



Centers for Disease Control

Agency for Toxic Substances and Disease Registry

ATSDR's Partnership to Promote Local Efforts To Reduce Environmental Exposure

CDC-RFA-TS17-1701

Application Due Date: 01/09/2017

ATSDR's Partnership to Promote Local Efforts To Reduce Environmental Exposure

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Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-TS17-1701. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC) / Agency for Toxic Substances and Disease Registry (ATSDR)

B. Funding Opportunity Title:

ATSDR's Partnership to Promote Local Efforts To Reduce Environmental Exposure

C. Announcement Type: New - Type 1

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For this purpose, research is defined at <https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf>. Guidance on how CDC interprets the definition of research in the context of public health can be found at <http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf>.

New - Type 1

D. Agency Funding Opportunity Number:

CDC-RFA-TS17-1701

E. Catalog of Federal Domestic Assistance (CFDA) Number:

93.240

F. Dates:

- 1. Due Date for Letter of Intent (LOI):** 12/07/2016
- 2. Due Date for Applications:** 01/09/2017, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Date for Informational Conference Call:

An informational conference call concerning this funding announcement will be held on Wednesday, December 7 at 1:00 PM (Eastern). The phone number to dial in is 866-862-2139. The participant passcode is 8376990. Prior to this call, additional materials related to this call will be available at the following link: www.atsdr.cdc.gov/states/index.html;

G. Executive Summary:

1. Summary Paragraph:

The Agency for Toxic Substances and Disease Registry's (ATSDR's) Partnership to Promote Local Efforts to Reduce Environmental Exposure (APPLETREE) Program is critical to ATSDR's success in accomplishing its mission in communities nationwide. ATSDR's awardees will use Cooperative Agreement Program funding to advance ATSDR's primary goal of keeping communities safe from harmful environmental exposures and related diseases. The APPLETREE Program's primary goal is to give partners the resources to build their capacity to assess and respond to site-specific issues involving human exposure to hazardous substances in the environment. The Program helps ATSDR's partners identify exposure pathways at specific sites; educate affected communities and local health professionals about site contamination and potential health effects; make recommendations to prevent exposure; review health outcome data to evaluate potential links between site contaminants and community health outcomes; and document the effects of

environmental remediation on health. The APPLETREE Program enhances ATSDR's communication with state, local, and federal health and environmental agencies. Because the APPLETREE awardees are located nationwide and require less travel times, this program enhances the capability of ATSDR to conduct its site-specific activities in a timely fashion.

a. Eligible Applicants:	Open Competition
b. FOA Type:	Cooperative Agreement
c. Approximate Number of Awards:	25
d. Total Project Period Funding:	\$31,500,000
e. Average One Year Award Amount:	\$420,000
f. Total Project Period Length:	3
g. Estimated Award Date:	03/31/2017
h. Cost Sharing and / or Matching Requirements:	N

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this FOA exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

In 1980, Congress created the Agency for Toxic Substances and Disease Registry (ATSDR) to implement the health-related sections of laws that protect the public from hazardous wastes and environmental spills of hazardous substances. The Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA), commonly known as the "Superfund" Act, provided the Congressional mandate to remove or clean up abandoned and inactive hazardous waste sites and to provide federal assistance in toxic emergencies. As the lead Agency within the Public Health Service for implementing the health-related provisions of CERCLA, ATSDR is charged to assess the presence and nature of health hazards at specific Superfund sites, to help prevent or reduce further exposure and the illnesses that result from such exposures, and to expand the knowledge base about health effects from exposure to hazardous substances.

In 1984, amendments to the Resource Conservation and Recovery Act of 1976 (RCRA), which provides for the management of legitimate hazardous waste storage or destruction facilities, authorized ATSDR to conduct public health assessments (PHAs) at these sites. ATSDR was also authorized to assist the United States (U.S.) Environmental Protection Agency (EPA) in determining which substances should be regulated and the levels at which substances may pose a threat to human health. With the passage of the SARA, ATSDR received additional responsibilities in environmental public health. This act broadened ATSDR's responsibilities in the areas of PHAs, establishment and maintenance of toxicologic databases, information dissemination, and medical education.

Program outcomes will be in alignment with one (or more) of the following performance goal(s) for the National Center for Environmental Health (NCEH)/ATSDR:

- Protect the public from environmental hazards and toxic exposures; prevent adverse health outcomes associated with exposure to environmental hazards
- Promote healthy environments;

- Advance the science of environmental public health;
- Support environmental public health practice;
- Educate communities, partners, and policy makers about environmental health risks and protective measures;
- Promote environmental justice and reduce health disparities associated with environmental exposures; and
- Provide unique scientific and technical expertise to advance public health science and practice.

b. Statutory Authorities

This program is authorized under Section 104(i)(15) of the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) of 1980, as amended by the Superfund Amendments and Reauthorization Act (SARA) of 1986 [42 U.S.C. §9604(i)(15)].

c. Healthy People 2020

This cooperative agreement addresses the “Healthy People 2020” focus area of Environmental Health (<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=12>).

d. Other National Public Health Priorities and Strategies

In addition to addressing the Healthy People 2020 focus area, the purpose and goals of the funding are consistent with the mission of ATSDR to serve the public by using the best science, taking responsive public health actions, and providing trusted health information to prevent harmful exposures and disease related to toxic substances (<http://www.atsdr.cdc.gov/>). Specifically, the funding aligns with the efforts of ATSDR’s Division of Community Health Investigations (DCHI) to reduce people’s exposures to toxic substances in the environment. The funding also supports DCHI’s work to prevent children’s exposures to hazardous chemicals by promoting the safe siting of daycare facilities across the US.

e. Relevant Work

ATSDR identifies communities where people might be exposed to hazardous substances in the environment. The agency also determines how hazardous a site is and recommends actions that need to be taken to safeguard the health of community members. ATSDR works with communities, environmental groups, tribal governments and local, state, and other federal agencies to protect the public’s health. ATSDR currently funds 25 states. Through this agreement, in the past 3 years partners have investigated the potential health risks of more than a million people in 600 communities in the United States who were potentially exposed to harmful substances. The investigations resulted in federal, state, and local actions that protected the health of more than 125,000 people who were being exposed to harmful substances.

2. CDC Project Description

a. Approach

Bold indicates project period outcome.

APPLETREE Cooperative Agreement Program Logic Model					
Activities		Outputs	Short-Term Outcomes	Mid-Term Outcomes	Long-Term Outcomes
If ATSDR...	And If Grantees...	Then...	And then....	And then...	And then...

<p>Provides health assessment training</p> <ul style="list-style-type: none"> •Collaborates and assists with activity implementation •Provides technical assistance 	<p>Develop skills in assessing site related health hazards, including those associated with the siting of child care facilities</p> <ul style="list-style-type: none"> •Conduct timely analysis of data •Prioritize sites •Develop an APOW •Coordinate and collaborate on efforts •ID/assess site needs •Match site needs to a plan/"mix" of activities 	<ul style="list-style-type: none"> •Site-specific products that: <ul style="list-style-type: none"> - Identify pathways - Identify exposures and human health effects - Identify appropriate interventions or recommendations •Effective Health Education •Clear and timely information on how to reduce/eliminate risks 	<ul style="list-style-type: none"> •High percentage of community members understand risks and ATSDR recommendations 	<ul style="list-style-type: none"> •Regulatory agencies, policy makers, and/or individuals adopt recommendations •Site-related exposures have been reduced or eliminated •Increased percentage of people able to protect themselves from site-related hazards 	<ul style="list-style-type: none"> •Exposure related health effects reduced, eliminated, or prevented
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i. Purpose

The purpose of the program is to: 1) identify pathways of exposure to hazardous substances at hazardous waste sites and releases; 2) identify, implement, and coordinate public health interventions to reduce exposures to hazardous substances which occur at levels of health concern; and, provide training at the state level to promote and achieve the safe siting of daycare facilities in the US.

ii. Outcomes

Measurable outcomes will support the following APPLETREE goals for short-term, mid-term, and long-term outcomes: 1) A high percentage of community members, regulatory agencies, and other stakeholders understand the health risks and ATSDR's recommendations; 2) Regulatory agencies and policy makers adopt and implement site related recommendations within 12 months after completion of site assessment; 3) Site related exposures are reduced or eliminated; 4) An increased percentage of people are able to protect themselves from site-related hazards; and 5) Exposure related to toxic substances are reduced, eliminated, or prevented.

iii. Strategies and Activities

In order to achieve the outcomes listed above, awardees must conduct environmental health assessments and health education activities at National Priorities List (NPL) sites, petition sites, Comprehensive Environmental Response, Compensation, and Liability Information System (CERCLIS) or other state-identified sites, RCRA sites, Brownfields and other redevelopment sites, and facilities or releases within the recipient's territorial boundary. ATSDR's Public Health Assessment Guidance Manual can be found online at <http://www.atsdr.cdc.gov/HAC/PHAManual/toc.html>. A public health assessment is conducted to determine whether and to what extent people have been, are being, or may be exposed to hazardous substances associated with a hazardous waste site and, if so, whether that exposure is harmful and should be stopped or reduced. The public health assessment process enables ATSDR to prioritize and identify additional steps needed to answer public health questions, and defines follow-up activities needed to protect public health. Awardees will develop a workplan of site-specific activities and outputs which includes public health assessments, health consultations, and health educational materials for communities. Awardees must use ATSDR guidance to identify exposure pathways, identify exposures occurring at levels of concern, and make appropriate recommendations to stop exposure and protect the public. Awardees will work with regulatory agencies to adopt the recommendations made to prevent exposure to hazardous chemicals. Health education activities should focus on ensuring that community members understand findings of health assessments and where applicable, adopt behavioral changes that will prevent and reduce exposure to hazardous chemicals. The information provided by the awardee in these environmental health assessments and health education activities will have the ultimate outcome of reducing, eliminating, and preventing exposure to hazardous materials from waste sites. For more detail, see the Work Plan section of this funding announcement.

Awardees will also work with ATSDR to develop and implement plans to protect children from environmental hazards through the safe siting of child care facilities. Specifically, awardees will assess the current child care siting and health landscape in their state/jurisdiction, develop partnerships with key stakeholders, select policy and/or practice approaches to addressing the child care safe siting issue, and implement and evaluate their chosen approaches. Awardees are required to: 1) Participate in local, state, and federal health and environmental workshops and community meetings to discuss and respond to questions concerning a particular site's impact on public health and (2) Participate in ATSDR-scheduled training classes or workshops, regional meetings, and partners' meetings to increase knowledge and skills in environmental public health, program planning, and program evaluation.

1. Collaborations

a. With other CDC programs and CDC-funded organizations:

With CDC funded programs: Recipients are required to collaborate internally with other NCEH/ATSDR Cooperative Agreement and/or Grant programs to identify common needs, promote resource and information sharing to assure review of documents in order to advance ATSDR goals, and facilitate public health actions to improve the health of communities. A letter from the Secretary/Director or equivalent head of the applicant's agency confirming that partnerships exist or will be developed across appropriate organizational units within the agency/department is required to accompany the application. Also required is the cover

sheet of any memorandum of understandings/memorandums of agreement (MOUs/MOAs) that demonstrate existing collaborations.

Applicants are required to include five letters of support (dated between July 1, 2016 and December 31, 2016) from environmental regulatory agencies, communities, and federal/state/local health agencies that detail the applicant's role and success with reducing exposure to hazardous chemicals in the environment. Letters should include details such as the number of sites worked on and the outcomes of that effort.

b. With organizations not funded by CDC:

With organizations external to CDC: Recipients are required to collaborate with the U.S. Environmental Protection Agency, the appropriate state environmental regulatory agency, appropriate local health departments, state environmental laboratories, and community groups to identify common needs, promote resource and information sharing to advance ATSDR goals, and facilitate public health actions to improve the health of communities. Also required is the cover sheet of any memorandum of understandings/memorandums of agreement (MOUs/MOAs) that demonstrate existing collaborations.

2. Target Populations

The target population is any community that is affected by the release of a chemical substance from a hazardous waste site.

a. Inclusion

Applicants must consider underserved populations such as tribes, disabled persons, and English as a Second Language communities when conducting environmental health assessments and health education activities.

iv. Funding Strategy

NA

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Awardees shall evaluate their programs utilizing the following measures and performance goals:

- **Health consultations (HCs), public health assessments (PHAs), and health educational (HE) materials are developed at 80% of the National Priority List sites and accepted petition sites within the awardee's geographic boundaries.** Awardees will be expected to develop HCs, PHAs, and HE materials to document their public health evaluations of a high percentage of any new NPL sites proposed by EPA. Awardees will be expected to develop HCs, PHAs, and HE materials to document their public health evaluations of a high percentage of petition sites that are accepted by ATSDR.
- **A high percentage (90% or higher) of community members understand the site-related health risks and ATSDR's recommendations.** Awardees shall quantitatively assess efforts to educate community members about site recommendations and health risks utilizing the following indicators: understanding of whether the site contains a health risk (understanding of site findings) and understanding of what actions need to be taken to reduce health risks (understanding of recommendations). Ideally, these assessments will take place at meetings and / or activities where site findings are released to the public. This information will be entered into the DCHI Health Education Activity Tracking (HEAT) system for each site.
- **Regulatory agencies, policy makers, and/or individuals adopt and implement site related recommendations.** Awardees shall follow up on all site-related recommendations to ensure that they

have been adopted within the 12 months after the completion of the site assessment. Grantees shall notify DCHI of any recommendations that have not been implemented within the 12 month time frame.

- **A high percentage (90% or higher) of people are able to protect themselves from site-related chemicals.** Awardees shall assist DCHI in the implementation of the ATSDR Communication Activities Survey (ACAS) to assess the extent to which ATSDR activities improved people's ability identify potential site-related exposures and protect themselves from them.
- **Exposures related to toxic substances are reduced and prevented.** Awardees shall estimate the number of people protected from exposure to toxic substances at each site where the implementation of recommendations has been verified and each child care center where safe siting policies or procedures were implemented. To the extent possible, grantees shall estimate the disease burden prevented due to the implementation of the site recommendations and safe siting guidelines. This information will be entered into the DCHI site impact assessment (SIA) database.
- **Develop appropriate skills to assess hazardous waste sites (including those associated with the siting of child care facilities).** Coordinate and build collaborative relationships with regulatory agencies there are involved with hazardous waste sites.

ii. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the awardee will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this FOA. At a minimum, the plan must describe:

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant).

Where the applicant chooses to, or is expected to, take on specific evaluation studies, they should be directed to:

- Describe the type of evaluations (i.e., process, outcome, or both).
- Describe key evaluation questions to be addressed by these evaluations.
- Describe other information (e.g., measures, data sources).

Awardees will be required to submit a more detailed Evaluation and Performance Measurement plan within the first 6 months of award, as described in the Reporting Section of this FOA.

i. The impact of the awardee's programmatic activities must be documented in writing and submitted to ATSDR. Evaluation of activities and projects are required to determine if the requester's needs and the intended purpose of the activities have been met. This includes process and short-term, intermediate, and long-term impact of intervention activities. Refer to the CDC Framework for Program Evaluation in Public Health (*MMWR*, September 17, 1999/48 RR11:1-40) as a model (<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm>). For each site where an environmental health assessment is conducted, awardees must cite evidence of the difference made in environmental public health in executing the activities involved with this program.

ii. The awardee's actions/interventions at the site, recommendations for future actions/interventions, and any changes in policy, site decisions, and/or community behavior to protect health should also be included. The impact report of the awardee's programmatic activities will be submitted to ATSDR at the end of each budget year.

A minimum of three success stories which detail the activities undertaken and the short/long term outcomes achieved at a site will be submitted to ATSDR at the end of each budget year. The success stories will be no

more than two pages in length, include at least one picture, and will be suitable for public dissemination by ATSDR to illustrate the work conducted by ATSDR's awardees.

For each environmental health assessment and health education activity conducted at both certified and non-certified sites, awardees will complete site impact assessment (SIA) and Health Education Activity Tracking (HEAT) forms in the DCHI Sharepoint Site. The site impact reporting format will be provided by ATSDR and includes the number of people involved, the number of recommendations accepted, and the outcomes achieved in each endeavor.

Awardees must ensure that educational materials are available in accessible formats (large print, 508 compliant as needed) and that educational materials use plain language to accommodate all literacy levels. Awardees must take disabilities into account when assisting a community with health education. Meeting spaces for health education activities must be accessible to people with mobility limitations.

iii. Applicant Evaluation and Performance Measurement Plan: Applicants must include a statement of how the program will engage in evaluation activities to evaluate exposures at hazardous waste sites and make recommendations to stop those exposures. This statement must include site related health assessment and health education activities, and activities to promote the safe siting of child care centers. The statement must describe how evaluation will be used for continuous program improvement.

iv. Awardee Evaluation and Performance Measurement: As a part of the impact report of the awardee's programmatic activities, the awardee will include proof of the impacts achieved in the overall capacity building efforts of this award, both in addressing public health issues in communities living near hazardous waste sites and in promoting the safe siting of child care centers. *Lack of measurable progress in improvement in public health benefit will likely impact the recipient's funding level in the subsequent years of this program.* Recommendations resulting from the annual evaluation should be incorporated into the program's overall operations and conduct. The annual evaluation shall not exceed 35 pages.

c. Organizational Capacity of Awardees to Implement the Approach

Applicants are expected to demonstrate their ability to accomplish the goals and objectives of this program. Specifically, the applicant should demonstrate their qualifications, experience, and ability to:

- Develop and maintain an integrated health team consisting of, at a minimum, a principal investigator (i.e., program manager or project director), a health scientist/toxicologist, and a health educator/community involvement specialist.
- Identify the public health needs at each site based on completed exposure pathways or other identified public health issues.
- Evaluate pathways of exposure to environmental contaminants; assess public health implications of these exposures; identify, coordinate, and implement appropriate public interventions to reduce exposures; and educate health professionals and communities.
- Work collaboratively with communities, NGOs, and local, state, and federal agencies to respond to specific public health issues that occur as a result of actual or potential human exposure to a hazardous substance.
- Review and prepare written comments on the draft Remedial Investigation/Feasibility Study (RI/FS), RI/FS work plans, Records of Decision, and site-specific documents from EPA or the Recipient's environmental regulatory agencies.
- Collaborate with ATSDR and relevant state and local agencies and NGOs to understand and reduce adverse health outcomes associated with the siting of child care facilities.

The organizational capacity statement should describe how the applicant agency (or the particular division of a larger agency with responsibility for this project) is organized, the nature and scope of its work and/or the capabilities it possesses. Applicants may include a detailed description of the entity's experience, program management components, the entity's readiness to establish contracts in a timely manner, and a plan for long-term sustainability of the project, if applicable.

The statement should also describe the applicant's capability to carry out the proposed project, suitability of facilities, equipment available or to be purchased for the project, and ability to develop an integrated program focusing on coordinating site activities with stakeholders such as EPA, tribal governments, state and local health and environmental offices and agencies, and communities, etc. This includes the qualifications, experience, and description of how project staff will be used to accomplish the work, ability to respond to specific public health issues that occur as a result of actual or potential human exposure to a hazardous substance. Specific examples of conducting these activities must be provided. This includes methods to evaluate pathways of exposure and to analyze toxicological data, community health concerns, and environmental health data. This also includes the ability to conduct EIs including analysis and reporting of data.

Additional information should be included in the application appendices and labeled as separate appendices (i.e., curriculum vitae, letters of support, etc.). The appendices will not be counted toward the narrative page limit. This additional information includes the following:

- Curriculum Vitae
- Indirect Cost Rate Agreements
- Organizational Charts
- Letters of Support

Project Management:

This section should include a clear delineation of the roles and responsibilities of project staff and their qualifications. Also, how consultants and partner organizations will contribute to achieving the project's outcomes. Include information about any contractual organization(s) that will have a significant role(s) in implementing program strategies and achieving project outcomes. Specify who would have day-to-day responsibility for key tasks such as: leadership of project; monitoring the project's on-going progress; preparation of reports; program evaluation; and communication with other partners and CDC; qualifications, experience, leadership ability, description of how staff will be used to accomplish the work, and percentage of time the project staff will commit to the project.

Applicants should name file "CVs/Resumes" or "Organizational Charts" and upload to www.grants.gov.

d. Work Plan

The APOW (annual plan of work) will include site-specific activities and outputs (environmental health reports in a public health assessment/health consultation/exposure investigation/technical assistance format, community involvement, and health promotion activities), as well as overarching milestones for childcare safe siting activities. The partner's child care safe siting approach and tools will be defined in a child care safe siting implementation plan separate from the APOW. Community involvement and health promotion activities include community assessments, health education materials, meeting and communicating with community groups and individuals, and the development and distribution of outreach and educational materials. Other information for the APOW includes the entity requesting site work, the date of the request, the date work will begin on the request, the date the requester wants the work completed, the date the work is scheduled to be completed, and the goals and objectives of the work plan activity. Site activities and plans will be coordinated on at least an annual basis with partners such as EPA, tribal governments, state and local health agencies, environmental offices and agencies, nonprofit and faith-based organizations, community leaders and members, etc. The APOW will be discussed monthly with ATSDR. An example format for the work plan can be found at <http://www.atsdr.cdc.gov/states/apow.doc>.

Each awardee is expected to focus on ATSDR-approved petition sites and sites on the U.S. EPA's National Priority List, CERCLIS list, RCRA list, or Brownfields directory. Non-EPA and non-petition sites can be on the awardee's work plan; however, most reports on non-EPA sites and non-ATSDR approved petition sites will not be certified by ATSDR. Most reports on non-EPA sites and non-ATSDR approved petition sites

will also not be released with an ATSDR cover page. Environmental health assessments on non-EPA and non-ATSDR approved petition sites will contain a statement that indicates the activities were funded by ATSDR. There may be non-EPA and non-ATSDR approved petition sites that could be certified by ATSDR; however, these reports must be approved in advance by ATSDR before adding to the state's workplan.

Awardees will identify the public health needs at each site based on completed exposure pathways, community assessments, or other identified public health issues. Awardees will develop and implement activities to meet those needs. Site-specific activities include:

(1) Public Health Assessment Activities

a. Awardees must conduct environmental health assessments in a public health assessment/health consultation/exposure investigation/technical assistance format, and appropriate health education activities at sites on their workplan. Environmental health assessments shall include environmental data, demographic characterizations, health status indicators, community health concerns, and health outcome data reviews. Environmental health assessment reports are focused responses to a specific question or specific request for information about health risks posed by a specific site, chemical release, hazardous material, or emergency response actions. Environmental health assessment activities should be documented in written reports in accordance with the methodology and format provided in the ATSDR Public Health Assessment Guidance Manual (<http://www.atsdr.cdc.gov/HAC/PHAMannual/index.html>), ATSDR's Review and Handling Procedures, or other applicable guidance.

The principal investigator (PI) shall ensure the environmental health assessments on U.S. EPA's National Priority List, CERCLIS list, RCRA list, or Brownfields directory and ATSDR approved petition sites that are submitted for ATSDR review:

- meet appropriate ATSDR and Division of Community Health Investigations (DCHI) policy requirements;
- include an appropriate environmental pathway analysis;
- include a completed community assessment of concerns for PHAs;
- include conclusions and recommendations based on the best available science;
- include public health action plans that identify appropriate follow-up actions to address public health issues related to exposures to hazardous substances or physical hazards for all applicable program areas; and
- ensure reports use the best science available and are free from technical errors.

Petitions for Public Health Assessment Activities: ATSDR periodically receives petitions from community members which request that ATSDR investigate a particular site. Awardees will provide any available data to assist ATSDR in deciding how to respond to petitions. Awardees will review existing information including environmental data pertaining to a site or release identified in a petition. Awardees are expected to give strong consideration to conducting public health assessment activities (in consultation with the ATSDR TPT) at ATSDR-accepted petition sites.

Exposure Investigations (EIs) may be conducted as part of the public health assessment process to fill data gaps and better define site-specific human exposures. EIs may include the collection of environmental and biological data. EIs require approval from ATSDR's TPT and EI Program staff. For the purposes of this program, EIs must also be designated "non-research" by the state or ATSDR human research subject's protection official. Awardees are encouraged to work with state environmental labs when conducting exposure investigations.

For sites where environmental health assessments are conducted, awardees must engage the community and assess the needs and resources of the target audience. Effective community involvement activities will incorporate the nine principles outlined in the CDC/ATSDR Principles of Community Engagement manual. For more information, see the CDC/ATSDR Committee on Community Engagement (*Principles of Community Engagement* 1997, Public Health Practice Program Office, Centers for Disease Control and

Prevention, Atlanta, GA); (<http://www.cdc.gov/phppo/pce/index.htm>).

Awardees are expected to follow the [Public Health Assessment Guidance Manual](#) and the [ATSDR Communications Toolkit](#) to involve communities in the health assessment process. When appropriate, awardees may consider using additional strategies for engaging communities, including the [ATSDR Action Model](#) and the [National Association of County and City Health Officials/CDC Protocol for Assessing Community Excellence in Environmental Health](#) (PACE EH).

Awardees will respond promptly to ATSDR's requests for information about the program, including information needed for congressional inquiries/testimony, program evaluation, and other reporting. Awardees will respond to ATSDR's comments on awardee-authored environmental health evaluations within 60 days.

Awardees will participate in ATSDR's safe siting program for child care facilities. This participation shall include determining a systematic way to work with child care licensing authorities to evaluate prospective child care locations, training by the awardee of licensing authorities, and work to evaluate existing child care locations. These activities shall be conducted with ATSDR training and guidance. ATSDR anticipates this process will occur in stages throughout the 3 year award period.

- Year 1: Define the landscape for safe siting of child care centers within the applicant's boundaries and form partnerships to provide assistance.
- Year 2: Develop a program plan for safe siting of child care centers that includes operation, training, data, and evaluation needs, as well as roles and responsibilities.
- Year 3: Implement a pilot program that tests the feasibility and scalability of the program plan.

Applicants who already have a safe siting program are encouraged to maintain their programs, better evaluate them, and consider ways to expand them. Some examples of ways that applicants can accomplish these goals are:

- Design a way to evaluate your existing program to show it is effective at preventing siting of child care centers adjacent to contaminated sites or near an incompatible activity (e.g., dry cleaners, nail salon, etc.) and identifying existing child care centers that are or may be placed near contaminated sites. This evaluation should show how the program is working, and the utility of continuing the program.
- Develop a way to integrate safe siting as part of larger child care licensing quality improvement programs.
- Develop ways to address child care centers, or other early learning facilities, that may not need to be licensed.
- Develop GIS tools or other IT tools that can help quickly identify sites that could be unsafe as a child care center.
- Expand the program to address home-based child care.

Applicants may develop other ways, specific to their jurisdictions, to maintain, better evaluate, and expand their current programs.

Cost Recovery: CERCLA, as amended by SARA, provides for the recovery of costs incurred for response actions at each Superfund site from potentially responsible parties. The grant recipient will maintain an accounting system that will keep an accurate, complete, and current accounting of all financial transactions on a site-specific basis, i.e., individual time, travel, and associated costs including indirect cost, as appropriate for the site. The recipient will also maintain documentation that describes the site-specific response actions taken with respect to the site, e.g., contracts, work assignments (e.g., environmental health assessment reports, community involvement, health promotion, etc.), progress reports, and other documents that describe the work performed at a site. The recipient will provide the site-specific costs and description of each response action taken with the supporting documentation upon request by ATSDR. The recipient will retain the documents and records to support these financial transactions and documentation of work

performed, for possible use in a cost recovery case, for a minimum of ten years after submission of a final financial status report, unless there is litigation, claim, negotiation, audit or other action involving the specific site; then the records will be maintained until resolution of all issues on the specific site.

e. CDC Monitoring and Accountability Approach

Monitoring activities include routine and ongoing communication between CDC and awardees, site visits, and awardee 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 awardee progress in achieving the desired outcomes.
- Ensuring the adequacy of awardee systems that underlie and generate data reports.
- Creating an environment that fosters integrity in program performance and results.

Monitoring may also include the following activities:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that awardees are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with awardees on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

Other activities deemed necessary to monitor the award, if applicable.

These activities may include monitoring and reporting activities that assist grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk grantees.

As a part of this effort, ATSDR will conduct a review of the program's effectiveness in addressing public health issues in communities living near hazardous waste sites and in promoting the safe siting of child care centers.

f. CDC Program Support to Awardees (THIS SECTION APPLIES ONLY TO COOPERATIVE AGREEMENTS)

ATSDR Technical Project Officers (TPOs) are significantly involved with APPLETREE partners in developing workplans, reviewing site-specific documents, and providing technical and programmatic guidance. TPOs connect partners with subject matter experts at ATSDR headquarters as needed for sites with complex or unique issues. In addition to, ATSDR regional staff are available to provide support and coordination for our awardees, especially for sites with strong community interest, or where liaison with EPA is specifically needed.

ATSDR staff members are substantially involved in the program activities. ATSDR will provide a Technical Project Team (TPT) to each awardee, which will include representatives from the ATSDR Division of Community Health Investigations (DCHI), and ATSDR's Division of Toxicology and Human Health Sciences (DTHHS). The TPT is responsible for providing technical assistance to the awardee; arranging for subject matter expertise as needed, and assuring the planning, implementation, and program improvement of all public health actions for each site. The TPT is responsible for approving each awardee's work plan and participating on monthly conference calls with the awardee. The TPT is also responsible for working with the awardees to improve their abilities to assess and respond to environmental public health issues through the application of current science and sound public health practices. The TPT also reviews environmental

health assessment reports and community involvement and health education and promotion plans and materials for technical/scientific accuracy, comprehensiveness, clarity, and adherence to ATSDR policy. The TPT will monitor and evaluate the performance of awardees using an annual performance evaluation tool. ATSDR staff will facilitate the clearance of environmental health assessment reports (via the current NCEH/ATSDR Policy on Clearance of Information Products) submitted by awardees on EPA, and ATSDR-approved petition sites.

B. Award Information

1. Funding Instrument Type: Cooperative Agreement

CDC's substantial involvement in this program appears in the CDC Program Support to Awardees Section.

2. Award Mechanism: U61

U61—Preventive Health Activities Regarding Hazardous Substances—Cooperative Agreement

3. Fiscal Year: 2017

4. Approximate Total Fiscal Year Funding: \$10,500,000

5. Approximate Project Period Funding: \$31,500,000

This amount is subject to the availability of funds.

Estimated Total Funding: \$31,500,000

6. Total Project Period Length: 3 year(s)

7. Expected Number of Awards: 25

8. Approximate Average Award: \$420,000 Per Budget Period

9. Award Ceiling: \$0 Per Project Period

This amount is subject to the availability of funds.

10. Award Floor: \$0 Per Project Period

11. Estimated Award Date: 03/31/2017

12. Budget Period Length: 12 month(s)

Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the awardee (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (project period) will be shown in the "Notice of Award." This information does not constitute a commitment by the federal government to fund the entire period. The total project period comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

13. Direct Assistance

Direct Assistance (DA) is not available through this FOA.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category: State governments
County governments
City or township governments
Special district governments
Native American tribal governments (Federally recognized)
Native American tribal organizations (other than Federally recognized tribal governments)

Additional Eligibility Category:

Government Organizations:

State governments or their bona fide agents (includes the District of Columbia)
Local governments or their bona fide agents
Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.
American Indian or Alaska Native tribal governments (federally recognized or state-recognized)

2. Additional Information on Eligibility

- Eligible Applicants:
 - American Indian/Alaska Native tribal governments (federally recognized or state-recognized)
 - American Indian/Alaska native tribally designated organizations
 - Political subdivisions of States (in consultation with States)
 - State and local governments or their Bona Fide Agents (this includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau).

3. Justification for Less than Maximum Competition

NA

4. Cost Sharing or Matching

Cost Sharing / Matching No
Requirement:

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this FOA exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

An organization must be registered at the three following locations before it can submit an application for funding at www.grants.gov.

a. Data Universal Numbering System:

All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements.

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at [http:// fedgov.dnb. com/webform/ displayHomePage.do](http://fedgov.dnb.com/webform/displayHomePage.do). The DUNS number will be provided at no charge.

If funds are awarded to an applicant organization that includes sub-awardees, those sub-awardees must provide their DUNS numbers before accepting any funds.

b. System for Award Management (SAM):

The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as an awardee. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at www.SAM.gov.

c. Grants.gov:

The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the “Get Registered” option at www.grants.gov.

All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants should start the registration process as early as possible.

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	1. Click on http://fedgov.dnb.com/webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http://fedgov.dnb.com/webform) or call 1-866-705-5711

2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	1. Retrieve organizations DUNS number 2. Go to www.sam.gov and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/fsd-gov/home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

Applicants may access the application package at www.grants.gov.

3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this funding opportunity at www.grants.gov. If Internet access is not available, or if the online forms cannot be accessed, applicants may call the CDC OGS staff at 770-488-2700 or e-mail OGS ogstims@cdc.gov for assistance. Persons with hearing loss may access CDC telecommunications at TTY 1-888-232-6348.

4. Submission Dates and Times

If the application is not submitted by the deadline published in the FOA, it will not be processed. Office of Grants Services (OGS) personnel will notify the applicant that their application did not meet the deadline. The applicant must receive pre-approval to submit a paper application (see Other Submission Requirements section for additional details). If the applicant is authorized to submit a paper application, it must be received by the deadline provided by OGS.

a. Letter of Intent Deadline (must be emailed or postmarked by)

Due Date for Letter of Intent: **12/07/2016**

b. Application Deadline

Due Date for Applications: **01/09/2017** , 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Date for Information Conference Call

An informational conference call concerning this funding announcement will be held on Wednesday, December 7 at 1:00 PM (Eastern). The phone number to dial in is 866-862-2139. The participant passcode is 8376990. Prior to this call, additional materials related to this call will be available at the following link: www.atsdr.cdc.gov/states/index.html;

5. CDC Assurances and Certifications

All applicants are required to sign and submit “Assurances and Certifications” documents indicated at [http://wwwn.cdc.gov/grantassurances/\(S\(mj444mxct51lnrv1hljjmaa\)\)/Homepage.aspx](http://wwwn.cdc.gov/grantassurances/(S(mj444mxct51lnrv1hljjmaa))/Homepage.aspx).

Applicants may follow either of the following processes:

- Complete the applicable assurances and certifications with each application submission, name the file “Assurances and Certifications” and upload it as a PDF file with at www.grants.gov
- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at [http://wwwn.cdc.gov/grantassurances/\(S\(mj444mxct51lnrv1hljjmaa\)\)/Homepage.aspx](http://wwwn.cdc.gov/grantassurances/(S(mj444mxct51lnrv1hljjmaa))/Homepage.aspx)

Assurances and certifications submitted directly to CDC will be kept on file for one year and will apply to all applications submitted to CDC by the applicant within one year of the submission date.

6. Content and Form of Application Submission

Applicants are required to include all of the following documents with their application package at www.grants.gov.

7. Letter of Intent

Letters of Intent should include the following:

Descriptive title of proposed project:

- Name, address, telephone number, and email address of the Principal Investigator/Project Director
- Name, address, telephone number, and email address of the primary contact for writing and submitting this application
- Number and title of this funding opportunity
- Names of other key personnel
- Participating institutions

If you choose to submit a LOI, it should be received via express mail, delivery service, fax, or email to:

CDR Trent D. LeCoultré, MSEH, REHS

ATSDR

Address: Division of Community Health Investigations

1600 Clifton Road, N.E. (MS F-59)

Atlanta, GA 30333

Telephone number: 770-488-3799

Fax: 770-488-1547

Email address: TLeCoultre@cdc.gov

8. Table of Contents

(There is no page limit. The table of contents is not included in the project narrative page limit.): The applicant must provide, as a separate attachment, the “Table of Contents” for the entire submission package. Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary

(Maximum 1 page)

A project abstract is included on the mandatory documents list and must be submitted at www.grants.gov. The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the "Project Abstract Summary" text box at www.grants.gov.

10. Project Narrative

(Maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. Content beyond 20 pages will not be reviewed. The 20 page limit includes the work plan.)

Applicants must submit a Project Narrative with the application forms. Applicants must name this file “Project Narrative” and upload it at www.grants.gov. The Project Narrative must include all of the bolded headings shown in this section. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire project period as identified in the CDC Project Description section. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

Applicants must provide a description of relevant background information that includes the context of the problem (See CDC Background).

b. Approach

i. Purpose

Applicants must describe in 2-3 sentences specifically how their application will address the public health problem as described in the CDC Background section.

ii. Outcomes

Applicants must clearly identify the outcomes they expect to achieve by the end of the project period, as identified in the logic model in the Approach section of the CDC Project Description. Outcomes are the results that the program intends to achieve and usually indicate the intended direction of change (e.g., increase, decrease).

iii. Strategies and Activities

Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the project period outcomes. Applicants must select existing evidence-based strategies that meet their needs, or describe in the Applicant Evaluation and Performance Measurement Plan how these strategies will be evaluated over the course of the project period. See the Strategies and Activities section of the CDC Project Description.

1. Collaborations

Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC.

Applicants should refer to the requirements stated in the Collaboration Section with the Project Description.

2. Target Populations

Applicants must describe the specific target population(s) in their jurisdiction and explain how such a target will achieve the goals of the award and/or alleviate health disparities. Refer back to the Target Population section in the CDC Project Description.

c. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the awardee will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this FOA. At a minimum, the plan must describe:

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of Management and Budget. See Section E (pages 4 and 5) at <http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf> . For further information about CDC's requirements under PRA see <http://www.hhs.gov/ocio/policy/collection/>.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant).

Where the applicant chooses to, or is expected to, take on specific evaluation studies, they should be directed to:

- Describe the type of evaluations (i.e., process, outcome, or both).
- Describe key evaluation questions to be addressed by these evaluations.
- Describe other information (e.g., measures, data sources).

Awardees will be required to submit a more detailed Evaluation and Performance Measurement plan within the first 6 months of award, as described in the Reporting Section of this FOA.

Evaluation and performance measurement help demonstrate achievement of program outcomes; build a stronger evidence base for specific program interventions, clarify applicability of the evidence base to different populations, settings, and contexts, and drive continuous program improvement. Evaluation and performance measurement also can determine if program strategies are scalable and effective at reaching target populations.

Applicants must provide an overall jurisdiction/community specific evaluation and performance measurement statement that is consistent with the CDC evaluation and performance measurement strategy.

The statement must:

- Describe how key program partners will be engaged in the evaluation and performance measurement

planning processes

- Describe the type of evaluations to be conducted (i.e. process and/or outcome)
- Describe key evaluation questions to be answered
- Describe other information, as determined by the CDC program (e.g., performance measures to be developed by the applicant) that should be included
- Describe potentially available data sources and feasibility of collecting appropriate evaluation and performance data
- Describe how evaluation findings will be used for continuous program and quality improvement
- Describe how evaluation and performance measurement will contribute to development of that evidence base, where program strategies are being employed that lack a strong evidence based of effectiveness

If awarded funds, awardees must provide an annual self-assessment. This report of impact of the awardee's programmatic activities will be submitted to ATSDR at the end of each budget year. This plan should be no more than 35 pages. At a minimum, and in addition to the elements of the initial plan, it must:

- Include a minimum of three success stories which detail the activities undertaken and the short/long term outcomes achieved at a site will be submitted to ATSDR at the end of each budget year as part of the impact report mentioned above. The success stories will be no more than two pages in length, include at least one picture, and will be suitable for dissemination to the public to illustrate the work conducted by ATSDR's awardees.
- Provide a synopsis of the number of people involved in the environmental health evaluations conducted, the number of recommendations accepted, a quantitative evaluation of health education activities at sites, and the outcomes achieved in each endeavor during the year.
- Describe the status of the development of child care safe siting policies on the following schedule:
 - End of Year 1: Awardee must submit a report that describes how child care regulation works within the applicant's jurisdiction. This will include the regulations and other policies applicable to safe siting, when/if those regulations and other policies have a regular update cycle. Additionally, the report should include identification of partners and stakeholders within child care facilities, applicable data and sources, including information on past land use, and information on environmental contamination, and opportunities and barriers to implementing a safe siting program. The report will also include a description of the potential burden within the applicant's jurisdiction including the number of known child care facilities that have had site-related contamination issues. Additionally, awardees are encouraged to provide a letter of support from the child care licensing body within the applicant's boundaries that expresses a commitment of partnership in implementing a child care safe-siting program.
 - End of Year 2: Awardee must submit a report describing the program's plan, including operations, data acquisition and use, training, communications, and evaluation process. The report would also identify the potential limitations of the plan and how the plan overcomes barriers.
 - End of Year 3: Awardee must submit a report describing the test of the program, including the differences between the test and a fully implemented program, the number of facilities screened and evaluated, the strengths and weaknesses of the processes, and any case studies of successes.
 - Describe how evaluation findings will be used for continuous quality and program improvement
 - Describe how evaluation and performance measurement will yield findings to demonstrate the value of the FOA (e.g., impact on improving public health outcomes, effectiveness of FOA, cost-effectiveness or cost benefit)
 - Describe other information requested, as determined by ATSDR.

In developing evaluation and performance measurement plans, applicants are encouraged to use the following resource:

Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide,

d. Organizational Capacity of Applicants to Implement the Approach

Applicant must address the organizational capacity requirements as described in the CDC Project Description.

11. Work Plan

(Included in the Project Narrative's 20 page limit)

Applicants must prepare a work plan consistent with the CDC Project Description Work Plan section. The work plan integrates and delineates more specifically how the awardee plans to carry out achieving the project period outcomes, strategies and activities, evaluation and performance measurement.

12. Budget Narrative

Applicants must submit an itemized budget narrative. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. The budget must include:

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment
- Supplies
- Travel
- Other categories
- Contractual costs
- Total Direct costs
- Total Indirect costs

Indirect costs will not be reimbursed under grants to foreign organizations, international organizations, and foreign components of grants to domestic organizations (does not affect indirect cost reimbursement to the domestic entity for domestic activities).

For guidance on completing a detailed budget, see Budget Preparation Guidelines at: http://www.cdc.gov/grants/interested_in_applying/application_resources.html.

If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this FOA to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: <http://www.phaboard.org>). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the FOA. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

Applicants must name this file “Budget Narrative” and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Grantees under such a plan. Applicants must name this file “Indirect Cost Rate” and upload it at www.grants.gov.

13. Tobacco and Nutrition Policies

Awardees are encouraged to implement tobacco and nutrition policies.

Unless otherwise explicitly permitted under the terms of a specific CDC award, no funds associated with this FOA may be used to implement the optional policies, and no applicants will be evaluated or scored on whether they choose to implement these optional policies.

CDC supports implementing evidence-based programs and policies to reduce tobacco use and secondhand smoke exposure, and to promote healthy nutrition. CDC encourages all awardees to implement the following optional recommended evidence-based tobacco and nutrition policies within their own organizations. The tobacco policies build upon the current federal commitment to reduce exposure to secondhand smoke, specifically Pro-Children Act of 2001, 20 U.S.C. Sections 7181-7184, that prohibits smoking in certain facilities that receive federal funds in which education, library, day care, health care, or early childhood development services are provided to children.

Tobacco Policies:

1. Tobacco-free indoors: Use of any tobacco products (including smokeless tobacco) or electronic cigarettes is not allowed in any indoor facilities under the control of the awardee.
2. Tobacco-free indoors and in adjacent outdoor areas: Use of any tobacco products or electronic cigarettes is not allowed in any indoor facilities, within 50 feet of doorways and air intake ducts, and in courtyards under the control of the awardee.
3. Tobacco-free campus: Use of any tobacco products or electronic cigarettes is not allowed in any indoor facilities or anywhere on grounds or in outdoor space under the control of the awardee.

Nutrition Policies:

1. Healthy food-service guidelines must, at a minimum, align with HHS and General Services Administration Health and Sustainability Guidelines for Federal Concessions and Vending Operations. These guidelines apply to cafeterias, snack bars, and vending machines in any facility under the control of the awardee and in accordance with contractual obligations for these services (see: http://www.gsa.gov/graphics/pbs/Guidelines_for_Federal_Concessions_and_Vending_Operations.pdf).
2. Resources that provide guidance for healthy eating and tobacco-free workplaces are:

<http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/tobacco/index.htm>

<http://www.thecommunityguide.org/tobacco/index.html>

<http://www.cdc.gov/obesity/strategies/food-serv-guide.html>

14. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Grantees will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide grantees and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by

P-accounts/sub accounts for each project/cooperative agreement awarded.

Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 2 CFR 200 which include, but are not limited to, the following:

- Records that identify adequately the source and application of funds for federally-funded activities.
- Effective control over, and accountability for, all funds, property, and other assets.
- Comparison of expenditures with budget amounts for each Federal award.
- Written procedures to implement payment requirements.
- Written procedures for determining cost allowability.
- Written procedures for financial reporting and monitoring.

15. Health Insurance Marketplaces

A healthier country is one in which Americans are able to access the care they need to prevent the onset of disease and manage disease when it is present. The Affordable Care Act, the health care law of 2010, creates new Health Insurance Marketplaces, also known as Exchanges, to offer millions of Americans affordable health insurance coverage. In addition, the law helps make prevention affordable and accessible for Americans by requiring health plans to cover certain recommended preventive services without cost sharing. Outreach efforts will help families and communities understand these new options and provide eligible individuals the assistance they need to secure and retain coverage as smoothly as possible. For more information on the Marketplaces and the health care law, visit: www.HealthCare.gov.

16. Intergovernmental Review

The application is subject to Intergovernmental Review of Federal Programs, as governed by Executive Order 12372, which established a system for state and local intergovernmental review of proposed federal assistance applications. Applicants should inform their state single point of contact (SPOC) as early as possible that they are applying prospectively for federal assistance and request instructions on the state's process. The current SPOC list is available at: http://www.whitehouse.gov/omb/grants_spsc/.

17. Pilot Program for Enhancement of Employee Whistleblower Protections

Pilot Program for Enhancement of Employee Whistleblower Protections: All applicants will be subject to a term and condition that applies the terms of 48 Code of Federal Regulations (CFR) section 3.908 to the award and requires that grantees inform their employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C. 4712.

18. Copyright Interests Provisions

This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also at the time of submission, Recipient and/or the Recipient's submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient's submitting author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication,

and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

19. Funding Restrictions

Restrictions that must be considered while planning the programs and writing the budget are:

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care except as allowed by law.
- Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, awardees 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 awardee.
- 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 awardees](#).
- 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.

20. Data Release Plan

Applications involving release and sharing of data must include a copy of the applicants Data Release Plan. The Data Release Plan is the Grantee's assurance that the dissemination of any and all data collected under the CDC data sharing agreement will be released in a timely manner, completely, and as accurately as possible, to facilitate the broader community, and developed in accordance with CDC policy on Releasing and Sharing Data.

21. Other Submission Requirements

a. Electronic Submission: Applications must be submitted electronically at www.grants.gov. The application package can be downloaded at www.grants.gov. Applicants can complete the application package off-line and submit the application by uploading it at www.grants.gov. All application attachments must be submitted using a PDF file format. Directions for creating PDF files can be found at www.grants.gov. File formats other than PDF may not be readable by OGS Technical Information Management Section (TIMS) staff.

Applications must be submitted electronically by using the forms and instructions posted for this funding opportunity at www.grants.gov.

If Internet access is not available or if the forms cannot be accessed online, applicants may contact the OGS TIMS staff at 770- 488-2700 or by e-mail at ogstims@cdc.gov, Monday through Friday, 7:30 a.m.–4:30 p.m., except federal holidays. Electronic applications will be considered successful if they are available to OGS TIMS staff for processing from www.grants.gov on the deadline date.

b. Tracking Number: Applications submitted through www.grants.gov are time/date stamped electronically and assigned a tracking number. The applicant’s Authorized Organization Representative (AOR) will be sent an e-mail notice of receipt when www.grants.gov receives the application. The tracking number documents that the application has been submitted and initiates the required electronic validation process before the application is made available to CDC.

c. Validation Process: Application submission is not concluded until the validation process is completed successfully. After the application package is submitted, the applicant will receive a “submission receipt” e-mail generated by www.grants.gov. A second e-mail message to applicants will then be generated by www.grants.gov that will either validate or reject the submitted application package. This validation process may take as long as two business days. Applicants are strongly encouraged to check the status of their application to ensure that submission of their package has been completed and no submission errors have occurred. Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the FOA. Non-validated applications will not be accepted after the published application deadline date.

If you do not receive a “validation” e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User Guide.

[http:// www.grants.gov/help/html/help/index.htm? callingApp=custom#t= Get Started%2FGet Started. htm](http://www.grants.gov/help/html/help/index.htm?callingApp=custom#t=Get%20Started%2FGet%20Started.htm)

d. Technical Difficulties: If technical difficulties are encountered at www.grants.gov, applicants should contact Customer Service at www.grants.gov. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by e-mail at support@grants.gov. Application submissions sent by e-mail or fax, or on CDs or thumb drives will not be accepted. Please note that www.grants.gov is managed by HHS.

e. Paper Submission: If technical difficulties are encountered at www.grants.gov, applicants should call the www.grants.gov Contact Center at 1-800-518-4726 or e-mail them at support@grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail CDC GMO/GMS, before the deadline, and request permission to submit a paper application. Such requests are handled on a case-by-case basis. An applicant’s request for permission to submit a paper application must:

1. Include the www.grants.gov case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO listed below at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered.

If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

E. Review and Selection Process

1. Review and Selection Process: Applications will be reviewed in three phases

a. Phase I Review

All applications will be initially reviewed for completeness by CDC OGS staff. Complete applications will be reviewed for responsiveness by the CDC. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

b. Phase II Review

A review panel will evaluate complete, eligible applications in accordance with the criteria below.

i. Approach

ii. Evaluation and Performance Measurement

iii. Applicant's Organizational Capacity to Implement the Approach

Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements.

i. Approach

Maximum Points:30

The evaluations will consider the applicant's ability to address the following:

(1) Description of specific examples where partnerships and collaborations between the applicant and environmental regulatory agencies and communities were successful in achieving the desired outcome of reducing exposure to hazardous chemicals in the environment. Such interactions demonstrate effective communications in getting the environmental regulatory agencies and communities to accept public health recommendations from the applicant. Specific outcomes achieved should be included. (15 points)

(2) Applicants are required to include five letters of support (dated between July 1, 2016 and December 31, 2016) from environmental regulatory agencies, communities, state environmental labs, and federal/state/local health agencies that detail the applicant's role and success with reducing exposure to hazardous chemicals in the environment. Letters should include details such as the number of sites worked on and the outcomes. These letters should be included in an appendix to the application. (5 points)

(3) Ability to work with federal, state, and local health and environmental agencies and communities to develop a robust Annual Plan of Work (APOW) (see <http://www.atsdr.cdc.gov/states/resources.html> for a work plan format that can be used). At least ten sites with significant environmental public health issues must be listed on the APOW to be considered a robust APOW. The APOW will include the proposed site-specific activities, implementation plan and schedule for child care safe-siting program, respective timelines, and other information. Specific outputs that should be included on the APOW can include environmental health assessment reports in a public health assessment/health consultation format, needs assessments, public meetings, community involvement, community education, health professional education, and outreach materials to be conducted for the budget period with respective timelines. (10 points)

ii. Evaluation and Performance Measurement

Maximum Points:25

Statement of the applicant's ability to evaluate both the overall program effectiveness, as well as the site-specific activities to meet program objectives. The statement should also include the extent to which the evaluation plan includes measures of program impact and outcome (e.g., the cooperative agreement awardee's actions/interventions at the site, recommendations for future actions/interventions, and any changes in policy, site decisions, and/or community behavior to protect health should also be included). The proposed plan for evaluating progress toward meeting objectives and assessing impact should appear reasonable, feasible, and relate to capacity building performance measures. (25 points)

iii. Applicant's Organizational Capacity to Implement the Approach

Maximum Points:45

i. *Program Personnel (15 points)*

Proposals will also be rated on the extent to which they describe or provide biographical data on the following:

- (1) The manner in which an integrated “site” team will be developed to address components of this program. A coordinated and integrated site team is vital to this effort. An integrated health team consists of health scientists, health educators, community involvement specialists, and epidemiologists. (5 points)
- (2) Appropriate qualifications, experience, leadership ability, and percentage of time the project director, (program manager or principal investigator) will commit to the project. (5 points)
- (3) Appropriate qualifications, experience, and description of how staff will be used to accomplish the work and the percentage of their time to be spent on the project. A percentage of time that will be spent on Community Involvement and Health Promotion/Education work must be identified separately. Appropriate qualifications include training and/or experience in evaluating pathways of exposure to environmental contaminants, assessing public health implications of these exposures, educating community members and health professionals, and identifying, coordinating, and implementing appropriate public interventions to reduce exposures. Curriculum vitae must be provided. (5 points)

ii. *Capability (10 points)*

Evaluations will consider the applicant’s ability to address the following:

Description of the applicant’s capability to carry out the proposed project, suitability of facilities, and ability to develop an integrated program focusing on coordinating site activities with stakeholders such as EPA, tribal governments, state and local health and environmental offices and agencies, state environmental labs, child care licensing boards, and communities, etc. This includes the ability to respond to specific public health issues that occur as a result of actual or potential human exposure to a hazardous substance. Specific examples of conducting these activities must be provided. This includes methods to evaluate pathways of exposure and to analyze toxicological data, community health concerns, and environmental health data. This also includes the ability to conduct EIs including analysis and reporting of data. (10 points)

iii. *Programmatic Need (20 points)*

Rankings will consider the number of hazardous waste sites listed on the EPA CERCLIS list (<http://www.epa.gov/enviro/cerclis-overview>) under the jurisdiction of the applicant, as well as the number of people potentially impacted based on the most recent census data (20 points).

Budget

The extent to which the budget relates directly to project activities, is clearly justified, and is consistent with intended use of funds. The budget should include funds for APPLETREE funded staff (health assessor(s) and health educator(s)) to attend the annual training meeting in Atlanta (three days).

c. Phase III Review

Review of risk posed by applicants.

Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.

In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.

CDC's framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this funding opportunity announcement.

In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:

- (1) Financial stability;
- (2) Quality of management systems and ability to meet the management standards prescribed in this part;
- (3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
- (4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and
- (5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

Phase III Review: Applications will be funded in order by score and rank determined by the review panel. However, the following factors may affect the funding decision: ATSDR may fund proposals out of rank order to ensure the geographic dispersion of funded projects across the United States. Geographic dispersion is defined as providing at a minimum 1 award in each region of the 10 HHS Regions (<http://www.hhs.gov/about/regionmap.html>). In addition, ATSDR may fund proposals out of rank order to ensure that the funded projects cover the most number of CERCLIS sites based on the most current listing by EPA (<http://www.epa.gov/enviro/cerclis-overview>). ATSDR will provide justification for any decision to fund out of rank order.

2. Announcement and Anticipated Award Dates

Notification of selection will occur in March 2017. Awardees are expected to receive awards to start on April 1, 2017.

F. Award Administration Information

1. Award Notices

Awardees will receive an electronic copy of the Notice of Award (NOA) from CDC OGS. The NOA shall be the only binding, authorizing document between the awardee and CDC. The NOA will be signed by an authorized GMO and emailed to the Awardee Business Officer listed in application and the Program Director.

Any applicant awarded funds in response to this FOA will be subject to the DUNS, SAM Registration, and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements.

Unsuccessful applicants will receive notification of these results by e-mail with delivery receipt or by U.S. mail.

2. Administrative and National Policy Requirements

Awardees must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.

Brief descriptions of relevant provisions are available at <http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17>.

The HHS Grants Policy Statement is available at <http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>.

Administrative and National Policy Requirements, Additional Requirements (ARs) outline the administrative requirements found in 45 CFR Part 75 and the HHS Grants Policy Statement and other requirements as mandated by statute or CDC policy. CDC programs must indicate which ARs are relevant to the FOA. All ARs are listed in the Template for CDC programs. Awardees must then comply with the ARs listed in the FOA. Do not include any ARs that do not apply to this FOA. Awardees must comply with administrative and national policy requirements as appropriate. For more information on the Code of Federal Regulations, visit the National Archives and Records Administration: <http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>

The following Administrative Requirements (AR) apply to this project: Generally applicable ARs:

- AR-7: Executive Order 12372
- AR-8: Public Health System Reporting Requirements
- AR-9: Paperwork Reduction Act
- AR-10: Smoke-Free Workplace
- AR-11: Healthy People 2010
- AR-12: Lobbying Restrictions
- AR-14: Accounting System Requirements
- AR-16: Security Clearance Requirement
- AR-17: Peer and Technical Reviews of Final Reports of Health Studies-ATSDR
- AR-18: Cost Recovery-ATSDR
- AR-19: Third Party Agreements-ATSDR
- AR-20: Conference Support
- AR-24: Health Insurance Portability and Accountability Act
- AR-25: Release and Sharing of Data

- [AR-26: National Historic Preservation Act of 1966](#)
- [AR-27: Conference Disclaimer and Use of Logos](#)
- [AR-29: Compliance with EO13513, “Federal Leadership on Reducing Text Messaging while Driving”; October 1, 2009](#)
- [AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973](#)
- AR-33: Plain Writing Act of 2010

For more information on the CFR visit <http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>

3. Reporting

Reporting provides continuous program monitoring and identifies successes and challenges that awardees encounter throughout the project period. Also, reporting is a requirement for awardees who want to apply for yearly continuation of funding. Reporting helps CDC and awardees because it:

- Helps target support to awardees;
- Provides CDC with periodic data to monitor awardee progress toward meeting the FOA outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the project period and to determine applicability of evidence-based approaches to different populations, settings, and contexts; and
- Enables CDC to assess the overall effectiveness and influence of the FOA.

The table below summarizes required and optional reports. All required reports must be sent electronically to GMS listed in the “Agency Contacts” section of the FOA copying the CDC Project Officer.

Report	When?	Required?
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Federal Financial Reporting Forms	90 days after each budget period ends	Yes
Final Performance and Financial Report	90 days after end of project period.	Yes
Payment Management System (PMS) Reporting	Quarterly reports due July 30, 2017; October 30, 2017; January 30, 2018; and April 30, 2018;	Yes

a. Awardee Evaluation and Performance Measurement Plan (required)

With support from CDC, awardees must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; awardees must submit the plan 6 months into the award. HHS/CDC will review and approve the recipient’s monitoring and evaluation plan to ensure that it is appropriate for the activities to be undertaken as part of the agreement, for compliance with the monitoring and evaluation guidance established by HHS/CDC, or other guidance otherwise applicable to this Agreement.

Awardee Evaluation and Performance Measurement Plan (required): This plan should provide additional detail on the following:

Performance Measurement

- Performance measures and targets
- The frequency that performance data are to be collected.
- How performance data will be reported.
- How quality of performance data will be assured.
- How performance measurement will yield findings to demonstrate progress towards achieving FOA goals (e.g., reaching target populations or achieving expected outcomes).
- Dissemination channels and audiences.
- Other information requested as determined by the CDC program.

Evaluation

- The types of evaluations to be conducted (e.g. process or outcome evaluations).
- The frequency that evaluations will be conducted.
- How evaluation reports will be published on a publically available website.
- How evaluation findings will be used to ensure continuous quality and program improvement.
- How evaluation will yield findings to demonstrate the value of the FOA (e.g., effect on improving public health outcomes, effectiveness of FOA, cost-effectiveness or cost-benefit).
- Dissemination channels and audiences.

HHS/CDC or its designee will also undertake monitoring and evaluation of the defined activities within the agreement. The recipient must ensure reasonable access by HHS/CDC or its designee to all necessary sites, documentation, individuals and information to monitor, evaluate and verify the appropriate implementation the activities and use of HHS/CDC funding under this Agreement.

b. Annual Performance Report (APR) (required)

The awardee must submit the APR via www.grants.gov no later than 120 days before the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but weblinks are allowed.

This report must include the following:

- **Performance Measures:** Awardees must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Awardees must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Awardees must update work plan each budget period to reflect any changes in project period outcomes, activities, timeline, etc.
- **Successes**
 - Awardees must report progress on completing activities and progress towards achieving the project period outcomes described in the logic model and work plan.
 - Awardees must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
 - Awardees must describe success stories.
- **Challenges**
 - Awardees must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the project period outcomes.
 - Awardees must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Awardees**
 - Awardees must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving project period outcomes.
- **Administrative Reporting** (No page limit)

- SF-424A Budget Information-Non-Construction Programs.
- Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
- Indirect Cost Rate Agreement.

For year 2 and beyond of the award awardees may request that as much as 75% of their estimated unobligated funds be carried over into the next budget period.

The awardees must submit the Annual Performance Report via www.grants.gov 120 days before the end of the budget period.

c. Performance Measure Reporting (optional)

CDC programs may require more frequent reporting of performance measures than annually in the APR. If this is the case, CDC programs must specify reporting frequency, data fields, and format for awardees at the beginning of the award period.

The actions taken by state agencies, ATSDR, EPA, industry, or others to reduce exposure should be described in the end-of-year report for each completed site. Health educational efforts must be included. In addition, the recommendations proposed for each site to interdict exposure and whether these recommendations were adopted must be included.

d. Federal Financial Reporting (FFR) (required)

The annual FFR form (SF-425) is required and must be submitted 90 days after the end of the calendar quarter in which the budget period ends. The report must include only those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System’s (PMS) cash transaction data. Failure to submit the required information by the due date may adversely affect the future funding of the project. If the information cannot be provided by the due date, awardees are required to submit a letter of explanation to OGS and include the date by which the Grants Officer will receive information.

e. Final Performance and Financial Report

This report is due 90 days after the end of the project period. CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire project period and can include information previously reported in APRs. At a minimum, this report must include the following:

- Performance Measures – Awardees must report final performance data for all process and outcome performance measures.
- Evaluation Results – Awardees must report final evaluation results for the project period for any evaluations conducted.
- Impact/Results/Success Stories – Awardees must use their performance measure results and their evaluation findings to describe the effects or results of the work completed over the project period, and can include some success stories.
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

At the end of the 3-year project period, awardees should submit a final report to include a final financial and performance report. This report is due 90 days after the end of the project period. CDC must include a page limit for this report not to exceed 40 pages.

At a minimum, this report must include the following:

- Performance Measures (including outcomes) – Applicants should report final performance data for all

- performance measures for the project period.
- Evaluation results – Applicants should report final evaluation results for the project period
 - Impact/Results – Applicants should describe the impact/results of the work completed over the project period, including success stories.
 - FFR (SF-425)

The report should be emailed to the CDC Project Officer and the GMS listed in ‘Agency Contacts’ section of the FOA.

4. Federal Funding Accountability and Transparency Act of 2006 (FFATA)

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, <http://www.USASpending.gov>.

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over \$25,000.

For the full text of the requirements under the FFATA and HHS guidelines, go to:

- <https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf>,
- https://www.fsrs.gov/documents/ffata_legislation_110_252.pdf
- <http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA>.

5. Reporting of Foreign Taxes (International/Foreign projects only)

A. Valued Added Tax (VAT) and Customs Duties – Customs and import duties, consular fees, customs surtax, valued added taxes, and other related charges are hereby authorized as an allowable cost for costs incurred for non-host governmental entities operating where no applicable tax exemption exists. This waiver does not apply to countries where a bilateral agreement (or similar legal document) is already in place providing applicable tax exemptions and it is not applicable to Ministries of Health. Successful applicants will receive information on VAT requirements via their Notice of Award.

B. The U.S. Department of State requires that agencies collect and report information on the amount of taxes assessed, reimbursed and not reimbursed by a foreign government against commodities financed with funds appropriated by the U.S. Department of State, Foreign Operations and Related Programs Appropriations Act (SFOAA) (“United States foreign assistance funds”). Outlined below are the specifics of this requirement:

1) Annual Report: The grantee must submit a report on or before November 16 for each foreign country on the amount of foreign taxes charged, as of September 30 of the same year, by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant during the prior United States fiscal year (October 1 – September 30), and the amount reimbursed and unreimbursed by the foreign government. [Reports are required even if the grantee did not pay any taxes during the reporting period.]

2) Quarterly Report: The grantee must quarterly submit a report on the amount of foreign taxes charged by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant. This report shall be submitted no later than two weeks following the end of each quarter: April 15, July 15, October 15 and January 15.

3) Terms: For purposes of this clause:

“Commodity” means any material, article, supplies, goods, or equipment;

“Foreign government” includes any foreign government entity;
“Foreign taxes” means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

4) Where: Submit the reports to the Director and Deputy Director of the CDC office in the country(ies) in which you are carrying out the activities associated with this cooperative agreement. In countries where there is no CDC office, send reports to VATreporting@cdc.gov.

5) Contents of Reports: The reports must contain:

- a. grantee name;
- b. contact name with phone, fax, and e-mail;
- c. agreement number(s) if reporting by agreement(s);
- d. reporting period;
- e. amount of foreign taxes assessed by each foreign government;
- f. amount of any foreign taxes reimbursed by each foreign government;
- g. amount of foreign taxes unreimbursed by each foreign government.

6) Subagreements. The grantee must include this reporting requirement in all applicable subgrants and other subagreements.

G. Agency Contacts

CDC encourages inquiries concerning this FOA.

Program Office Contact

For programmatic technical assistance, contact:

Trent LeCoultré, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
Agency for Toxic Substances and Disease Registry
Division of Community Health Investigations
4770 Buford Hwy (MS F-59)
Atlanta, GA 30341-3717
Telephone: (770) 488-3799
Email: TLeCoultré@cdc.gov

Grants Staff Contact

For financial, awards management, or budget assistance, contact:

Jon Messick, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS E-01
Atlanta, GA 30341
Telephone: (770) 488-1005

Email: yfa4@cdc.gov

For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.

Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

For all other **submission** questions, contact:

Technical Information Management Section

Department of Health and Human Services

CDC Office of Financial Resources

Office of Grants Services

2920 Brandywine Road, MS E-14

Atlanta, GA 30341

Telephone: 770-488-2700

E-mail: ogstims@cdc.gov

CDC Telecommunications for persons with hearing loss is available at: TTY 1-888-232-6348

H. Other Information

Following is a list of acceptable attachments **applicants** can upload as PDF files as part of their application at www.grants.gov. Applicants may not attach documents other than those listed; if other documents are attached, applications will not be reviewed.

- Project Abstract
- Project Narrative
- Budget Narrative
- CDC Assurances and Certifications
- Table of Contents for Entire Submission

For international FOAs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

- Resumes / CVs
- Position descriptions
- Letters of Support
- Organization Charts
- Indirect Cost Rate, if applicable

I. Glossary

Activities: The actual events or actions that take place as a part of the program.

Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the FOA; awardees must comply with the ARs listed in the FOA. To view brief descriptions of relevant

provisions, see [http:// www.cdc.gov/ grants/ additional requirements/ index.html](http://www.cdc.gov/grants/additional_requirements/index.html). Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.

Budget Period or Budget Year: The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.

Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.

Catalog of Federal Domestic Assistance (CFDA): A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.

CFDA Number: A unique number assigned to each program and FOA throughout its lifecycle that enables data and funding tracking and transparency.

CDC Assurances and Certifications: Standard government-wide grant application forms.

Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established project period (i.e., extends the “life” of the award).

Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.

Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.

Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.

Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the awardees. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the awardee.

Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. [http:// www.cdc.gov/ grants /additionalrequirements /index.html](http://www.cdc.gov/grants/additionalrequirements/index.html).

DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at <http://fedgov.dnb.com/webform/displayHomePage.do>.

Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.

Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The FOA evaluation plan is used to describe how the awardee and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.

Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at www.USAspending.gov.

Fiscal Year: The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.

Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

Grants.gov: A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.

Grants Management Officer (GMO): The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.

Grants Management Specialist (GMS): A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.

Health Disparities: Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.

Healthy People 2020: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.

Inclusion: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.

Indirect Costs: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.

Intergovernmental Review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list: <http://www.whitehouse.gov/omb/grants/spoc/>.

Letter of Intent (LOI): A preliminary, non-binding indication of an organization's intent to submit an application.

Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

Logic Model: A visual representation showing the sequence of related events connecting the activities of a program with the programs' desired outcomes and results.

Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.

Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA): Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.

Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher education, hospitals, and tribal

organizations (that is, Indian entities other than federally recognized Indian tribal governments).

Notice of Award (NoA): The official document, signed (or the electronic equivalent of signature) by a Grants Management Officer that: (1) notifies the recipient of the award of a grant; (2) contains or references all the terms and conditions of the grant and Federal funding limits and obligations; and (3) provides the documentary basis for recording the obligation of Federal funds in the HHS accounting system.

Objective Review: A process that involves the thorough and consistent examination of applications based on an unbiased evaluation of scientific or technical merit or other relevant aspects of the proposal. The review is intended to provide advice to the persons responsible for making award decisions.

Outcome: The results of program operations or activities; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced morbidity and mortality.

Performance Measurement: The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A “program” may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.

Plain Writing Act of 2010: Plain Writing Act of 2010, Public Law 111-274 requires federal agencies to communicate with the public in plain language to make information more accessible and understandable by intended users, especially people with limited health literacy skills or limited English proficiency. The Plain Writing Act is available at www.plainlanguage.gov.

Program Strategies: Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).

Program Official: Person responsible for developing the FOA; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.

Project Period Outcome: An outcome that will occur by the end of the FOA’s funding period.

Public Health Accreditation Board (PHAB): A nonprofit organization that works to promote and protect the health of the public by advancing the quality and performance of public health departments in the U.S. through national public health department accreditation <http://www.phaboard.org>.

Statute: An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.

Statutory Authority: Authority provided by legal statute that establishes a federal financial assistance program or award.

System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational

information on grant applications.

Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.

Work Plan: The summary of project period outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

FOA-specific Glossary and Acronyms