

**PPHF 2014: Lead Poisoning
Prevention - Childhood Lead
Poisoning Prevention – financed
solely by 2014 Prevention and Public
Health Funds**

CDC-RFA-EH14-1408PPHF14

**National Center for Environmental
Health**



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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-EH 14-1408. 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)

B. Funding Opportunity Title:

PPHF 2014: Lead Poisoning Prevention- Childhood Lead Poisoning Prevention---financed solely by 2014 Prevention and Public Health Funds

C. Announcement Type: New—Type 1

This announcement is only for nonresearch domestic activities supported by CDC. If research is proposed, the application will not be considered. Research for this purpose is defined at www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf.

D. Agency Funding Opportunity Number:

CDC-RFA-EH14-1408PPHF14

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

93.753

F. Dates:

- 1. Letter of Intent (LOI) Deadline: June 30, 2014** via email to Kimball F. Credle, Project Officer, kfc2@cdc.gov
- 2. Application Deadline: July 22, 2014, 11:59 p.m.** U.S. Eastern Standard Time, on www.grants.gov
- 3. Informational conference call for potential applicants:** n/a

G. Executive Summary:

1. Summary Paragraph:

An estimated 535,000 children in the United States have blood lead levels (BLLs) at or

above the reference value for blood lead established by CDC in 2012 (5 µg/dL). Of these, 150,000 children’s levels are ≥ 10 µg/dL. These children are at grave risk for the intellectual, behavioral, and academic deficits caused by lead. The primary source of lead exposure for children is their homes; some 38 million homes in the United States have lead-based paint hazards that can result in childhood lead poisoning. Low-income and minority children bear a disproportionate burden of this condition caused by unhealthy housing. In addition, some areas of the United States report that as many as 35% of children identified with high BLLs have been exposed to lead via sources other than lead-based paint in their homes (e.g., items decorated or made with lead such as toys, imported cosmetics, pottery, and candy). This FOA goes beyond historical efforts to support childhood lead poisoning surveillance activities, and it will award approximately \$11 million through cooperative agreements to use surveillance data to identify the highest risk areas and target appropriate population-based prevention interventions wherever needs are identified. Examples of such interventions include housing rehabilitation, enforcement of housing and health codes, engagement with health care systems, public and health care provider education campaigns related to lead contamination through other sources (e.g., imported items), and other educational and public health activities.

a. Eligible Applicants (select one): limited competition

b. FOA Type (select one): cooperative agreement

c. Approximate Number of Awards: Up to 41

d. Annual Project Period Funding: \$11,000,000

Total Project Period Funding: \$33 million (*“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). Funding is subject to change based on CDC budgets and priorities and emerging public health issues and outbreaks.*)

e. N/A

f. Average One Year Award Amount: Approximate average award: \$250,000, each award not to exceed \$500,000

g. Number of Years of Award: 12 months (3 years)
h. Approximate Date When Awards will be Announced: September 1, 2014
i. Cost Sharing and/or Matching Requirements: n/a

Part II. Full Text

A. Funding Opportunity Description

1. Background

An estimated 535,000 children in the United States have BLLs at or above the reference value for blood lead established by CDC in 2012 (5 µg/dL). Of these, 150,000 children's levels are ≥10 µg/dL. These children are at grave risk for the intellectual, behavioral, and academic deficits caused by lead. The primary source of lead exposure for children is their homes; some 38 million homes in the United States have lead-based paint hazards that can result in childhood lead poisoning. Low-income and minority children bear a disproportionate burden of this condition caused by unhealthy housing. In addition, some areas of the United States report that as many as 35% of children identified with high BLLs have been exposed to lead via sources other than lead-based paint in their homes (e.g., items decorated or made with lead such as toys, imported cosmetics, pottery, and candy).

From 1990 to 2012, CDC awarded funds to state and local health departments to support childhood lead poisoning prevention programs. In 2009, this mission was expanded to include a healthy homes initiative that addressed multiple childhood diseases and injuries in the home but with a continued focus on reaching the Healthy People goal of eliminating childhood lead poisoning. At reduced levels in 2013, CDC focused on advising state and local agencies and stakeholders in healthy homes and lead poisoning prevention, administered epidemiological and laboratory expertise and monitored trends in childhood blood lead levels from states that provided data.

This FOA goes beyond historical efforts to support childhood lead poisoning surveillance activities, and it will award approximately \$11 million through cooperative agreements to use surveillance data to identify the highest risk areas and implement appropriate population-based prevention interventions wherever needs are identified. Examples of such interventions

include housing rehabilitation, enforcement of housing and health codes, engagement with health care systems, public and health care provider education campaigns related to lead contamination through other sources (e.g., imported items), and other educational and public health activities.

Data may also be used to designate areas as ‘lead safe’ and qualify applicants to apply for a universal blood lead testing waiver through Medicaid. The Center for Medicare and Medicaid Services (CMS) in collaboration with CDC has developed a mechanism for jurisdictions to apply to waive the universal blood lead testing requirement for children enrolled in Medicaid. This mechanism recognizes that some areas of the country are lead safe (have historically had low BLL and/or environmental lead levels below regulatory thresholds). These areas might qualify for such a waiver but lack the necessary evidence to allow them to qualify.

a. Statutory Authorities:

This program is authorized under Sections 317(k) (2) and 317B(b) of the Public Health Service Act, (42 U.S.C. Section 247b (k) (2)] and 247b-3(b)), as amended; Section 4002 of the Patient Protection and Affordable Care Act of 2010 (ACA), P. L. 111-148, (42 U.S.C. Section 300u-11).

The funding provided by the Prevention and Public Health Fund (PPHF) established by the ACA, provides an important opportunity for states, counties, territories, tribes, and community organizations to advance public health across the lifespan and reduce health disparities.

In 2014, with PPHF assistance, this FOA will support surveillance and population-based interventions to reduce risks responsible for one of the leading causes of developmental disability in children and to prevent and control sources of lead in children’s environments before their BLLs become high.

b. Healthy People 2020:

This announcement addresses the Healthy People 2020 focus areas of environmental health, public health infrastructure, and education and community-based programs by providing data management and surveillance support. Through the surveillance activities of its grantees, CDC will be able to quantify BLLs in children and the percent of children exposed to lead hazards. These data will be used to determine where population and community-based interventions may be implemented and will enable CDC to track national progress in reducing lead exposures in children.

c. Other National Public Health Priorities and Strategies:

The childhood lead poisoning surveillance system serves as a critical component of the Office of the Surgeon General’s “Call to Action to Promote Healthy Homes,” which highlights lead

hazard control in the home as one of the key interventions ready for broad-scale implementation (www.surgeongeneral.gov/library/calls). CDC also works closely with HUD, EPA, DOE, HRSA to reduce lead and promote safe and healthy home environment. http://portal.hud.gov/hudportal/documents/huddoc?id=stratplan_final_11_13.pdf

The National Prevention Strategy includes the creation of communities that promote health and wellness through prevention, including those that ensure safe and affordable housing free of hazards, such as secondhand smoke, lead, and toxic chemicals, as one of its key recommendations (<http://www.surgeongeneral.gov/initiatives/prevention/strategy/healthy-and-safe-community-environments.html>).

d. Relevant Work:

This FOA builds on the successes of CDC programs from 1990 to 2012 that provided assistance to state and local health departments supporting childhood lead poisoning surveillance and prevention. For further information, applicants are encouraged to consult www.cdc.gov/nceh/lead.

1. CDC Project Description

This new FOA goes beyond historical efforts to collect and provide data on the nature and extent of high BLLs and will award approximately \$11 million through cooperative agreements to use surveillance data to identify the highest risk areas and implement appropriate population-based prevention interventions wherever needs are identified. Examples of such interventions include housing rehabilitation, enforcement of housing and health codes, engagement with health care systems, public and health care provider education campaigns related to lead contamination through other sources (e.g., imported items), and other public health activities.

Specifically, applicants will conduct surveillance and analyze and use these surveillance data to

- Identify remaining at-risk geographic areas and ensure that appropriate population and community-based, primary prevention interventions are targeted to the highest risk areas or subpopulations: e.g., housing rehabilitation, enforcement of housing and health codes, engagement with health care systems, public and health care provider education campaigns related to lead contamination through other sources (e.g., imported items), and other educational and public health activities,

(As noted in Section E.1.b., Application Review Information, greater rating

emphasis will be placed on applicant's ability to ensure that appropriate population and community-based interventions are targeted to the highest risk areas or subpopulations).

- identify children at-risk to target testing and resources,
- identify emerging sources of exposure and inform strategic plans to remove or reduce sources,
- evaluate the timeliness and efficacy of case management services available to children with lead poisoning and work with inspectors and risk assessors to ensure safe living environments,
- target pediatric health care provider education efforts, and,
- serve as the basis for a waiver for universal blood lead testing of children enrolled in Medicaid (if appropriate).

Funded applicants may benefit from the existence of any regulations that require electronic reporting of blood and environmental lead tests, as well as laws and regulations that control or eliminate sources of lead in the environments of children less than 6 years of age. Applicants must provide data to CDC. If a surveillance system is not already being implemented in their jurisdictions, funded applicants are encouraged to adopt the Healthy Homes and Lead Poisoning Surveillance System (HHLPSS) as a common platform. Funded applicants who do not adopt HHLPSS are still required to collect data related to blood lead testing, lead poisoning case management, and environmental lead investigations and are required to report such data to CDC.

To assist in the development and implementation of appropriate interventions, collected data shall integrate or interface with other

- maternal child and environmental public health databases (e.g., immunization registries; Adult Blood Lead Epidemiology and Surveillance [ABLES]; Environmental Public Health Tracking Network; Medicaid; HRSA Title V; Early Childhood Home Visiting Programs; and Special Supplemental Nutrition Program for Women, Infants and Children [WIC])
- state and local housing, education, and environmental quality authorities; and
- housing data including that for housing code enforcement agencies and publicly owned or subsidized properties and Housing and Urban Development (HUD) collaborative programs.

Funded applicants will manage, analyze, and interpret individual jurisdictional

surveillance data and present and disseminate trends and other important public health findings in annual reports. Annual reports will include:

- data on blood lead testing and follow-up of children identified with high BLLs,
- lead hazard identification and control and abatement activities in awardees' jurisdictions, and
- proposed interventions for high-risk areas.

a. Approach:

The logic model described in Figure 1 depicts the lines of communication and responsibility of CDC staff and state and local partners in conducting the surveillance activities and achieving the related outcomes.

Figure 1.

Strategies		Outcome	
Activities	Outputs	Short- and Mid-Term	Longer-Term
<p>Technical/organizational</p> <ul style="list-style-type: none"> Identify and implement appropriate hardware/software Operate HHLPPS or equivalent collect and evaluate data and establish reporting system Share and disseminate data to partners and public Implement a staff training/meeting plan Implement an evaluation strategy and measures <p>Health-impact related</p> <ul style="list-style-type: none"> Implement screening plan Implement follow-up care plan Implement participation/involvement program Collaborate with CDC/partners Implement community-based plan for underserved 	<p>Technical/organizational</p> <ul style="list-style-type: none"> surveillance/tracking system sufficient hardware/software/staff data cleaning plan data dissemination plan reporting system program evaluation procedure/measures <p>Health-impact related</p> <ul style="list-style-type: none"> follow-up care guidance data dissemination plan for partners follow-up prevention and control strategy guidance promotion and communication plan Monitoring & Evaluation systems (MEs) 	<ul style="list-style-type: none"> Data used by federal agencies/PH decision-makers to target actions and develop appropriate interventions. Program/ partners implement individual and community-based strategies Strategies effective in controlling or eliminating lead sources Increased support of public, professionals , leaders for programs and action on lead Leveraged resources to replicate and conduct additional population-based interventions. 	<ul style="list-style-type: none"> Reduction in number of children with BLLs at or above reference value Decreased hazards in housing and emerging sources Increased support of primary prevention strategies Reduced healthcare, special education and juvenile justice costs

j. Problem Statement:

An estimated 535,000 children in the United States have BLLs at or above the reference value for blood lead established by CDC in 2012 (5 µg/dL). Of those 150,000 children's levels are ≥ 10 µg/dL. These children are a grave risk for the intellectual, behavioral, and academic deficits caused by lead. Primary source of lead exposure for children are their homes; some 38 million homes in the United States have lead-based paint hazards that can result in childhood lead poisoning. Low-income and minority children bear a disproportionate burden of this condition caused by unhealthy housing. However, areas of the United States report that as many as 35% children identified with elevated BLLs have been exposed to lead via sources other than lead-based paint in their homes (e.g., items decorated or made with lead such as toys, imported cosmetics, pottery, and candy).

ii. Purpose:

The purpose of these activities is to assist in building surveillance capacity to aid in preventing and, ultimately, eliminating childhood lead poisoning as a major public health problem. This FOA goes beyond historical efforts to support childhood lead poisoning surveillance activities, and it will award approximately \$11 million through cooperative agreements to use surveillance data to identify the highest risk areas and implement appropriate population-based prevention interventions wherever needs are identified. Examples of such interventions include housing rehabilitation, enforcement of housing and health codes, engagement with health care systems, public and health care provider education campaigns related to lead contamination through other sources (e.g., imported items), and other educational and public health activities. Data may also be used to designate areas as 'lead safe' and qualify applicants to apply for a universal blood lead testing waiver through Medicaid.

The surveillance data on the nature and extent of high BLLs should be used to

- identify remaining at-risk geographic areas to target implementation of population-based, primary prevention interventions (e.g., housing rehabilitation, enforcement of housing and health codes, engagement with health care systems, public and health care provider education campaigns related to lead contamination through other sources (e.g., imported items), and other educational and public health activities) and
- evaluate the timeliness and efficacy of case management of children identified with high BLLs

iii. Outcomes:

The intended ultimate outcome of this cooperative agreement is to decrease exposure to lead hazards and reduce BLLs among children. Applicants are expected to implement a childhood lead poisoning

surveillance system that can report quarterly on the number of children who are exposed to lead in housing, the number of houses that are identified with lead, and the nature and extent of lead in housing. Applicants are also expected to identify underserved high-risk populations or emerging sources of lead and use data to target appropriate interventions and/or to provide evidence of designated 'lead safe' areas. Additionally, applicants will provide address-specific information to CDC and state and local housing agencies and other stakeholders that allow for targeting of resources to the most distressed housing and other lead exposure sources.

Key activities, outputs, and outcomes are noted in the logic model. A series of outcomes are presented later in this section. These will be achieved by effective implementation by the awardee of a set of technical/organizational outputs, and a set of health-impact related outputs, as follows:

Technical/organizational outputs:

- ongoing sustainable childhood lead poisoning surveillance/tracking system in grantees' jurisdictions that collects person-specific and address-specific data, including multiple laboratory test results over various years. This is to assure the periodic screening of children who are exposed to lead and prevent multiple counting of children with more than one blood lead test. This assures the periodic screening of children who are exposed to lead and prevents double counting of children with multiple tests.
 - data must be reported to CDC through HHLPPS or a state-specific data system. Applicants must demonstrate that its lead surveillance reporting system is or will qualify it for the exception accorded under 5 CFR§1320.3(b)(3) –that is that such data are already collected by state, local or tribal governments in the absence of a federal requirement.
- hardware, software, and sufficient staff to address every aspect of surveillance including data collection, data entry, data management, data analysis, epidemiological support, and information technology support.
- ongoing data cleaning plan to address duplicate records and correct errors (i.e., laboratory result dates, reuse of patient IDs, address format problems) identified during data processing for CDC quarterly submissions. Data cleaning should be undertaken regularly and errors identified during data processing should be corrected before the next quarterly submission.
- ongoing data dissemination plan that reports all required data elements and surveillance activity to CDC and to state and other federal partners on a quarterly basis and/or annually as required.
- reporting system that adheres to the CDC reporting requirements. Applicants are encouraged to refer to www.cdc.gov/nceh/lead for a list of reporting requirements.
- program evaluation procedure that provides appropriate indicators for periodically determining

and measuring the effectiveness and success of the cooperative agreement activities in achieving the stated program outcomes.

Health-impact related outputs

- guidance for the follow-up care of children who are identified with elevated BLLs that includes evaluation of timeliness and efficacy of these activities.
- program to ensure that the data received federal agencies and public health officials and decision-makers allows them (a) to target actions to areas where the risk for childhood lead poisoning is highest and (b) to develop appropriate population based interventions. For example, state-based blood lead surveillance data are critical to federal efforts to enforce the lead paint disclosure rule in properties where many children have suffered high BLLs.
- guidance for follow-up care of children who are identified with high BLLs that includes evaluation of both individual and community-based strategies to control or eliminate lead sources before other children are exposed to these sources. For example, in some places small-area population-based surveillance has been used to identify parents who are exposed to lead at work, bring lead dust home, and expose their children. Programs then work with the families to educate them to the dangers of take-home lead exposure and with the facility to ensure that lead-safe work practices are in place.
- ongoing promotion and information dissemination program that will encourage action among the general public, professionals, and other leaders in supporting programs to prevent childhood lead poisoning. For example, many states have executed memoranda of understanding with local housing authorities to link blood lead data with information on publicly-owned or subsidized properties to ensure the properties are lead safe. Other jurisdictions have used surveillance data to inform community leaders and policy makers. The data has been important to demonstrating the need for measures to make privately-owned housing lead safe.
- system that measures progress toward elimination of elevated BLLs as a public health problem in local jurisdictions/defined geographic areas.

Health-impact related outcomes

The technical/organizational and health-impact related outputs described above will, during the project period, drive the following outcomes.

- data are **used** by federal agencies and public health officials and decision-makers to (a) to target actions to areas where the risk for childhood lead poisoning is highest and (b) to develop appropriate population based interventions.
- program and partners implement and evaluate both individual and community-based strategies

to control or eliminate lead sources before other children are exposed to these sources Follow-up measures associated with high BLLs are effective in controlling or eliminating sources of lead in children’s environments.

- general public, professionals, and other leaders increase support for programs to prevent childhood lead poisoning and take appropriate action. Increased support among decision makers and the public for efforts to support primary prevention of childhood lead poisoning through control or elimination of lead sources; . Action taken by professionals and the public based on findings of underserved high-risk populations and areas.
- Leveraged resources to replicate and conduct additional population-based interventions.
- Defined progress toward elimination of elevated BLLs in the jurisdiction or geographic area; no children have BLLs at or above the reference value for BLL, currently 5 µg/dL.

Establishment of a system that measures progress toward elimination of elevated BLLs as a public health problem in local jurisdictions/defined geographic areas.

iv. Funding Strategy:

Each award is not to exceed \$500,000.

v. Strategies and Activities:

Applicants are expected to implement a childhood lead poisoning surveillance system consistent with CDC standards and undertake the following technical/organizational and health-impact driven activities depicted in the logic model and which will drive the outputs in the logic model and described in the prior section. Applicants are encouraged to refer to www.cdc.gov/nceh/lead for a list of reporting requirements.

Technical/organizational activities: The following activities help ensure the creation and sustainment of the technical/organizational outputs described above.

- Use appropriate hardware and software to support the surveillance system.
- Operate HHLPPS, operate a comparable blood lead surveillance system, or modify an existing system that will collect, compile, and track blood lead data and lead hazards data.
- Include information on how data will be collected, evaluated, reported, shared with partners, and disseminated to the public.
- Implement a procedure for reporting program achievements and progress in accordance with the CDC reporting requirements and schedule.

- Implement a training and meeting attendance plan for applicants' staff that includes lead poisoning prevention training and attendance at a minimum of one national lead poisoning prevention meeting each year. This includes applicants paying for training/meeting travel as required and this information should be included in the budget plan.
- Implement an evaluation strategy with appropriate indicators or measures to determine and report program effectiveness.

Health impact related activities: The following activities help ensure the creation and sustainment of the health impact-related outputs described above.

- Implement a plan that assures periodic screening of children who are potentially exposed to lead.
- Implement a plan that provides follow-up care for children who are identified with elevated BLLs including a plan for reimbursement for clinical care, case management/home visits, and environmental inspections and enforcement that is consistent with CDC recommendations.
- Implement a program that ensures meaningful (active) involvement of affected populations during initial phases of the decision-making process, an essential step to addressing health and housing inequities among disparate populations. For example, some programs have integrated community members into their strategic planning processes.
 - Work with CDC and other partners including state housing agencies, stakeholders, educators, and child health professionals to support local decision making and targeting of state and local resources to the unhealthiest housing and the highest risk populations as evidenced by memoranda of understanding, joint outside funding applications, and data-sharing agreements.
 - Develop data sharing agreements with school districts, WIC, code enforcement agencies, and juvenile justice agencies
- Implement a community-based plan to address the needs of underserved populations and emerging sources of lead or to designate certain areas as lead safe based on small-area population-based surveillance (e.g., develop culturally competent health education materials to alert recent immigrant families to lead in traditional medicine, cosmetics, or spices; alert state and federal agencies with regulatory authority to emerging lead sources).

1. Collaborations – Applicants are required to build on ongoing strategic partnerships (or establish new ones) in their jurisdictions that may have a role in the FOA outcomes. Historical or current initiatives and future collaborative efforts are to be included in this

area.

a. With CDC-funded programs:

Many applicants will have already established strategic partnerships under previous CDC Healthy Homes and-Lead Poisoning Prevention cooperative agreements. Applicants will not duplicate efforts but will reinforce and build on them. Those applicants must include that information even if previously funded. Applicants will also work with other CDC-funded programs in their jurisdictions that may have a role in the FOA outcomes. Examples include but are not limited to the Environmental Public Health Tracking Program and the National Institute of Occupational Safety and Health's Adult Blood Lead Epidemiology Program (ABLES).

b. With organizations external to CDC:

Applicants are required to work with relevant organizations external to CDC such as

- HRSA Home Visiting, Healthy Start and Title V Grantees
- community organizations,
- state and local health and housing agencies,
- academic institutions,
- hospitals and healthcare systems, and
- others entities involved in implementation of program activities.

Partners should also include

- community-based, nonprofit and/or faith-based organizations and groups and educators and
- regional and federal agencies including the U.S. Department of Housing and Urban Development. Collaborations- Strategies should be implemented for leveraging resources that include funds from other allowable federally funded programs and/or state, local, charity, nonprofit or for-profit entities, or internal agency resources.

2. Target Populations:

The focus of the surveillance program includes children less than 6 years of age, with special emphasis on children under the age of 3 years. Priority should be given to children disproportionately at risk, including children in low-income households, minority and recent immigrant children, and children in areas where the prevalence of lead is high.

The applicant must describe:

- How the burden of lead hazards disproportionately affects children of certain races and ethnicities and varies within the current jurisdiction.
- How low-income, minority children are more likely to live in homes with lead hazards, as well as be exposed to other sources of lead.
- How a particularly high-risk geographic area was selected (demographic information, historic high BLLs in population, underserved population, other factors).
- How partnerships, policies, and strategic planning will be undertaken to implement population and community-based strategies to lead hazards identified by small-area population-based surveillance or case management.

Inclusion: N/A

b. Evaluation and Performance Measurement:

i. CDC Evaluation and Performance Measurement Strategy:

The evaluation and performance measurement strategy will address the implementation of the activities/outputs and the progress on the outcomes depicted in the logic model and presented in more detail in the approach narrative. Programs will be required to report this information to CDC annually. The format used to report this information will be the format described later in the work plan section. Key monitoring and evaluation questions related to the key activities/outputs include the following:
Measures for: Technical/organizational activities/outputs

- o The surveillance system collects address-specific and child-specific data on blood and environmental lead levels.
- o The proposed surveillance system is compatible with CDC HHPSS.
- o Blood lead data will be reported and meet the intended benchmarks for sound reporting found at www.cdc.gov/nceh/lead.
- o The program will be able to maintain 100% electronic reporting of blood lead data from laboratories.
- o Ninety-five percent of the data received by CDC is free of errors and missing information.
- o Data-sharing agreements are in place with housing, education, and other partner organizations.
- o The total number of BLL results received annually is described.

- o Processing of BLL results is timely.

Measures for: Health impact related activities/outputs:

- Referrals to the appropriate agencies/organizations are made.
- Follow-up measures associated with high BLLs are effective in controlling or eliminating sources of lead in children’s environments.
- Criteria used to identify high risk areas are justified.
- Community based partners (health care providers, community organizations, nongovernment organizations [NGOs], others) and/or universities/colleges agree to participate in preparing for and assisting in population-based surveillance and targeted interventions.
- The mechanism for BLL measurement and reporting of individual BLL results back to parents, health care providers and state authorities is described.
- Management of children identified with elevated BLLs is consistent with CDC guidelines.
- Resources (e.g., GIS software) and data (e.g., blood lead surveillance, census, and tax assessor data) are used to analyze and report data.
- Overall results are provided to pediatric health care providers, decision-makers, community leaders, and community organizations.
 - [Production, reporting, and dissemination of evaluation results related to progress in improved health of children.

Measures for: Outcomes:

- o Defined progress toward elimination of elevated BLLs as a public health problem in the local jurisdiction or geographic area; no children have BLLs at or above the reference value for BLL, currently 5 µg/dL.
- o Action taken by professionals and the public based on findings of underserved high-risk populations and areas.
- o Leveraged resources to replicate and conduct additional population-based interventions.

ii. Applicant Evaluation and Performance Measurement Plan:

Applicants must provide an overall evaluation and performance measurement plan based on the CDC evaluation and performance measurement strategy. (An electronic expandable template is available on the CDC Healthy Homes and Lead Poisoning Prevention website [www.cdc.gov/nceh/lead]).

- Awardee Evaluation and Performance Measurement Plan:

A more-detailed evaluation and performance measurement plan for the entire project may be developed by awardees with support of CDC as part of first-year project activities.

c. Organizational Capacity of Awardees to Execute the Approach:

Applicant will provide curriculum vitae for existing key personnel (or job descriptions for planned key personnel). Key personnel must have the level of education, experience, and/or skills necessary to successfully implement and complete the project. The organization capacity statement should describe how the applicant agency is organized to carry out the requirements of this announcement, the nature and scope of its work, and/or its capabilities. Applicants should include a detailed description of their experience, program management components, and readiness to establish working agreements, as well as letters of intent or contracts with collaborating or partner entities and a plan for long-term sustainability of the project.

d. Work Plan:

A work plan is a program management tool that provides program direction and guidance. It is designed for program planning and implementation, as well as monitoring progress made toward reaching program goals and objectives.

Applicants must have a work plan with goals and objectives that are aligned with the outcomes specified in the logic model and in the approach narrative. These goals and objectives should be driven by the specific activities and outputs presented in the logic model and described in the approach narrative. Activities should emphasize high-risk populations identified in the Need section of the application, and should include high-risk communities that are subgrantees of cooperative agreement funds awarded under this announcement as well as high-risk communities that are not direct subrecipients of these cooperative agreement funds.

Applicant work plans should be consistent with the logic model presented in this FOA. Applicants are encouraged to look at the CDC Lead Poisoning Prevention Surveillance Logic Model and the CDC HHLPPS Surveillance Evaluation and Performance Management Strategy posted at www.cdc.gov/nceh/lead for additional information.

Each work plan should include the following in matrix format:

- goals—these should be aligned with the outcomes in the logic model and narrative,
- objectives—these should be related to the goals and also aligned with the outcomes in the logic model,
- activities planned to achieve objectives—these should be consistent with the outputs and activities in the logic model related to the relevant outcomes

- a timeline to assess progress or completion,
- named person(s) responsible for activities, and
- description of data to assess activities (process indicators) and overall measures of effectiveness (impact/outcome).

Applicants should specify process/implementation measures for the activities and measures of effectiveness for the outcomes. Measures must be quantifiable and should be consistent with the measures already listed in the evaluation and performance measurement strategy.

e. CDC Monitoring and Accountability Approach:

This FOA requires substantial involvement by CDC. Monitoring activities include frequent and ongoing communication between CDC and awardees, site visits, and awardee reporting (including work plans, performance, and financial reporting).

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 objectives within stated timeframes.

Working with awardees on adjusting the work plan based on achievement of objectives 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.

f. CDC Program Support to Awardees:

CDC activities are as follows:

- Provide substantial technical assistance and oversight to newly hired staff as states and large cities build or rebuild capacity for childhood lead poisoning surveillance.
- Provide consultation and technical assistance in the form of recommendations associated with techniques and approaches used to deliver or render services. Support will be provided to the awardees in the development/enhancement and implementation of their lead poisoning surveillance programs.
- Review the use of data and information collection methods and analysis instruments

specific to the use of CDC HHLPPS.

- Provide assistance in implementing activities and identifying major program issues, effective strategies, and priorities related to the cooperative agreement.
- Assist awardees in assessing program effectiveness through the provision of technical assistance in interpreting program evaluation indicators and evaluation measures.
- Foster collaboration with other federal, state, and local health; environmental; and housing agencies by initiating contacts, conference calls, and on-site visits to discuss programmatic issues.
- Provide HHLPPS at no cost, support awardees in deployment of the system and migration of data from other systems to HHLPPS, and provide ongoing maintenance of the system. (Note: Many states previously established HHLPPS under CDC-funded cooperative agreements.)
- Provide ongoing support for the deployment of HHLPPS and migration of legacy data to the new system.
 - Provide assistance for the evaluation of surveillance activities and reporting and disseminating reports to partners.
 - Provide consultation and technical assistance in the form of recommendations associated with techniques and approaches used to deliver or render services.
 - Review the use of data and information collected to support development or enhancement and implementation of population-based interventions and/or designating areas as lead-safe.
 - Provide assistance in implementing activities and identifying major issues, effective strategies, and priorities related to population-based interventions.

B. Award Information
1. Type of Award: New (Type 1)
2. Award Mechanism: Cooperative Agreements
3. Fiscal Year: 2014
4. Approximate Total Fiscal Year Funding: \$11,000,000
5. Approximate Total Project Period Funding: \$33,000,000
6. Total Project Period Length: 3 (three) years
7. Approximate Number of Awards: Up to 41
8. Approximate Average Award: \$250,000
9. Floor of Individual Award Range: None
10. Ceiling of Individual Award Range: \$500,000 (If the request is over \$500,000, the application will be considered nonresponsive.)
11. Anticipated Award Date: September 1, 2014
<p>12. Budget Period Length: 12 months, approved deviation to AGAM/CPAM requirements is required.</p> <p>Throughout the project period, CDC will continue the award based on availability of funds, 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 noncompetitive continuation award(s).</p>
<p>13. Direct Assistance:</p> <p>Direct Assistance (DA) is not available through this FOA.</p>

C. Eligibility Information
<p>1. Eligible Applicants:</p> <p>Government Organizations:</p> <ul style="list-style-type: none"> • State or their bona fide agents (includes the District of Columbia) • Large cities or their bona fide agents
<p>2. Special Eligibility Requirements: <i>N/A</i></p>
<p>3. Justification for Less than Maximum Competition:</p>
<p>This FOA is limited to State Governments or their Bona Fide Agents and Local Governments or their Bona Fide Agents. Large cities must have a valid limit population size of at least 750,000 using 2010 U.S. Census data or a 2011-2013 U.S. Census data update. To appropriately follow-up on cases of lead poisoning and proactively prevent additional cases, awardees must have the authority in their jurisdiction to address case-management activities that may involve Medicaid, housing, environmental regulation, or consumer protection agencies. Awardees must be able to assure that follow-up care is provided for children identified with elevated blood lead levels and that elimination or control of lead hazards occurs within their jurisdictions. State and local governments are the only entities with these required authorities to achieve the mission of the FOA.</p> <p>The FOA requires applicants to demonstrate the burden of lead poisoning in their jurisdictions and the current request would allow for focusing of limited resources to states and local entities that have the greatest ability to address the housing, environmental, consumer and health care factors that contribute to childhood lead poisoning.</p>
<p>4. Cost Sharing or Matching:</p>
<p>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.</p>
<p>5. Maintenance of Effort:</p>
<p>Maintenance of effort is not required for this program.</p>

D. Application and Submission Information

Additional materials that may be helpful to applicants:

www.cdc.gov/od/pgo/funding/docs/FinancialReferenceGuide.pdf.

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 on the Internet at

<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, then they 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 usually requires not more than five 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 E-grant website of the U.S. Department of Health and Human Services. Registration information is located on the "Register" link at www.grants.gov.

All applicant organizations must register at www.grants.gov. The one-time registration process usually takes no more than five days to complete. Applicants must start the registration process as early as possible.

2. Request Application Package: Applicants may access the application package at

www.grants.gov.

3. Application Package: Applicants must download the SF-424 package (Application for Federal Assistance) 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 PGO staff at 770-488-2700 or e-mail PGO at PGOTIM@cdc.gov for assistance. CDC Telecommunications for persons with hearing loss is available 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. PGO personnel will notify the applicant that their application did not meet the deadline. The applicant must receive preapproval to submit a paper application (see the 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 PGO.

a. Letter of Intent (LOI) Deadline (must be emailed or postmarked by): June 30, 2014

b. Application Deadline: July 22, 2014, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov

5. CDC Assurances and Certifications: All applicants are required to sign and submit the “Assurances and Certifications” documents as indicated at www.cdc.gov/od/pgo/funding/grants/foamain.shtm.

Applicants may follow either of the following processes:

- Complete the applicable assurances and certifications, name the file “Assurances and Certifications” and upload it as a PDF file 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/grantsassurances/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 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 (LOI):

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

The LOI must be received via email to

Kimball F. Credle

Project Officer

Division of Emergency and Environmental Health Services

National Center for Environmental Health, CDC

Email: kfc2@cdc.gov

Office phone: (770) 488-3643

8. Table of Contents: (No page limit and not included in Project Narrative limit)

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 30 pages, single spaced, Calibri 12 point, 1-inch margins, number all pages. Content beyond 30 pages will not be considered. The 30-page limit includes the work plan.

The Project Narrative must include all of the bolded headings shown in this section. The Project Narrative must be succinct and self-explanatory and must be 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.

Applicants must submit a Project Narrative with the application forms. Applicants must name this file “Project Narrative” and upload it at www.grants.gov.

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

b. Approach

i. Problem Statement: Applicants must describe the core information relative to

the problem for the jurisdictions or populations they serve. Specifically, applicants must demonstrate significantly high burden of lead poisoning in their jurisdiction's based on the number and percent children tested with high BLLs and/or conditions that contribute to high BLLs within the populations served. The core information must help reviewers understand how the applicant's response to the FOA will address the public health problem and support public health priorities. (See CDC Project Description.)

- ii. **Purpose:** Applicants must describe in 2-3 sentences specifically how their application will address the problem as described in the CDC Project Description.
- iii. **Outcomes:** Applicants must clearly identify the outcomes they expect to achieve by the end of the project period. Outcomes are the results that the program intends to achieve. All outcomes must indicate the intended direction of change (i.e., increase, decrease, maintain). (See the program logic model in the Approach section of the CDC Project Description.)
- iv. **Strategy and Activities:** Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the project period outcomes. Whenever possible, applicants should use evidence-based program strategies as identified by the Guide to Community Preventive Services¹ (or similar reviews) and explicitly reference the source. Applicants may propose additional strategies and activities to achieve the outcomes. Applicants must select existing evidence-based strategies that meet their needs or describe the rationale for developing and evaluating new strategies or practice-based innovations. (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 must provide any existing MOUs/MOAs and name the file "MOUs/MOAs" and upload them as pdf files on www.grants.gov.
 2. **Target Populations:** Refer to the CDC Project Description (Approach: Target Population section). Applicants must describe the specific target population(s) to be addressed in their jurisdictions to allocate limited resources, target those at greatest health risk, and achieve the greatest

¹ www.thecommunityguide.org/index.html

health impact. Applicants should use data, including social determinants data, to identify communities within their jurisdictions or communities served that are disproportionately affected by the public health problem, and applicants should plan activities to reduce or eliminate these disparities. Disparities by race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant dimensions (e.g., tribal communities) should be considered.

Inclusion: Applicants should address how they will be inclusive of specific populations that can benefit from programmatic strategies. These populations include groups such as people with disabilities; non-English-speaking populations; lesbian, gay, bisexual, and transgender (LGBT) populations; appropriate age groups; or other populations that may otherwise be missed by the program. Refer to the CDC Project Description (Approach: Inclusion section), if applicable.

- c. Applicant Evaluation and Performance Measurement Plan:** Applicants must provide an overall jurisdiction-specific or community-specific evaluation and performance measurement plan that is consistent with the CDC Evaluation and Performance Measurement Strategy section of the CDC Project Description of this FOA. Data collected must be used for ongoing monitoring of the award to evaluate its effectiveness and for continuous program improvement.

The plan must describe the following:

- How key program partners will be engaged in the evaluation and performance measurement planning processes.
- The type of evaluations to be conducted (i.e., process and/or outcome).
- Key evaluation questions to be answered.
- Other information that must be included, as determined by the CDC program (e.g., performance measures to be developed by the applicant).
- Potentially available data sources and feasibility of collecting appropriate evaluation and performance data.
- How evaluation findings will be used for continuous program and quality improvement.
- How evaluation and performance measurement will contribute to development of the evidence base (in cases where program strategies are

being used that lack a strong evidence base of effectiveness).

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 plan that are consistent with the CDC evaluation and performance measurement strategy.

If awarded, funded applicants must provide a more-detailed plan within the first six months of programmatic funding. This more-detailed evaluation and performance measurement plan should be developed by awardees with support from CDC as part of first-year project activities. This more-detailed evaluation plan will build on the elements stated in the initial plan. The detailed plan should be no more than 35 pages. At a minimum, and in addition to the elements of the initial plan, it must describe

- How often evaluation and performance data are to be collected.
- How data will be reported.
- How evaluation findings will be used for continuous quality and program improvement.
- 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).
- Dissemination channels and audiences (including public dissemination).
- Other information requested, as determined by the CDC program

When developing evaluation and performance measurement plans, applicants are encouraged to use the CDC Framework for Program Evaluation in Public Health (CDC. Framework for program evaluation in public health. MMWR. 1999;48[RR-11]; www.cdc.gov/eval).

- d. Organizational Capacity of Applicants to Implement the Approach:** Applicant must address the organizational capacity requirements as described in the CDC Project Description. Applicants must name this file “CVs/Resumes” or “Organizational

Charts” and upload it at www.grants.gov.

The organizational capacity statement may 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. Applicants may describe how they will assess staff competencies and develop a plan to address gaps through organizational and individual training and development opportunities.

Applicants may describe how they are reimbursed for case management/home visiting and environmental inspections and enforcement. If they do not receive reimbursement for these services by Medicaid and other health insurance, applicants must describe how they will ensure that these services will be reimbursed by the end of the first budget period.

Also, applicants may describe their current status in applying for public health department accreditation or evidence of accreditation. Information on accreditation may be found at www.phaboard.org.

Applicants shall describe how elevated blood lead data will be provided quarterly to housing authorities of federally subsidized housing, as required under HUD 1012 Lead-Safe Housing Rule 24 CFR 35.1225 (www.gpoaccess.gov/cfr/retrieve.html).

Guidance for sharing data with partners/collaborators is provided under the Health Insurance Portability and Accountability Act (HIPAA) permitted uses and disclosures:

A covered entity is permitted, but not required, to use and disclose protected health information, without an individual’s authorization, for the following purposes or situations:

- to the individual (unless required for access or accounting of disclosures);
- treatment, payment, and health care operations;
- opportunity to agree or object;
- incident to an otherwise permitted use and disclosure;
- public interest and benefit activities; and
- limited data set for the purposes of research, public health or health care operations.

Covered entities may rely on professional ethics and best judgments in deciding which of these permissive uses and disclosures to make.

11. Work Plan: *(Included in the Project Narrative's 30 page limit)*

Applicants must prepare a work plan consistent with the Work Plan section of the CDC Project Description. The work plan integrates and delineates more specifically how the awardee plans to carry out achieving the project period outcomes/objectives, strategies and activities, indicators, evaluation, and performance measurement, including key milestones and person(s) responsible. CDC will provide feedback and technical assistance to awardees to finalize the work plan post-award. *The narrative of the work plan should follow the CDC logic model.*

Include a tentative work plan outline for Phase 2 (years two and three) of the project period with the application as an appendix. The tentative work plan should include goals, objectives, activities, and a timetable for the remaining years of the proposed project for each element. *The outline should follow the CDC logic model.*

Applicants must name this file "Work Plan" and upload it as a PDF file on www.grants.gov.

12. Budget Narrative:

Applicants must submit an itemized budget narrative, which may be scored as part of the Organizational Capacity of Awardees to Execute the Approach section. 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 the following:

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment
- Supplies
- Travel
- Other categories
- Total direct costs
- Total indirect costs
- Contractual costs

For guidance on completing a detailed budget, see the Budget Preparation Guidelines at www.cdc.gov/od/pgo/funding/grants/foamain.shtm.

If applicable and consistent with statutory authority, applicant entities may use funds for activities as they relate to the intent of this FOA to meet national standards. Applicant entities include state, and local, and territorial governments or their bona fide agents; political subdivisions of states (in consultation with states).

Activities include those that enable a public health organization to deliver public health services (for example, 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 cost rate is a provisional rate, the agreement must have been made less than 12 months earlier. Applicants must name this file “Indirect Cost Rate” and upload it at www.grants.gov.

13. Special Eligibility Requirements: N/A

14. Tobacco and Nutrition Policies: N/A

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 www.whitehouse.gov/omb/grants_spoc/.]

17. Funding Restrictions:

The following restrictions must be considered while planning the programs and writing the budget:

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care.
- 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 preaward costs is not allowed.
- Other than for normal and recognized executive-legislative relationships, no funds may be used
 - for publicity or propaganda purposes; for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body or
 - for the salary or expenses of any grant or contract recipient, or an 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.
- Awardees must comply with federal restrictions on food purchases. Data collection initiated under this cooperative agreement has been approved by the Office of Management and Budget under OMB Number (0920-0931), "Healthy Homes and

Lead Poisoning Surveillance System (HHPSS).” Expiration Date April 30, 2015. Any changes to the existing data collection will be subject to review and approval by the office of Management and Budget (OMB) under the Paperwork Reduction Act. In addition, applicants must demonstrate that its lead surveillance reporting system is or will qualify it for the exception accorded under 5 CFR§1320.3(b)(3) –that is that such data are already collected by state, local or tribal governments in the absence of a federal requirement.

18. 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 PGO 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 PGO TIMS staff at 770-488-2700 or by e-mail at pgotim@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 PGO TIMS staff for processing from www.grants.gov on the deadline date.

- b. Tracking Number:** Applications submitted through www.grants.gov are electronically time and date-stamped 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:** The 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 Application User Guide, Version 3.0, page 57.

- d. Technical Difficulties:** If applicants have technical difficulties at www.grants.gov, they 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@www.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 applicants have technical difficulties at www.grants.gov, they should call the www.grants.gov Contact Center at 1-800-518-4726 or e-mail them at support@www.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 or call 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 postmarked 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, PGO 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. Application Review Information

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

a. Phase I Review:

All applications will be reviewed initially for completeness by CDC PGO staff and will be reviewed jointly for eligibility by CDC/NCEH and PGO. Incomplete applications and applications that do not meet the eligibility criteria will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility or published submission requirements.

b. Phase II Review:

An objective review panel will evaluate complete, eligible applications in accordance with the "Criteria" section of the FOA. Applicants will be notified electronically if their applications did not meet eligibility and/or published submission requirements thirty (30) days after the completion of Phase II review.

i. Background and need (15 points):

- a. Does the applicant demonstrate a significantly high burden of lead poisoning and/or conditions that contribute to lead poisoning within the populations it serves based on the number and percent of children with high BLLS? (10 points)?
- b. Does the applicant justify the need for this program within its geographic area and adequately describe sub-populations at greatest risk for lead poisoning? (5 points)

ii. Approach (55 points):

Surveillance (total 46 points)

- a. Does the applicant adequately describe a surveillance system (new or modified existing system) that will collect, compile, and track lead hazards? Does the system allow for entry of people and addresses without a blood lead test? Does the system allow for multiple laboratory tests and addresses to be related to a single person over multiple years? (4 points)
- b. Does the applicant describe data dissemination to CDC and partners? (4 points)
- c. Does the applicant have data-sharing agreements in place with housing, code enforcement, and other health agencies? (4 points)

- d. Does the applicant describe their ability to be reimbursed by Medicaid and private insurance for case management/home visiting and environmental inspections and enforcement or a plan to ensure these services are reimbursed by the end of the first budget year? (4 points)
- e. Does the applicant describe their ability to use surveillance data to target appropriate population-based, primary prevention interventions in high risk areas by collaborating with housing rehabilitation, housing and health code enforcement, health care systems and early childhood and other educational agencies? (30 points)

Work Plan (total 9 points)

- a. Is the concept adequately developed, well-reasoned, and appropriate to the aim of the project? Is the plan adequate to carry out the proposed objectives for developing or enhancing and implementing the lead poisoning surveillance program? (3 points)
- b. Are the goals achievable based on the information provided? Have sound objectives been included that are consistent with the activities described in this announcement? (3 points)
- c. Are the proposed timeline and schedule feasible? (SMART: specific, measurable, applicable/appropriate, relevant, time-phased)? Do they include a specific plan for the first year of the project and a tentative work plan for years 2 and 3? (3 points)

ii. Evaluation and Performance Management: (20 points)

- a. Does the applicant provide a logic model that addresses the program as whole and includes inputs, activities of staff and strategic partners, outputs, objectives, and goals? (5 points)
- b. Does the applicant describe a program evaluation plan that includes
 - i. process and outcome indicators? (4 points)
 - ii. data collection and analysis strategies? (1 points)
 - iii. approaches to use evaluation findings to improve the quality, effectiveness, and efficiency of the program? (2 points)
 - iv. staff conducting evaluation? (1 points)
 - v. method of measuring the overall impact of the project in decreasing lead

hazards and promoting the health of the high-risk population? (7 points)

iii. Applicant's Organizational Capacity to Implement the Approach: (10 points)

- a. Do existing (or planned) key personnel have the necessary skills, abilities, and experiences to develop, implement carryout, and evaluate the project? (5 points)
- b. Does the applicant describe existing (or planned) staff roles in the development, implementation, and evaluation of the project, their specific responsibilities, and their level of effort and time commitment? (5 points)

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.

c. Phase III Review:

Applications will be funded in order by score and rank determined by the review panel. In addition, the demonstrated burden of lead poisoning in the applicant's jurisdiction may affect the funding decision.

2. Announcement and Anticipated Award Dates:

Anticipated Award Date: September 1, 2014

F. Award Administration Information

1. Award Notices:

Awardees will receive an electronic copy of the Notice of Award (NoA) from CDC PGO. The NoA shall be the only binding, authorizing document between the awardee and CDC. The NoA will be signed by an authorized GMO and e-mailed to the awardee 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 requirements outlined in 45 C.F.R. Part 74 or Part 92, as appropriate. Brief descriptions of relevant provisions are available at

www.cdc.gov/od/pgo/funding/grants/additional_req.shtm.

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

List applicable ARs – Determine which of the ARs apply and DELETE any that do not apply.

[Generally applicable ARs:

- AR-7: Executive Order 12372
- AR-9: Paperwork Reduction Act
- AR-10: Smoke-Free Workplace
- AR-11: Healthy People 2020
- AR-12: Lobbying Restrictions
- AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities
- AR-24: Health Insurance Portability and Accountability Act
- AR-25: Release and Sharing of Data
- AR-26: National Historic Preservation Act of 1966
- AR-29: Compliance with Executive Order 13513 (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
- AR-34: Patient Protection and Affordable Care Act (e.g., a tobacco-free campus policy and a lactation policy consistent with S4207)

For more information on the C.F.R., visit the National Archives and Records Administration at www.access.gpo.gov/nara/cfr/cfr-table-search.html.

3. Reporting

a. CDC Reporting Requirements:

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, particularly for cooperative agreements;
- Provides CDC with periodic data to monitor awardee progress toward meeting the FOA outcomes and overall performance goals;
- Allows CDC to track performance measures and evaluation findings to validate continuous 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.

As described in the following text, awardees must submit an annual performance report, ongoing performance measures data, administrative reports, and a final performance and financial report. A detailed explanation of any additional reporting requirements will be provided in the Notice of Award to successful applicants.

b. Specific reporting requirements:

i. Awardee Evaluation and Performance Measurement Plan: Awardees must provide a more-detailed evaluation and performance measurement plan within the first six months of the project. This more detailed plan must be developed by awardees as part of first-year project activities, with support from CDC. This more-detailed plan must build on the elements stated in the initial plan and must be no more than 25 pages. At a minimum, and in addition to the elements of the initial plan, this plan must

- Indicate how often evaluation and performance data are to be collected.
- Describe how data will be reported.
- Describe how evaluation findings will be used to ensure continuous quality and program improvement.
- Describe how evaluation and performance measurement will yield findings that will demonstrate the value of the FOA (e.g., effect on improving public health outcomes; effectiveness of the FOA as it pertains to performance measurement, cost-effectiveness, or cost-benefit).
- Describe dissemination channels and audiences (including public dissemination).
- Describe other information requested and as determined by the CDC program.

When developing evaluation and performance measurement plans, applicants are encouraged to use the Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide (available at www.cdc.gov/eval/guide/index.htm).

ii. Annual Performance Report: This report must not exceed 45 pages excluding administrative reporting; attachments are not allowed but weblinks are allowed.

The awardee must submit the Annual Performance Report via www.grants.gov 120 days before the end of the budget period. In addition, the awardee must submit an

annual Federal Financial Report within 90 days after the end of the calendar quarter in which the budget year ends.

The Annual Performance Report must include the following:

- **Performance Measures** (including outcomes)—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 any data about the effects of the program).
- **Work Plan** —Awardees must update the work plan each budget period.
- **Successes**
 - Awardees must report progress on completing activities outlined in the 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 might affect their ability to achieve annual and project-period outcomes, conduct performance measures, or complete the activities in the work plan.
 - 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 achieving annual and project-period outcomes and performance measures and completing activities outlined in the work plan.
- **Administrative Reporting** (No page limit)
 - SF-424A Budget Information—Non-Construction Programs.
 - Budget Narrative—must use the format outlined in the Content and Form of Application Submission, Budget Narrative section of this FOA___?.
 - Indirect Cost-Rate Agreement.

This report must not exceed 35 pages excluding the work plan and administrative reporting.

Any carryover request must

- Express a bona fide need for permission to use an unobligated balance;
- Include a signed, dated, and accurate Federal Financial Report (FFR) for the budget period from which funds will be transferred (as much as 75% of unobligated balances); and
- Include a list of proposed activities, an itemized budget, and a narrative justification for those activities.

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

iii. Performance Measure Reporting: CDC programs must require awardees to submit performance measures at least annually and may require reporting more frequently. Performance measure reporting must be limited to data collection. When funding is awarded initially, CDC programs must specify the required reporting frequency, data fields, and format.

iv. Federal Financial Reporting (FFR): The annual FFR form (SF-425) is required and must be submitted through eRA Commons² within 90 days after each budget period ends. The report must include only those funds authorized and disbursed during the timeframe covered by the report. The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. The final FFR expenditure data and the Payment Management System's (PMS) cash transaction data must correspond; no discrepancies between the data sets are permitted. Failure to submit the required information by the due date may affect adversely future funding of the project. If the information cannot be provided by the due date, awardees are required to submit a letter of explanation and include the date by which the information will be provided.

v. Final Performance and Financial Report: At the end of the project period, awardees must submit a final report including a final financial and performance report. This report is due 90 days after the project period ends. (CDC must include a page limit for the report, with a maximum of 40 pages).

At a minimum, this report must include

²<https://commons.era.nih.gov/commons/>

- Performance Measures (including outcomes)—Awardees must report final performance data for all performance measures for the project period.
- Evaluation Results—Awardees must report final evaluation results for the project period.
- Impact/ Results—Awardees must describe the effects or results of the work completed over the project period, including success stories.
- Additional forms as described in the Notice of Award, including Equipment Inventory Report and Final Invention Statement.
- FFR (SF-425).

Awardees must email the report to the CDC Project Officer and the Grants Management Specialist listed in the Agency Contacts section of this FOA.

General Provisions Title II

Section 203 - Cap on Researcher Salaries

None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II; reduced from \$199,700 to \$179,700 effective December 23, 2011.

Section 217 - Gun Control Prohibition

None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.

Section 220 - Prevention Fund Reporting Requirements

Prevention Fund Reporting Requirements: This award requires the grantee to complete projects or activities which are funded under the Prevention and Public Health Fund (PPHF) (Section 4002 of Public Law 111-148) to report on use of PPHF funds provided through this award. Information from these reports will be made available to the public.

Grantees awarded a grant, cooperative agreement, or contract from such funds with a value of \$25,000 or more shall produce reports on a semi-annual basis with a reporting cycle of January 1 - June 30 and July 1 - December 31; and email such reports to the CDC website (template and point of contact to be provided after award) no later than 20 calendar days after the end of each reporting period (i.e. July 20 and January 20, respectively). Grantee reports must reference the NoA number and title of the grant, and include a summary of the activities undertaken and identify any sub-awards (including the purpose of the award and the identity of

each sub-recipient).

Responsibilities for Informing Sub-recipients: Grantees agree to separately identify each sub-recipient, document the execution date sub-award, date(s) of the disbursement of funds, the Federal award number, any special CFDA number assigned for PPHF fund purposes, and the amount of PPHF funds. When a grantee awards PPHF funds for an existing program, the information furnished to sub-recipients shall distinguish the sub-awards of incremental PPHF funds from regular sub-awards under the existing program.

General Provisions, Title V

Section 503 - Proper Use of Appropriations - Publicity and Propaganda [LOBBYING] FY2012 Enacted

(a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation of the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.

(b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay 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 the Congress or any State government, State legislature or local legislature or legislative body, other than normal and recognized executive legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

(c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending, or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

Section 253 - Needle Exchange

Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

General Provisions, Title IV

Section 738 - Funding Prohibition - Restricts dealings with corporations with recent felonies

None of the funds made available by this Act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to any corporation that was convicted (or had an officer or agent of such corporation acting on behalf of the corporation convicted) of a felony criminal violation under any Federal or State law within the preceding 24 months, where the awarding agency is aware of the conviction, unless the agency has considered suspension or debarment of the corporation, or such officer or agent, and made a determination that this further action is not necessary to protect the interests of the Government.

Section 739 - Limitation Re: Delinquent Tax Debts - Restricts dealings with corporations with unpaid federal tax liability

None of the funds made available by this act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to, any corporation that any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability, where the awarding agency is aware of the unpaid tax liability, unless the agency has considered suspension or debarment of the corporation and made a determination that this further action is not necessary to protect the interests of the Government.

Section 433 - Funding Prohibition - Restricts dealings with corporations with recent

felonies

None of the funds made available by this Act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to, any corporation that was convicted (or had an officer or agent of such corporation acting on behalf of the corporation convicted) of a felony criminal violation under any Federal law within the preceding 24 months, where the awarding agency is aware of the conviction, unless the agency has considered suspension or debarment of the corporation, or such officer or agent and made a determination that further action is not necessary to protect the interests of the Government.

Section 434 - Limitation Re: Delinquent Tax Debts - Restricts dealings with corporations with unpaid federal tax liability

None of the funds made available by this Act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to, any corporation with respect to which any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability, unless the agency has considered suspension or debarment of the corporation and made a determination that this further action is not necessary to protect the interests of the Government.

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

The FFATA and Public Law 109-282, which amends the FFATA, require full disclosure of all entities and organizations that receive federal funds including awards, contracts, loans, other assistance, and payments. This information must be submitted through the single, publicly accessible website, www.USASpending.gov.

Compliance with these mandates is primarily the responsibility of the federal agency. However, two elements of these mandates require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the System for Award Management; and 2) similar information on all subawards, subcontracts, or consortiums for greater than \$25,000.

For the full text of these requirements, see www.gpo.gov/fdsys/browse/collection.action?collectionCode=BILLS.

G. Agency Contacts

CDC encourages inquiries concerning this FOA.

For programmatic technical assistance, contact:

Kimball F. Credle
Project Officer
Division of Emergency and Environmental Health Services
National Center for Environmental Health, CDC
Email: kfc2@cdc.gov
Office phone: (770) 488-3643

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

Glynnis Taylor, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS K69
Atlanta, GA 30341
Telephone: 770-488-2752
Email: gld1@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 Procurement and Grants Office
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700
E-mail: pgotim@cdc.gov

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

H. Other Information

CDC/NCEH/Lead website: www.cdc.gov/nceh/lead/about/program.htm

Following is a list of acceptable attachments that applicants can upload as PDF files as part of their applications 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
- Work Plan
- Table of Contents for Entire Submission
- Resumes/CVs
- Organizational Charts
- Nonprofit Organization IRS Status Forms, if applicable
- Indirect Cost Rate, if applicable
- Memorandum of Agreement (MOA)
- Memorandum of Understanding (MOU)
- Bona Fide Agent Status Documentation, if applicable

I. Glossary

CDC may add to glossary.

Administrative and National Policy Requirements, Additional Requirements (ARs):

Administrative requirements found in 45 CFR Part 74 and Part 92 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 www.cdc.gov/od/pgo/funding/grants/additional_req.shtm.

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 catalog published twice a year that describes domestic assistance programs administered by the federal government. This catalog lists projects, services, and activities that provide assistance or benefits to the American public. This catalog is available at

<https://www.cfda.gov/index?s=agency&mode=form&id=0bebbc3b3261e255dc82002b83094717&tab=programs&tabmode=list&subtab=list&subtabmode=list>.

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 that establishes a binding, legal procurement relationship between CDC and a recipient and obligates the recipient to furnish a product.

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.

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: An assistance support mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. Direct assistance generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines (<http://intranet.cdc.gov/ostlts/directassistance/index.html>).

DUNS: The Dun and Bradstreet 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>.

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.

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: www.whitehouse.gov/omb/grants_spoc/.

Letter of Intent (LOI): A preliminary, nonbinding 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. Grassroots 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.

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 nongovernment 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.

New FOA: Any FOA that is not a continuation or supplemental award.

Nongovernment Organization (NGO): Any nonprofit, voluntary citizens' group that is organized on a local, national, or international level.

Notice of Award (NoA): The only binding, authorizing document between the recipient and CDC that confirms issue of award funding. The NoA will be signed by an authorized GMO and provided to the recipient fiscal officer identified in the application.

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.

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 observable benefits or changes for populations or public health capabilities that will result from a particular program strategy.

Plain Writing Act of 2010: 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: Public health interventions or public health capabilities.

Program Official: Person responsible for developing the FOA; can be 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): National, nonprofit organization that improves tribal, state, local, territorial, and U.S. public health departments and strengthens their quality and performance through accreditation.

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 prefill organizational information on grant applications.

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. *Black’s Law Dictionary 2 Kent, Comma 450.*

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

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 annual strategies and activities, personnel and/or partners who will complete them, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.