developed SRAE performance measures (grantee, partners, and sub-awardees) upon approval from OMB.
- Participate in a grantee orientation webinar.
- Develop a sustainability plan with any proposed sub-awardees and collaborating partners to create self-sufficiency and continue program activities after federal funding ends

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

SRAE programs are funded by the Family and Youth Services Bureau a federal program office under the Department of Health and Human Services. Awards issued under this announcement are subject to 2 CFR 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards.

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

No requirement

REVENUE SOURCE: BA

Source	CFDA	Grant Name		
CDC	93.116	Tuberculosis Elimination and Laboratory Cooperative Agreement		
Principal Investigator		Christie McDonald-Hamm	FAIN	NU52PS910225
Federal Award		\$ 725,629	Non-Fed Award	\$ 0
Budget Begin Date		01/01/2024	Grant Period Begin Date	01/01/2020
Budget End Date		12/31/2024	Grant Period End Date	12/31/2024

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

Tuberculosis (TB) is an airborne disease and globally, a leading cause of death. One fourth of the world's population is infected with TB. While the United States continues to make slow progress, current strategies will not, alone, lead to TB elimination in this century. Meeting the U.S. TB elimination goal will require an added focus on testing and treating high-risk persons with latent TB infection (LTBI) to prevent them from developing active TB. The majority of funds will continue to be directed to core TB control activities, such as case management, targeted testing, contact investigation, directly observed therapy, and outreach activities.

The Centers for Disease Control and Prevention (CDC) provides funds to the Oklahoma State Department of Health (OSDH) for TB prevention and control and laboratory services and activities to reduce TB disease and deaths. In order to obtain funds through the TB cooperative agreement, Oklahoma must treat all TB cases, conduct contact investigations, and report on National Tuberculosis Indicators Project (NTIP) measures to the CDC. This program is authorized under Section 317E(a) of the Public Health Service Act, [42 U.S.C. Section 247b-69(a)], as amended.

Reporting requirements include:

- Submit Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP), 6 months into award
- Submit Annual Performance Report (APR) no later than 120 days before end of budget period
- Submit Federal Financial Reporting Forms 90 days after the end of the budget period
- Submit Final Performance and Financial Report 90 days after end of period of performance
- Submit Payment Management System (PMS) Reports quarterly by January 30; April 30; July 30; and October 30

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

- May not use funds for research
- May not use funds for clinical care except as allowed by law
- Generally, may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget
- May not use funds for in-patient clinical care; out-patient services are allowed (e.g., tuberculin skin testing, chest radiography, medical evaluation)
- May not use funds to supplant state or local health department funds
- May not use funds to purchase drugs for treatment

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

No requirement

REVENUE SOURCE: CC

Source	CFDA	Grant Name	
ACF	93.092	Personal Responsibility Education Program	
Principal Investigator		Alicia Lincoln	FAIN 2401OKPREP
Federal Award		\$ 664,271	Non-Fed Award \$ 0
Budget Begin Date		10/01/2023	Grant Period Begin Date 10/01/2023
Budget End Date		09/30/2026	Grant Period End Date 09/30/2026

Source	CFDA	Grant Name	
ACF	93.092	Personal Responsibility Education Program	
Principal Investigator		Alicia Lincoln	FAIN 2301OKPREP
Federal Award		\$ 622,748	Non-Fed Award \$ 0
Budget Begin Date		10/01/2022	Grant Period Begin Date 10/01/2022
Budget End Date		09/30/2025	Grant Period End Date 09/30/2025

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

The Maternal and Child Health Service (MCH), Oklahoma State Department of Health (OSDH), administers and monitors the Personal Responsibility Education Program (PREP) grant. The evidence-based teen pregnancy prevention programs are implemented in the metropolitan statistical areas (MSAs) through contractual agreements with the Oklahoma City County Health Department (OCCHD) and the Tulsa Health Department (THD). Target populations include youth who are at highest risk for pregnancies and sexually transmitted infections (STIs) to include African American, Native American and Hispanic youth 10-19 years of age in high risk zip codes of the MSAs. The programs use medically accurate information to educate adolescents on both abstinence and contraception to prevent pregnancy and STIs, including HIV/AIDS. MCH must participate in all required trainings and data collection activities, along with submission of all required paperwork as a condition of this grant.

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

Programs cannot use any curricula that are not approved by the funder prior to implementation. Fidelity to the model is critical and adaptations cannot be made without federal authorization.

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

No requirement

REVENUE SOURCE: BR

Source	CFDA	Grant Name		
CDC	93.27	Oklahoma Viral Hepatitis B and Hepatitis C Prevention and Surveillance Project		
Principal Investigator		Atonbara Sowemimo	FAIN	NU51PS005190
Federal Award		\$ 584,738	Non-Fed Award	\$ 0
Budget Begin Date		05/01/2024	Grant Period Begin Date	05/01/2021
Budget End Date		04/30/2025	Grant Period End Date	04/30/2026

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

The Oklahoma State Department of Health (OSDH), Sexual Health and Harm Reduction Service (SHHRS), works throughout the state to address hepatitis B and C prevention and control. Through this project, Oklahoma will work to improve the quality, completeness, and use of hepatitis surveillance and prevention program data to monitor epidemiological trends, and develop new or enhance existing strategies for prevention programs that aim to achieve national prevention goals, as well as utilize a high impact prevention approach. The Service is fully integrated with HIV, STD, and viral hepatitis prevention and surveillance activities as well as directing and executing the Ryan White Care programs.

Our surveillance and prevention programs operate in coordination with each other. SHHRS personnel work with community partners in affected communities across Oklahoma in an effort to prevent new infections of hepatitis B, hepatitis C, CT, GC, Syphilis and HIV by reducing undiagnosed infections and ensuring proper treatment is provided. SHHRS is currently staffed with personnel that have the necessary competencies and technical expertise required to provide the operational and foundational activities for hepatitis B and C prevention and surveillance programs and services along with the capacity to respond to emerging threats, such as antimicrobial resistance and disease outbreaks. Progress and performance reports are required to continue to receive funding.

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

Only state government is eligible in Oklahoma to apply for this funding. There is no cost sharing or maintenance of effort required.

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

No requirement

REVENUE SOURCE: BN

Source	CFDA	Grant Name	
CDC	93.136	Oklahoma Rape Prevention and Education Program	
Principal Investigator		Brandi Woods-Littlejohn	FAIN NUF2CE002586
Federal Award		\$ 551,098	Non-Fed Award \$ 0
Budget Begin Date		02/01/2024	Grant Period Begin Date 02/01/2024
Budget End Date		01/31/2025	Grant Period End Date 01/31/2029

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

The Oklahoma Rape Prevention and Education Program (RPE) provides state-level guidance and coordination of activities to prevent first-time perpetration and victimization of sexual assault. The RPE Program is administered by the Injury Prevention Service and supports community-based programs to conduct sexual violence (SV) prevention strategies at the local level using evidence-informed strategies at multiple levels of the social ecology. The state-level RPE team provides training and technical assistance to local SV prevention programs and other organizations.

Among the activities of the RPE Program is the development and implementation of a state action plan, which outlines the direction, target population, and prevention strategies utilized in Oklahoma. The Oklahoma Prevention Leadership Committee, a multi-disciplinary committee created as part of the RPE Program, is maintained to assist and guide program activities. Additionally, the state-level RPE team collaborates with the Centers for Disease Control and Prevention, local programs, an external evaluator, and other stakeholders to develop and implement evaluation and performance measurement plans. Programmatic goals include: 1) ensuring program capacity to facilitate and monitor the implementation of prevention/programs/policies; 2) conducting/promoting training to assist partner organizations with advancing health equity; 3) leveraging multi-sector partners and resources for SV prevention, including engaging with sexual assault coalitions, tribal coalitions, and representatives from underserved communities; 4) identifying, implementing, and adapting SV prevention strategies that increase health equity through reduced disparities; 5) collecting available state- and community-level data to inform SV prevention, target populations and regions, and evaluation; and 6) developing and implementing an equity-focused evaluation to improve SV prevention strategy implementation. Information about the Oklahoma RPE Program, including related reports and publications, is available at <http://oklahoma.gov/health/svp>. Progress must be reported annually to CDC.

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

No more than five percent of the funding received each fiscal year may be used for administrative expenses, and no more than two percent may be used for surveillance studies or prevalence studies.

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

No requirement

REVENUE SOURCE: BL

Source	CFDA	Grant Name		
CDC	93.946	Maternal Mortality Review Committee financial support to improve data quality and timeliness - ERASE		
Principal Investigator		Jill Nobles-Botkin	FAIN	NU58DP007827
Federal Award		\$ 495,000	Non-Fed Award	\$ 0
Budget Begin Date		09/30/2024	Grant Period Begin Date	09/30/2024
Budget End Date		09/29/2025	Grant Period End Date	09/29/2029

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

The grant funding aims to support the capacity for developing and implementing data-informed strategies to prevent pregnancy-related deaths and reduce disparities among disproportionately impacted populations by improving data availability and quality to better identify and characterize pregnancy-related deaths and related health inequities. Funding is provided to agencies/organizations that coordinate/manage Maternal Mortality Review Committees (MMRCs) to identify and characterize pregnancy-related deaths for prevention. Recipients will identify pregnancy-associated deaths; conduct vital records quality assurance; abstract clinical/non-clinical data into a standard data system (Maternal Mortality Review Information Application, 'MMRIA'); conduct informant interviews to inform individual case review; conduct multidisciplinary case reviews by diverse committees; and enter committee decisions into MMRIA. Quality assurance processes, in partnership with CDC, will be used for improving data quality, completeness, and timeliness. Recipients will analyze data and share findings to inform prevention strategies that reduce pregnancy-related deaths, with a focus on reducing inequities.

CDC will measure progress in strategies and activities, and short-term and intermediate outcomes through the following:

- Regular (e.g., monthly) virtual meetings with the recipient;
- Regular review of financial data and reporting;
- Reviewing recipient progress reports, including annual priority performance measures;
- Participation in regular, MMRIA Abstractor and Coordinator Office Hours, MMRIA Analyst Hours, and MMRC Committee Leadership Community of Practice collaborative learning events;
- Participation in peer-led presentations and discussions during an annual reverse site visit (i.e., MMRIA User Meeting);

- Observations of MMRC processes during site visits/technical assistance visits (virtual or in-person); and
- CDC examinations of recipient MMRIA data on a routine basis, including review of MMRIA Data Quality Reports, to identify opportunities for process and data quality improvement, sharing this feedback with respective recipients.

Monitoring activities include routine and ongoing communication between CDC and recipients, site visits, and recipient reporting (including work plans, performance, and financial reporting). Consistent with applicable grants regulations and policies, CDC expects the following to be included in post-award monitoring for grants and cooperative agreements:

- Tracking recipient progress in achieving the desired outcomes.
- Ensuring the adequacy of recipient systems that underlie and generate data reports.
- Creating an environment that fosters integrity in program performance and results.

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

- No specific funding restrictions listed in NOA

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

No requirement

REVENUE SOURCE: BM

Source	CFDA	Grant Name		
CMS	93.777	Oklahoma - CLIA		
Principal Investigator		Dr. LaTrina Frazier	FAIN	
Federal Award		\$ 492,230	Non-Fed Award	\$ 0
Budget Begin Date		10/01/2024	Grant Period Begin Date	10/01/2024
Budget End Date		09/30/2025	Grant Period End Date	09/30/2025

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

The Clinical Laboratory Improvement Amendments of 1988 (CLIA) regulations include federal standards applicable to all U.S. facilities or sites that test human specimens for health assessment or to diagnose, prevent, or treat disease. The Amendments established quality standards for all laboratories testing to ensure the accuracy, reliability, and timeliness of patient test results, regardless of where the test was performed. The CLIA regulations are based on the complexity of the test method; thus, the more complicated the test, the more stringent the requirements. The CMS monitors state performance to ensure the timeliness of investigations, appropriate program management and expenditure of funds. State Survey Agencies, under agreements between the State and the Secretary of the Department of Health and Human Services, carry out the Medicare certification process. The State Survey Agency is also authorized to set and enforce standards for CLIA and Medicaid. This contract is funded through an annually renewing grant to the Department. For more detail, see Clinical Laboratory Improvement Amendments.

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

Funds are restricted to the performance of inspections, training, program management and travel.

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

No requirement

REVENUE SOURCE: CX

Source	CFDA	Grant Name		
CDC	93.197	The Oklahoma Childhood Lead Poisoning Prevention Program has identified three goals to ensure project success including enhanced surveillance, improved linkage to care, and increased testing.		
Principal Investigator		Susan Quigley	FAIN	NUE2EH001460
Federal Award		\$ 468,678	Non-Fed Award	\$ 0
Budget Begin Date		09/30/2024	Grant Period Begin Date	09/30/2021
Budget End Date		09/29/2025	Grant Period End Date	09/29/2026

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

An estimated 535,000 children in the United States have blood lead levels at or above the reference range for blood lead as established by the Centers for Disease Control and Prevention (CDC) in 2012. Public health action is needed to support activities to reduce lead exposures, childhood lead poisoning, and to better understand the impact of blood lead levels in children. The Oklahoma Childhood Lead Poisoning Prevention Program (OCLPPP) receives funding from the CDC to support activities to reduce lead exposures and lead poisoning. These activities will include screening, reporting of blood lead data to the CDC, data management and surveillance, and targeted population-based interventions.

A total of \$350,000 was awarded in federal fiscal year 2021 (FFY21) through a cooperative agreement and a supplemental amount of \$148,096 awarded to make a total of \$498,096 for the first year of the five year cooperative agreement. In year 2022, (FFY22), the program received \$350,000 In year 2023, (FFY23) the program received \$515,000. For 2024, (FFY24), the program has received a reduced amount of \$468,678.

To continue funding awardees must:

- Provide written success stories annually.
- Provide surveillance data quarterly.
- Submit annual reporting requirements including budget, work plan, data management plan, performance measurements, and additional reports, as requested.
- Must attend required CDC Meetings and Trainings throughout the grant cycle, including sending the Project Officer and Epidemiologist to the Grantee meeting held annually.

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

- May not be used for research.
- May not may not use funds for clinical care except as allowed by law.

- May not use funds to purchase furniture or equipment.
- May use funds only for reasonable program purposes, including personnel, travel, supplies, and services.

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

No requirement

REVENUE SOURCE: B3

Source	CFDA	Grant Name		
CDC	93.354	Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response - MONKEY POX		
Principal Investigator		Allen Henry	FAIN	NU90TP922240
Federal Award		\$ 437,893	Non-Fed Award	\$ 0
Budget Begin Date		02/01/2023	Grant Period Begin Date	002/01/2023
Budget End Date		01/31/2025	Grant Period End Date	01/31/2025

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

The purpose of this cooperative agreement is to provide funding to support governmental public health response to Mpox. The funds are to help provide needed resources to jurisdictions to immediately initiate or continue response activities such as vaccination, community engagement, case and cluster investigation, increasing timeliness and completeness of data reporting on cases and vaccination, and other Mpox response related activities. MPOX funds must not be pooled with any other program funds. Tracking and reporting must be kept separate from other program funds.

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for: Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body; and the salary or expenses of any grant or contract recipient, or agency acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order proposed or pending before any legislative body.⁴
- See additional Requirements 12 (AR-12) for detailed guidance for this prohibition and additional guidance on lobbying for CDC recipients.
- The direct and primary recipient in a cooperative agreement program must

perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

- In accordance with the United States Protecting Life in Global Health Assistance Policy, all non-governmental organizations (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning or to provide financial support to any other foreign non-governmental organization that conducts such activities. See additional Requirements (AR) 35 for applicability (<https://www.cdc.gov/grants/additionalrequirements.ar-35.html>).

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

No requirement

REVENUE SOURCE: C5

Source	CFDA	Grant Name		
CDC	93.336	Oklahoma Behavioral Risk Factor Surveillance System		
Principal Investigator		Derek Pate	FAIN	NU58DP007869
Federal Award		\$ 381,000	Non-Fed Award	\$ 0
Budget Begin Date		08/01/2024	Grant Period Begin Date	08/01/2024
Budget End Date		07/31/2025	Grant Period End Date	07/31/2029

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

The Behavioral Risk Factor Surveillance System (BRFSS) is the largest ongoing telephone survey of our nation’s health. Established by the Centers for Disease Control and Prevention (CDC), it is implemented via the state health departments every year (OK since 1988). The BRFSS is administered using computer-assisted telephone interviewing software to a stratified random sample of non-institutionalized residents aged 18 years and older. The survey consists of questions regarding health status, access to healthcare, chronic disease prevalence, and health behaviors.

The “Core” questions are administered each year so that comparisons of the most critical health information can be made. Some items in the core rotate and are asked every other year rather than every year. There are standardized optional modules and state-added questions that a state may choose to add to the questionnaire (and fund). State health departments gather data, send the data to the CDC for processing, weighting, and use the processed data to assess the health status of the population. Data from the BRFSS are used in national reports such as America’s Health Rankings, County Health Rankings, and Commonwealth Fund Scorecard on State Health System Performance.

The CDC provides federal funding for Oklahoma BRFSS survey operations and data collection, supporting “Core” questions of the survey that is administered in all 50 states, the District of Columbia and three U.S. territories. The survey is also supported by a variety of partners that sponsor the optional modules and state-added questions. Partners include OSDH programs (Chronic Disease Prevention, Injury Prevention, Family Health, Community Development), other state agencies (ODMHSAS, OHCA, TSET), researchers (e.g. Oklahoma Health Science Center - College of Public Health), stakeholder organizations (Alzheimer’s Association), and tribal partners (e.g. Cherokee Nation Public Health) fostering state collaborative partnerships working towards improving Oklahoma health status. Performance reports and annual progress reports are required.

**PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE
OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:**

None listed in NOA

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

No requirement

REVENUE SOURCE: B6

Source	CFDA	Grant Name	
HRSA	93.110	State Newborn Screening System Priorities Program	
Principal Investigator		Jennifer Baysinger	FAIN H4N49258
Federal Award		\$ 357,800	Non-Fed Award \$ 0
Budget Begin Date		07/01/2024	Grant Period Begin Date 07/01/2023
Budget End Date		06/30/2025	Grant Period End Date 06/30/2028

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

The purpose of the current proposal is to enhance, improve, and expand the Oklahoma NBS Program by improving timeliness, implementing RUSP conditions, and increasing follow-up education for the community, healthcare providers, and families with conditions identified through NBS. With this funding, Oklahoma will have the capacity to establish a NBS quality assurance and improvement team to identify key performance measures. A NBS workgroup that consist of both internal and external stakeholders will be created to identify health inequities and emerging NBS issues. NBS LTFU will be changed to allow for consistent data reporting and family follow up. An annual educational NBS symposium will be held to improve education for the public and healthcare providers. This grant requires DGIS performance reports, program reports, final narrative report and integrity and performance reporting.

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

Funds for each Focus area must be utilized for that Focus area and can't be moved across Focus areas You cannot use funds under this notice for the following purposes:

- Providing cash payments to or on behalf of affected individuals.
- Providing inpatient services.
- Purchasing land or making capital improvements to property.
- Providing for proprietary research or training.

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

No requirement

REVENUE SOURCE: B4

Source	CFDA	Grant Name	
CDC	93.314	Early Hearing Detection and Intervention Information System (EHDI-IS) Surveillance Program	
Principal Investigator	Jennifer Baysinger	FAIN	NU50DD000086
Federal Award	\$ 320,000	Non-Fed Award	\$ 0
Budget Begin Date	07/01/2023	Grant Period Begin Date	07/01/2020
Budget End Date	06/30/2025	Grant Period End Date	06/30/2025

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

The Oklahoma Newborn Hearing Screening Program (NHSP) at the Oklahoma State Department of Health (OSDH) and its strategic partners continue to view the provision of hearing screening and follow-up as a critical public health service for Oklahoma's children. This Cooperative Agreement application seeks to 1) Optimize the existing Oklahoma Early Hearing Detection and Intervention Information System (EHDI-IS) tracking system to improve the collection, management and efficient use of diagnostic and intervention data as well as strengthen data linkage efforts to conform to CDC EHDI Functional Standards, 2) Engage Oklahoma stakeholders regarding EHDI follow-up, tracking, and surveillance efforts, 3) Enhance OK NHSP data quality of patient-level data to ensure infants receive timely diagnostic and intervention services while continuously improving ongoing data analysis, and 4) Develop detailed annual data reports and disseminate relevant information among internal and external stakeholders. The OK NHSP also seeks to enhance partnerships with audiology and early intervention (EI) programs (Part C and Non-Part C) via phone calls and face-to-face meetings to address the needs of accurate and complete reporting of all diagnostic and prompt referral to EI services. Finally, the NHSP will work with the Neometrics vendor to expand tracking opportunities, abstraction capabilities, and report development needed to monitor, analyze, and evaluate data quality and guide programmatic improvement. A key aspect of this project includes sustaining the NHSP Quality Assurance/Data Coordinator needed to assist the OK NHSP in meeting all outcomes set forth in this proposal.

To continue funding awardees must:

- Submit written assessment of the accomplishments, challenges and opportunities including a description of the problems encountered, lessons learned, potential improvements every six months
- Submit annual reporting requirements including a budget narrative and work plan
- Must attend required CDC Kickoff Meeting

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

- May not be used for research.
- May not may not use funds for clinical care except as allowed by law.
- May not use funds to purchase furniture or equipment.
- May use funds only for reasonable program purposes, including personnel, travel, supplies, and services.

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

No requirement

REVENUE SOURCE: B5

Source	CFDA	Grant Name		
CDC	93.136	Oklahoma Violent Death Reporting System		
Principal Investigator		Brandi Woods-Littlejohn	FAIN	NU17CE010123
Federal Award		\$ 312,737	Non-Fed Award	\$ 0
Budget Begin Date		09/01/2024	Grant Period Begin Date	09/01/2022
Budget End Date		08/31/2025	Grant Period End Date	08/31/2027

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

The Oklahoma Violent Death Reporting System (OKVDRS) has been maintained by the Injury Prevention Service since 2004. Data are collected from death certificates from the OSDH Center for Health Statistics, medical examiner reports from the Office of the Chief Medical Examiner, and law enforcement records provided by the Oklahoma State Bureau of Investigation into a comprehensive surveillance system with over 600 variables.

The purpose of the project is to: 1) maintain a continually improving OKVDRS surveillance system that collects timely, high quality, comprehensive violent death data from the required and optional sources and complies with Centers for Disease Control and Prevention (CDC) guidelines; 2) continually build and strengthen relationships with key partners; 3) increase access to and use of violent death surveillance data by partners and the public to inform violence prevention; and 4) enhance capacity for epidemiologic science, geocoding, and linking surveillance data to social determinants of health data or other relevant data.

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

Funds may not be used for research, prevention activities or clinical care; publicity or propaganda purposes; preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body; or the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administration action, or executive order proposed or pending before any legislative body.

REQUIRED ACTIONS FOR INDIVIDUALS OR ENTITIES TO RECEIVE BENEFITS FROM FEDERAL FUNDS:

States are required to abstract de-identified data into the online National Violent Death Reporting System portal using CDC guidelines; collect data from the three required

sources: death certificate, medical examiner/coroner reports, and law enforcement reports; and report progress annually to CDC.

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

No requirement

REVENUE SOURCE: C1

Source	CFDA	Grant Name	
CMS	93.777	Oklahoma IMPACT Award	
Principal Investigator		Dr. LaTrina Frazier	FAIN
Federal Award		\$ 271,087	Non-Fed Award
Budget Begin Date		10/01/2024	Grant Period Begin Date
Budget End Date		09/30/2025	Grant Period End Date

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

Under the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014, each Medicare certified hospice must be surveyed no less frequently than every 36 months. States conduct validation surveys of deemed hospices, specified by CMS. Funding provided through the IMPACT Act as well as the Quality, Safety & Oversight Group (QSOG) S&C Medicare program management budget will assist States to comply with this requirement.

The Centers for Medicare and Medicaid Services (CMS) contracts with the Department to perform certification and complaint inspections of Hospices that provide services reimbursed through Medicare. This contract is funded through an annually renewing grant to the Department. For more detail, see the annual Mission and Priority Document issued by CMS and linked here.

The requirements in the grant specify that inspections and program administration are performed as outlined in the Centers for Medicare and Medicaid Services' Mission and Priority Document. Each state agency is evaluated annually for compliance under the CMS State Performance Standards System. In federal fiscal year 2018, Oklahoma met 24 of 25 performance standards scored. More information on the SPSS program can be found at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenl> nfo/Downloads/AdminInfo18-22-ALL.pdf.

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

Funds are restricted to the performance of inspections, training, program management and travel.

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

No requirement

REVENUE SOURCE: BB

Source	CFDA	Grant Name		
CDC	93.136	Oklahoma Core State Injury Prevention Program		
Principal Investigator		Dr. Tracy Wendling	FAIN	NU17CE010171
Federal Award		\$ 250,000	Non-Fed Award	\$ 0
Budget Begin Date		08/01/2024	Grant Period Begin Date	08/01/2023
Budget End Date		07/31/2025	Grant Period End Date	07/31/2026

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

Funded by the Centers for Disease Control and Prevention, the Core State Injury Prevention Program (Core SIPP) has three overarching strategies: (1) engage in robust data/surveillance for public health action, (2) strengthen strategic collaborations and partnerships for public health action, and (3) conduct assessment and evaluation for public health action. Oklahoma's Core SIPP is administered by the Injury Prevention Service and builds on infrastructure established in previous iterations of Core injury funding. Topical focus areas of the funding include adverse childhood experiences (ACEs), transportation safety, and traumatic brain injury (TBI). Science-based approaches are selected to prevent injuries among disproportionately-affected populations. Key activities of the Oklahoma Core SIPP include conducting and enhancing statewide injury surveillance; maintaining a fatal childhood injury surveillance system; utilizing surveillance data to develop data products and widely disseminate findings to community stakeholders, partners, and other audiences; administering a statewide child safety seat installation and education program; supporting a statewide CarFit program to promote older adult driver safety; partnering on the ATV Ride Safe Oklahoma program; enhancing statewide efforts to address the prevention, recognition, and treatment of traumatic brain injuries (with a special focus on youth sports-related concussions); advance statewide implementation of the Coaching Boys into Men program; and providing education, technical assistance, and evidence-based information on a variety of injury topics. Information about the Injury Prevention Service's work, including related reports and publications, is available at <http://oklahoma.gov/health/ips>. Funding for this cooperative agreement is based on states using evidence-informed strategies to address the required strategies and topic areas, making satisfactory programmatic progress, and meeting all reporting requirements.

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

Core SIPP funding may only be used for reasonable program purposes, including personnel, travel, supplies, and services. Specifically, funds may not be used for research;

clinical care except as allowed by law; purchasing furniture or equipment; publicity or propaganda purposes; the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation; lobbying or any activities designed to influence the enactment of legislation; incentives; or pre-award costs.

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

No requirement

REVENUE SOURCE: C7

Source	CFDA	Grant Name		
HRSA	93.251	UNIVERSAL NEWBORN HEARING SCREENING		
Principal Investigator		Jennifer Baysinger	FAIN	H61MC00051
Federal Award		\$ 235,000	Non-Fed Award	\$ 0
Budget Begin Date		04/01/2024	Grant Period Begin Date	04/01/2024
Budget End Date		03/31/2025	Grant Period End Date	03/31/2029

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

The purpose of the Early Hearing Detection and Intervention Program project is to ensure Oklahoma families with newborns, infants, and young children up to 3 years of age who are deaf or hard-of-hearing (DHH) receive appropriate and timely services that include hearing screening, diagnosis, and early intervention (EI). The Newborn Hearing Screening Program (NHSP), Oklahoma's Early Hearing Detection and Intervention (EHDI) Program at the Oklahoma State Department of Health (OSDH) seeks to enhance childhood hearing screenings so that children receive timely hearing loss diagnosis and appropriate early intervention to optimize language, literacy, cognitive, social, and emotional development. The target population for newborn hearing screening is all 50,000 children born in Oklahoma annually with an emphasis on approximately 2,500 infants annually who did not pass the initial hospital hearing screen and need additional testing.

The current proposed project seeks to:

- Lead efforts to engage and coordinate all stakeholders in the OK EHDI system to meet the goals of this program to improve developmental outcomes for children who are DHH.
- Engage, educate, and train health professionals/service providers in the EHDI system.
- Strengthen the capacity to provide family support and engage families with children who are DHH as well adults who are DHH throughout the EHDI system.
- Facilitate improved coordination of care and services for families and children who are DHH through the development of mechanisms for formal communication, training, referrals and/or data sharing between the OK EHDI and early childhood programs.
- Partner with the Oklahoma Audiology Taskforce (OKAT) to develop and implement a strategy to monitor and assess program performance in meeting the stated program purpose and objectives that would contribute toward continuous quality improvement (QI) throughout the period of performance.
- Build upon and expand infrastructure that leads to a sustainable and comprehensive system of care (SOC) which improves developmental outcomes for children up to three years of age who are DHH.

- This project includes collaboration with SoonerStart Part C Early Intervention program, Oklahoma Family Network, deaf and hard of hearing adults, medical home providers, county health departments, birthing facilities, audiology programs, home visitation programs, early childhood programs, and health care professionals in the public and private sectors.

To continue funding awardees must:

- Submit written assessment of the accomplishments, challenges and opportunities including a description of the problems encountered, lessons learned, potential improvements every six months
- Submit annual reporting requirements including a budget narrative and work plan
- Must attend required EHDI Meetings

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

- May not be used for research.
- May not may not use funds for clinical care except as allowed by law.
- May not use funds to purchase furniture.
- May use funds only for reasonable program purposes, including personnel, travel, supplies, and services.

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

No requirement

REVENUE SOURCE: BD

Source	CFDA	Grant Name		
CDC	93.945	Oklahoma State Public Health Approaches to Addressing Arthritis		
Principal Investigator		Karin Leimbach	FAIN	NU58DP007483
Federal Award		\$ 225,000	Non-Fed Award	\$ 0
Budget Begin Date		07/01/2024	Grant Period Begin Date	07/01/2023
Budget End Date		06/30/2025	Grant Period End Date	06/30/2028

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

Oklahoma State Department of Health (OSDH) is coordinating and collaborating with internal and external partners to sustainably disseminate arthritis-appropriate evidence-based interventions (AAEBIs), maintain AAEBIs availability, and implement strategies to sustain access to and delivery of selected AAEBIs. OSDH offers two AAEBIs, Walk With Ease initiatives and Tai Chi: Moving for Better Balance classes currently implemented by various departments. State Public Health Approaches to Addressing Arthritis allows OSDH to expand free offerings of each AAEBI by collaborating with additional statewide partners in implementing these programs across Oklahoma and thus increase accessibility for eligible and disproportionately affected adults. Partners for implementing the AAEBIs include: YMCA of Greater OKC, YMCA of Greater Tulsa, OSU Cooperative Extension, Cherokee Nation Public Health, Norman Regional Health System, Mercy Hospital Kingfisher, Mercy Hospital Logan County, Mercy Hospital Watonga, Pathways, Thrive, OSDH County Health Departments, and Certified Community Behavioral Health Clinics.

OSDH will increase healthcare providers awareness of the AAEBIs through education with our partners. Partners on this strategy include Oklahoma Foundation for Medical Quality and OSDH county health departments.

Through these coordinated efforts, there will be increased capacity for offering the AAEBIs by increasing the number of coaches and trainers statewide. Additionally, by working with several healthcare systems on education of the AAEBIs and the benefits of physical activity counseling there will be an increase of referrals to the AAEBIs. OSDH anticipates at least 7,500 Oklahoman adults with arthritis to enroll in the available AAEBIs through media campaigns, promotion of partners, and referrals. This will lead to more Oklahoman adults with arthritis having the skills to better manage their arthritis.

Since being awarded, OSDH has assisted 32 partners to become Certified Walk with Ease leaders and 74 partners become Tai Chi: Moving for Better Balance Instructors across the state of Oklahoma. Also, since being awarded, 126 Oklahomans have participated in a Tai Chi: Moving for Better Balance class and 305 Oklahomans have enrolled in a Walk with Ease class offered by our partners. OSDH is hosting quarterly meetings with our trained partners to share updates and experiences among partners. OSDH also created a new web page with information on Walk with Ease and Tai Chi:

Moving for Better Balance and contact information to learn about future classes.
Annual progress and performance reports are required to continue to receive funding.

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
 - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

No requirement

REVENUE SOURCE: BF

Source	CFDA	Grant Name		
HRSA	93.130	State Primary Care Offices		
Principal Investigator		Jana Castleberry	FAIN	U68HP11451
Federal Award		\$ 224,803	Non-Fed Award	\$ 0
Budget Begin Date		04/01/2024	Grant Period Begin Date	04/01/2024
Budget End Date		03/31/2025	Grant Period End Date	03/31/2029

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

The HRSA Cooperative Agreement provides funding to support the operations of the Oklahoma State Office of Primary Care (OKPCO). The primary responsibilities of the OKPCO include assessment of the health workforce data, identification of barriers to primary care in Oklahoma and facilitation of efforts to increase access to primary care. This work includes securing federal designations for Medically Underserved Areas and Populations (MUA/Ps) and Health Professional Shortage Areas (HPSAs) for primary, dental, and mental health care. The OKPCO serves as the primary state contact for the National Health Service Corps, J-1 Visa Waiver Program, and National Interest Waiver Program. The OKPCO works with a broad range of local, state, and federal partners to increase access to care and promote health workforce initiatives through data-driven planning and the provision of technical assistance to entities wishing to expand access to care. Funds cannot be used to support lobbying activities or direct clinical services.

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

In order to continue the cooperative agreement, the OSDH must submit an annual report detailing progress on program objectives and an annual report of federal performance measures.

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

No requirement

REVENUE SOURCE: CB

Source	CFDA	Grant Name		
CDC	93.946	The Oklahoma Pregnancy Risk Assessment Monitoring System (PRAMS)		
Principal Investigator		Binitha Kunnel	FAIN	U01DP006591
Federal Award		\$ 175,000	Non-Fed Award	\$ 0
Budget Begin Date		05/01/2024	Grant Period Begin Date	05/01/2021
Budget End Date		04/30/2025	Grant Period End Date	04/30/2026

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

PRAMS is an ongoing, population-based study designed to collect information about maternal behaviors and experiences before, during, and after pregnancy. Monthly, PRAMS samples between 200 and 250 recent mothers from the Oklahoma live birth registry. Mothers are mailed up to three questionnaires with follow-up phone interviews for non-responders. The PRAMS sample results from a systematic sampling design used to produce sample sizes large enough to generate population estimates for groups considered at risk for adverse pregnancy outcomes. The Oklahoma PRAMS is the primary source of information on mothers and infants in the state and data gathered by the PRAMS project are used to direct maternal and child health programs in the state. Oklahoma has been conducting the PRAMS project since 1988. The PRAMS questionnaire includes items focusing on attitudes and feelings about the most recent pregnancy, preconception care, prenatal care, Medicaid and WIC participation, breastfeeding, cigarette and alcohol use, health insurance coverage, and infant health care. To obtain weighted data for analysis, a response rate of 50% must be achieved. MCH must participate in all required trainings and data collection activities, along with submission of all required paperwork as a condition of this grant. All written and audiovisual materials, pictorials, questionnaires, survey instruments, websites, educational curricula, and other relevant program materials must be reviewed and approved by established program review panel. A list of reviewed materials and approval dates must be submitted to grantor. Items outside of this approval mechanism cannot be utilized.

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

Utilizing funds outside specific grant purpose would be prohibited.

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

No requirement

REVENUE SOURCE: BK

Source	CFDA	Grant Name		
CDC	93.945	Advancing Health Equity: District 9 Accelerator Plan in Southeastern Oklahoma		
Principal Investigator		Cathy Billings	FAIN	NU58DP007741
Federal Award		\$ 125,000	Non-Fed Award	\$ 0
Budget Begin Date		9/30/2023	Grant Period Begin Date	09/30/2023
Budget End Date		1/30/2025	Grant Period End Date	1/30/2025

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

The Oklahoma State Department of Health (OSDH) is committed to promoting the well-being and health equity of all individuals and communities across the state as state in its vision “Leading Oklahoma to prosperity through health”. Recognizing the significant influence of social determinants of health (SDoH), OSDH aims to address two critical aspects of health disparities: community clinical linkages and social connectedness. This purpose of this grant is comprised of two main strategies: 1) Convene and Coordinate a Leadership Team Consisting of Multisectoral partners and 2) Develop an Implementation-Ready SDOH Accelerator Plan. OSDH aims to develop a plan that bridges the gap between healthcare services and communities by fostering strong partnerships and collaborations. A Health Accelerator Plan designed to bolster CHD program frameworks and community relationships will ensure health improvement measures that aid all Oklahomans. Annual progress and performance reporting are required to continue receiving funds.

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

- Grant follows 45 CFR 75

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

No requirement

REVENUE SOURCE: EB

Source	CFDA	Grant Name		
USDA	10.557	WIC Breastfeeding Performance Bonus Award		
Principal Investigator		Christina Windrix	FAIN	Not yet identified
Federal Award		\$ 116,368	Non-Fed Award	\$ 0
Budget Begin Date		10/1/2024	Grant Period Begin Date	10/1/2024
Budget End Date		9/30/2025	Grant Period End Date	9/30/2025

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

The U.S. Department of Agriculture, Food and Nutrition Service, awarded the Oklahoma State Department of Health, WIC Program with the WIC Breastfeeding Performance Bonus Award. This award, in the amount of \$116,368 is in recognition of the Oklahoma State agency's outstanding achievement in improving its rate of fully breastfed infants during fiscal year (FY) 2023. USDA FNS established the WIC Breastfeeding Performance Bonus Awards for State agencies that demonstrate the greatest improvement or the highest rates in the proportion of breastfed infants. This award highlights the importance of improving breastfeeding rates among program participants by providing awards in the greatest improvement category. Breastfeeding promotion and support is a priority in the WIC Program. It is required for WIC Breastfeeding Performance Bonus funds to be spent in support of the program.

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

The breastfeeding bonus funds are two-year funds that must be expended by September 30, 2025.

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

No requirement

REVENUE SOURCE: C3

Source	CFDA	Grant Name		
CDC	93.079	Oklahoma School-Based Surveillance Project		
Principal Investigator		Joyce Marshall	FAIN	NU87DP000021
Federal Award		\$ 112,500	Non-Fed Award	\$ 0
Budget Begin Date		08/01/2024	Grant Period Begin Date	08/01/2024
Budget End Date		07/31/2025	Grant Period End Date	07/31/2029

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

Youth Risk Behavior Survey (YRBS): The YRBS is a statewide, randomized survey of Oklahoma public school students and is conducted biennially in odd-numbered years. The sample is selected in a two-stage process – schools are first selected based on a probability proportional to enrollment, followed by a random equal probability selection of classes within each school. The sample is weighted to be representative of Oklahoma public high school students in grades 9 through 12 based on the demographic distribution of the enrolled student population as provided by the Oklahoma State Department of Education. With each cycle of the YRBS, 50 schools are randomly selected for participation. This survey is utilized as a major source of information for state-wide youth health improvement efforts. The YRBS questionnaire includes six categories of health-risk behaviors that contribute to unintentional injuries and violence, tobacco use, alcohol and other drug use, sexual behaviors contributing to unintended pregnancy and sexually transmitted diseases, unhealthy dietary behaviors, and physical inactivity. The Oklahoma YRBS also includes supplemental questions on Adverse Childhood Experiences (ACEs) and Positive Childhood Experiences (PCEs). Federal financial, performance progress and monitoring, and payment management system reporting as required must be completed as a condition of this grant. To obtain weighted data, MCH targets for an overall response rate of 60% or greater. However, data can be weighted at response rates below 60%, dependent on non-response bias analysis results.

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

Utilizing funds outside grant purpose would be prohibited.

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

No requirement

REVENUE SOURCE: BX

Source	CFDA	Grant Name	
HRSA	93.110	OKLAHOMA STATE SYSTEMS DEVELOPMENT INITIATIVE	
Principal Investigator	Binitha Kunnel		FAIN H18MC00040
Federal Award	\$ 100,000	Non-Fed Award	\$ 0
Budget Begin Date	12/01/2024	Grant Period Begin Date	12/01/2022
Budget End Date	11/30/2025	Grant Period End Date	11/30/2027

REQUIRED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS:

The Oklahoma State Systems Development Initiative (SSDI) Project has the purpose of developing and expanding the data capacity of the State's Maternal and Child Health (MCH) Service. To meet its purpose, the SSDI Project goals includes: 1) strengthen capacity to collect, analyze, and use reliable data for the MCH Title V Block Grant to assure data-driven programming; 2) strengthen access to, and linkage of, key MCH datasets to inform MCH Title V Block Grant programming and policy development, and assure and strengthen information exchange and data interoperability; 3) enhance the development, integration, and tracking of health equity and social determinants of health (SDoH) metrics to inform Title V programming; 4) develop systems and enhance data capacity for timely MCH data collection, analysis, reporting, and visualization to inform rapid state program and policy action related to emergencies and emerging issues/threats, such as COVID-19. Under Goal 1, the SSDI Project is currently leading the planning and staging of the Oklahoma Title V MCH 5-Year Needs Assessment which is due in July 2025. This is a multi-year, multiple partner effort to assess the needs of the maternal, infant, and child populations of the state of Oklahoma. Oklahoma's MCH group must participate in all trainings and data collection activities as required, along with submission of all required paperwork as a condition of this grant. With Goal 2, the SSDI Project is partnering with internal OSDH departments and external state agencies to link and use linked datasets (e.g., infant deaths/births, PRAMS data, Medicaid records/births) for the purpose of more comprehensively assessing MCH populations. This body of work will be incorporated into the 5-Year Needs Assessment as it becomes available. Under Goal 3, the SSDI project will work with the PRAMS analyst to develop SDOH metrics to inform Title V and other data driven programs.

To continue receiving funds:

- MCH must participate in all trainings and data collection activities as required, along with submission of all required paperwork as a condition of this grant.
- Registration, financial and programmatic reporting, and prior approvals must be completed as required and according to schedule as a condition of this grant.
- The SSDI Program Director is required to attend the Annual SSDI Grantee Meeting.

PROHIBITED ACTIONS FOR THE STATE ENTITY, INDIVIDUALS, OR ENTITIES TO RECEIVE OR MAINTAIN FEDERAL FUNDS OR RELATED BENEFITS:

- 45 CFR Part 75 applies to all federal funds associated with this award.

STATE MATCH or LEVERAGED FUNDS REQUIREMENT:

No requirement