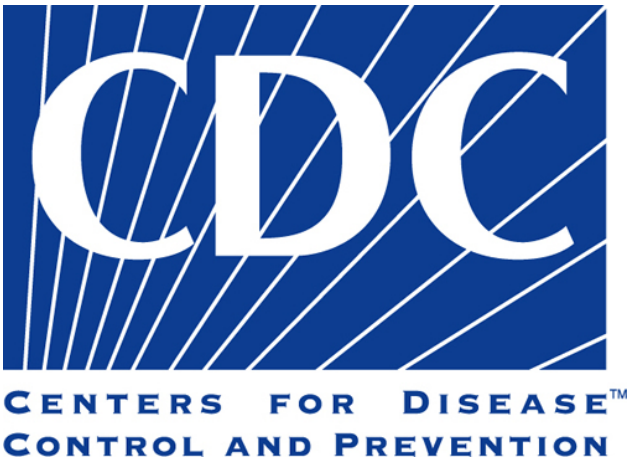

Centers for Disease Control and Prevention

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

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

CDC-RFA-TS-23-0001

12/09/2022

Table of Contents

Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-TS-23-0001. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Agency for Toxic Substances and Disease Registry (ATSDR)

B. Notice of Funding Opportunity (NOFO) Title:

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

C. Announcement Type: New - Type 1:

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For this purpose, research is defined at https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf. Guidance on how CDC interprets the definition of research in the context of public health can be found at https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html (See section 45 CFR 46.102(d)).

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-TS-23-0001

E. Assistance Listings Number:

93.240

F. Dates:

1. Due Date for Letter of Intent (LOI):

The LOI date will generate once the Synopsis is published if Days or a Date are entered.

Recommended but not Required

Letter of Intent due date: 10/28/2022 **(recommended but not required)**.

2. Due Date for Applications:

12/09/2022

11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:

Call-in details for the Informational Conference Call will be posted to https://www.atsdr.cdc.gov/states/ no later than October 7, 2022. This web site may be updated periodically with additional information and/or materials.

F. Executive Summary:

Summary Paragraph

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

APPLETREE facilitates the implementation of state-level Choose Safe Places for Early Care and Education (CSPECE) programs to ensure that potential early care and education facilities are located in areas free from harmful environmental exposures. APPLETREE recipients will improve the health assessment process through strengthening local connections and partnerships, engagement of communities, and implementation of public health recommendations.

a. Eligible Applicants:

Open Competition

b. NOFO Type:

CA (Cooperative Agreement)

c. Approximate Number of Awards

34

Component 1: 34

Component 2: Up to 10 (as funding is available)

d. Total Period of Performance Funding:

$73,250,000

e. Average One Year Award Amount:

$420,000

Component 1: $420,000

Component 2: $185,000, subject to the availability of funds

f. Total Period of Performance Length:

5

g. Estimated Award Date:

h. Cost Sharing and / or Matching Requirements:

No

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

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

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

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

In 2017, ATSDR launched the Choose Safe Places for Early Care and Education (CSPECE) initiative under Notice of Funding Opportunity (NOFO) number CDC-RFA-TS17-1701 to prevent harmful exposures among children before they occur. Newly licensed ECE programs might inadvertently open in places where children and staff could be exposed to environmental contamination. CSPECE helps prevent new ECE locations from being sited in potentially harmful locations through improvements in data use, education, partnership building, and other activities. Several state programs demonstrated CSPECE is effective at preventing ECEs from being located at sites that risk harmful environmental exposures. This NOFO builds on previous efforts of developing CSPECE programs where there were none and expanding existing programs.

ATSDR’s goals are to expand capabilities by translating science into tools and actions that individuals, communities, and organizations apply to identify, reduce, or prevent health effects from exposures to hazardous substances. This NOFO also seeks to support innovative, non-site-specific activities to contribute to ATSDR’s capacity and prevention mission. Such efforts can

increase the efficiency of activities and expand reach to more communities, thereby increasing public health impact.

The primary purpose of this NOFO is to prevent harmful environmental exposures and related health effects through site health assessments, community engagement activities, and prevention activities.

- Component 1 Strategy A includes site assessment and community engagement, and all applicants are required to apply for this strategy.
- Component 1 Strategy B is optional and includes Choose Safe Places for Early Care and Education.
- Component 2 is optional and focused on capacity development and applied prevention science.

b. Statutory Authorities

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

c. Healthy People 2030

This program addresses the Environmental Health topic area of the Healthy People 2030 objective.

d. Other National Public Health Priorities and Strategies

The purpose and goals of the funding are consistent with the mission of ATSDR to serve the public by using the best available science, take responsive public health actions, and provide trusted health information to prevent harmful exposures and health effects related to toxic substances (http://www.atsdr.cdc.gov/).

e. Relevant Work

In 2017, APPLETREE included a new prevention strategy, Choose Safe Places for Early Care and Education (CSPECE), where recipients developed pilot programs in their state to encourage the safe siting of childcare facilities. By 2022, most APPLETREE recipients fully implemented CSPECE programs and developed plans for long-term sustainability. This new funding cycle builds on ATSDR's past program activities, successes, and innovations to support additional activities that contribute to preventing harmful environmental exposures and related health effects.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-TS23-2301 Logic Model: APPLETREE

Bold indicates a period of performance outcome.

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes

Component 1: Core Activities **<u>Required Strategy A) Site Assessment and Community Engagement</u>** Conduct site-specific assessments Educate community, stakeholders, and health professionals on site-related risks and recommendations Identify, develop, and maintain partner and stakeholder relationships to support activities	**Timely dissemination of site-specific findings to partners, stakeholders, and community members** **Increased partner buy-in and acceptance of recommendations** Increased community, stakeholder, and health professional knowledge of site-related risks and recommendations	**Increased implementation of recipient recommendations to reduce, eliminate, or prevent exposures by regulatory agencies, and/or individuals** Increased actions by community members to protect themselves from site-related hazards **Decreased or eliminated site-related exposures**	**Decreased, eliminated, or prevented exposures to hazardous chemicals** Decreased, eliminated, or prevented exposure-related health effects **Increased collection of evidence on effective practices, policies, and processes for preventing exposure**
Component 1: **<u>Optional Strategy B) Choose Safe Places for Early Care and Education (CSPECE)</u>** <u>For new recipients funded under TS23-2301</u> Define childcare landscape Form partnerships to support program development and implementation Create strategic	**Increased buy in and support from broad array of partners** **Increased stakeholder/partner knowledge of ECE siting issues and recommendations to prevent exposure** **Increased understanding of barriers and facilitators for safe siting** **Enhanced and/or**	**Increased stakeholder practices to reduce hazardous exposure among children** **Increased process, systems, and policy changes to support exposure prevention** Increased understanding of actions to enhance and/or expand program Improved efficiency and quality of	Increased capacity of individuals, communities, and organization to identify, reduce, and eliminate exposure Improved infrastructure and capacity for sustainability of programs

program plan Pilot and apply lessons learned Educate target populations Screen ECE locations and respond to screening results Implement process, systems, or policy changes <u>For previously funded recipients under TS20-2001</u> Enhance program capabilities to maintain multi-sector partnerships, sustain program, and promote the safe siting of ECE locations	**expanded CSPECE programs** Increased partner commitment to CSPECE program **Enhanced infrastructure among partners to sustain CSPECE program**	programs **Increased practices of partners to manage CSPECE program independently**	
Component 2: **<u>Optional Capacity Development and Applied Prevention Science</u>** Build local, state, and tribal nation capabilities to identify, reduce, or prevent health effects from exposures to hazardous substances	**Increased knowledge among target audience to identify, reduce, or prevent health effects from exposure to hazardous substances**	**Increased actions among target audience to identify, reduce, or prevent health effects from exposure to hazardous substances**	

i. Purpose

The purpose of APPLETREE is to protect public health by increasing recipient capacity to 1) respond to threats of human exposure to hazardous substances in the environment, 2) engage communities about site contamination and potential health effects, and 3) implement activities to address local environmental health issues of concern.

ii. Outcomes

Programs are expected to demonstrate measurable progress in short-, intermediate-, and long-term outcomes listed in **bold** in the logic model. Expected program outcomes listed below are required for both components.

Short-Term Outcomes:

- 1.1 Timely dissemination of site-specific findings to partners, stakeholders, and community members (Component 1: Strategy A)
- 1.2 Increased partner buy-in and acceptance of recommendations (Component 1: Strategy A)
- 1.3 Increased buy in and support from broad array of partners (Component 1: Strategy B)
- 1.4 Increased stakeholder/partners knowledge of ECE siting issues and recommendations to prevent exposure (Component 1: Strategy B)
- 1.5 Increased understanding of barriers and facilitators for safe siting (Component 1: Strategy B)
- 1.6 Enhanced and/or expanded CSPECE programs (Component 1: Strategy B)
- 1.7 Enhanced infrastructure among partners to sustain CSPECE program (Component 1: Strategy B)
- 1.8 Increased knowledge among target audience to identify, reduce, or prevent health effects from exposure to hazardous substances (Component 2)

Intermediate Outcomes:

- 2.1 Increased implementation of recipient recommendations to reduce, eliminate, or prevent exposures by regulatory agencies, and/or individuals (Component 1: Strategy A)
- 2.2 Decreased or eliminated site-related exposures (Component 1: Strategy A)
- 2.3 Increased stakeholder practices to reduce hazardous exposure among children Component 1: Strategy B)
- 2.4 Increased process, systems, and policy changes to support exposure prevention (Component 1: Strategy B)
- 2.5 Increased practices of partners to manage CSPECE program independently (Component 1: Strategy B)
- 2.6 Increased actions among target audience to identify, reduce, or prevent health effects from exposure to hazardous substances (Component 2)

Long-Term Outcomes:

- 3.1 Decreased, eliminated, or prevented exposures to hazardous chemicals (all Strategies for Component 1 and Component 2)

- 3.2 Increased collection of evidence on effective practices, policies, and processes for preventing exposure (all Strategies for Component 1 and Component 2)

iii. Strategies and Activities

COMPONENT 1: Core Activities (required)

The Core Activities component of the program supports two strategies: Strategy A (Site Assessment and Community Engagement) and Strategy B (CSPECE). Applicants are required to propose activities under Strategy A, and Strategy B is optional.

Strategy A (required): Site Assessment and Community Engagement

Strategy A1. Conduct site-specific health assessments and provide recommendations to prevent, reduce, or eliminate harmful exposures. In order to achieve the outcomes listed above, recipients must conduct environmental health assessment activities at hazardous waste sites. Hazardous waste sites may include, but are not limited to,:

- National Priorities List (NPL),
- Petition,
- Comprehensive Environmental Response, Compensation, and Liability Information System (CERCLIS),
- State-identified,
- RCRA,
- Brownfields, and
- Other sites or releases within the recipient's jurisdiction.

Environmental health assessments (public health assessments and health consultations or HCs) are focused responses to a specific question or request for information about health risks posed by a specific site, chemical release, hazardous material, or emergency response actions. Recipients lead site assessments for all requests that ATSDR or the recipient receives in their jurisdiction. In the assessment of hazardous exposures, recipients are required to follow ATSDR's policy and guidance including, but not limited to, procedures and tools in ATSDR's:

- Public Health Assessment Guidance Manual (PHAGM) and exposure dose guidance documents. Environmental health assessments will include information described in the PHAGM such as available environmental sampling data, demographic characterizations, community health concerns, health equity, and health outcome data reviews where appropriate. Recipients must conduct environmental health assessments in a public health assessment or health consultation (standard or letter) format. As part of the environmental health assessment process, recipients should use data, indices, and geospatial tools (e.g., CDC's Social Vulnerability Index or Environmental Justice Dashboard; ATSDR's Environmental Justice Index; and EPA's MyEnvironment and EJScreen) to better understand community characteristics and environmental health burden.
- Public Health Assessment Site Tool (PHAST) that contains ATSDR's health-based comparison values and health guidelines, such as minimal risk levels. All documents in which specific exposures are evaluated are required to use PHAST guidelines and procedures. State (or other agency/organization) derived screening values may be used if

the values are more conservative or more protective of public health or if an ATSDR-derived comparison value is not available. Technical Project Officers (TPOs) will assist recipients with obtaining PHAST access.

Recipients are required to follow APPLETREE certified and non-certified procedures for products. Certified PHAs and HCs (standard and letter) will be cleared through ATSDR's internal review and clearance process, released with an ATSDR cover page, and posted to ATSDR's web site. ATSDR certifies PHAs and HCs for the following sites:

- NPL (proposed and/or listed)
- ATSDR-accepted petition

The decision to certify documents are subject to change throughout the period of performance. The APPLETREE Program Officer will communicate in writing any changes to the aforementioned certification criteria or site scoping requirements. Site scoping meetings are also required for certified PHAs and HCs. Recipients are required to request and address all comments from external stakeholders (e.g., recipient's leadership staff and other agencies) before submitting the certified document to the TPO for preclearance review. Certified PHAs and HCs will be posted to ATSDR's web site no later than 60 days after final ATSDR clearance. Recipients will work with their TPO and ATSDR staff to ensure that certified documents are 508-compliant before public release and posting on ATSDR's web site. Recipients are required to send non-certified PHAs and HCs to the TPO for approval before the recipients release the document to the public.

Exposure Investigations (EIs) may be conducted as part of the public health assessment process to fill data gaps and better define site-specific human exposures. EIs may include the collection of environmental and biological data. EIs using APPLETREE funds require approval from ATSDR's Technical Project Team and EI Program staff as well as written approval from the APPLETREE Program Officer. Protocols for EIs using APPLETREE funds must complete ATSDR's clearance process. For the purposes of this program, the state, recipient agency, or the ATSDR Office of Science must also designate EIs "nonresearch". Recipients are encouraged to work with state environmental labs when conducting exposure investigations. Recipients are required to use a PHA or HC format to summarize EI procedures and findings.

ATSDR periodically receives petitions from community members requesting ATSDR to investigate a particular site. Recipients will provide any available data to assist ATSDR in deciding how to respond to petitions. Recipients will review existing information including environmental data pertaining to a site or release identified in a petition. Recipients will conduct health consultations or appropriate public health assessment activities for ATSDR-accepted petition sites.

Conducting exposure assessments, health studies, cancer incidence analyses, cancer cluster investigations, epidemiological studies, risk assessments, and alternative health assessment products are not authorized under this NOFO. Recipients will also respond promptly to ATSDR's requests for information about the program, including information needed for congressional inquiries/testimony, program evaluation, and other reporting.

Strategy A2. Educate community, stakeholders, and health professionals on site-specific

environmental exposures and risks to human health. Recipients are required to lead effective community engagement activities for all site assessment activities. Effective community engagement activities will incorporate the nine principles outlined in the CDC/ATSDR Principles of Community Engagement manual. For more information, see the CDC/ATSDR Committee on Community Engagement (Principles of Community Engagement (Second Edition) 2011, Public Health Practice Program Office, Centers for Disease Control and Prevention, Atlanta, GA). Recipients are expected to follow the Public Health Assessment Guidance Manual to evaluate sites and involve communities in the public health assessment process. The use of additional resources including the ATSDR's Community Engagement Playbook, Communication Toolkit, and Community Stress Resource Center are encouraged. When appropriate, recipients may consider using additional strategies for engaging communities, including the ATSDR Action Model and the National Association of County and City Health Officials/CDC Protocol for Assessing Community Excellence in Environmental Health (PACE EH). Recipients are required to:

- Prepare health education and community involvement materials that are accessible and inclusive of underserved populations and people with disabilities.
- Participate in local, state, federal, and tribal health and environmental workshops and community meetings to discuss and respond to questions concerning a particular site's impact on public health.
- Conduct soil Screening, Health, Outreach and Partnership (soilSHOP) events, as appropriate, as part of their health education efforts in communities where lead in soil is a potential health concern.

Health education activities should focus on ensuring that community members understand the findings of health assessments and where applicable, adopt behavioral changes that will reduce harmful environmental exposures and improve health. Applicants should describe strategies for effectively engaging communities and other stakeholders and ensuring communication materials are effective. Health education materials to healthcare providers should focus on ensuring that patients seeking care related to environmental exposures are appropriately evaluated and treated. Health education should also support the consideration of environmental exposure-related etiologies in patient care.

Strategy A3. Identify, develop, and maintain partner and stakeholder relationships to support these activities. Details of expected collaborative efforts are outlined in the Collaborations section.

Major Activities	**Recommended Sub-Activities**
Activities specified within the logic model to support overall strategy	ATSDR provided recommended sub-activities that recipients can engage in to advance strategies below. Some sub-activities are standard practices for an activity, but many are not required and only suggestions. Applicants may propose actions that are not listed below if they advance the strategy and make progress toward achieving logic model outcomes. *Evidence should be provided to justify how actions support the overall strategy.*

Major Activities	Recommended Sub-Activities
Conduct site-specific health assessments	Develop work plan based on requests for involvement and state landscape of the following: NPL, ATSDR-accepted petition, Comprehensive Environmental Response, Compensation, and Liability Information System (CERCLIS), state-identified, RCRA, Brownfields, and other redevelopment sites and facilities or releases within the recipient's jurisdiction
	Work with Technical Project Officers to prioritize sites. Recipients should prioritize work at NPL (proposed and/or listed) sites, ATSDR-accepted petition sites, sites of greatest public health significance as identified by ATSDR, and sites deemed an ATSDR priority
	Identify/assess site needs and match needs to a plan of activities
	Evaluate exposure pathways
	Evaluate exposures and human health effects
	Identify appropriate interventions or recommendations, and follow-up on all recommendations provided to policy makers, regulatory agencies, and individuals, within one year of recommending public health actions
	Engage in capacity building opportunities to improve quality and efficiency, such as participating in relevant training and skill building opportunities
Educate community, stakeholders, and health professionals on site-related risks and recommendations	Use tools, data, and public health assessment guidance to identify communities underserved or disproportionately impacted by site exposures
	Assess community site-specific health education needs and applicable educational strategies to meet needs
	Participate in local, state, federal, and tribal health and environmental workshops and community meetings to discuss and respond to questions concerning a particular site's impact on public health
	Provide other direct education concerning a particular site's impact on public health (e.g., one-on-one or group education such as phone calls, emails, Community Advisory Group meetings, web-based or conference call education, site visits, or other education involving direct instruction)
	Create and provide indirect educational materials through outlets such as paper material distribution (e.g., flyers, brochures, fact sheets), web-based material distribution

Major Activities	Recommended Sub-Activities
	(e.g., blog posts, social media, webpage posts), or television, radio, or newspaper
	Use resources such as ATSDR's Community Engagement Playbook, Community Engagement Planning Tool, and Communication Toolkit to promote best practices in communication strategies
	Host soilSHOP events when lead in soil is a potential health concern
	Respond to written or verbal requests for environmental public health technical and/or educational information and document response in a written form. *Technical assistance should not draw a public health conclusion or comment on another entity's health conclusion.*
Identify, develop, and maintain partner and stakeholder relationships to support activities	Identify relevant environmental, regulatory, policy, and other partners to support and advance activities
	Foster commitment with partners to support activities
	Engage in consistent communication to maintain and strengthen partnerships
	Engage in collaborative activities with partners that meet common goals

Strategy B (optional): Choose Safe Places for Early Care and Education (CSPECE)

The primary goal of CSPECE is to prevent exposures to hazardous substances at prospective childcare locations before an ECE is licensed. Applicants that choose to participate in CSPECE for the 5-year period of performance must select and clearly indicate either option 1 or 2 below in their application. Applicants should also include one combined budget for Component 1 Strategies A and B in their application that has line items for Component 1 Strategy B expenses. Applicants must receive an award for Component 1 Strategy A to receive funding for Component 1 Strategy B. Applicants should list activities in a work plan table and provide a narrative overview of their Choose Safe Places for Early Care and Education program plans.

1. For new recipients funded under TS23-2301:

Recipients will develop a CSPECE program in their jurisdiction using ATSDR guidance. The following activities are recommended milestones for the 5-year period of performance:

- April 2023 - December 2023: Define the landscape for safe siting of childcare centers within the recipient's boundaries and form partnerships, including non-federal advisory committees.
- January 2024 - December 2024: Develop a program plan for safe siting of childcare centers that include operation, training, data, and evaluation needs, as well as roles and responsibilities.

- January 2025 - December 2025: Implement a pilot program that tests the feasibility and scalability of the program plan. Identify lessons learned to improve CSPECE program.
- January 2026 - March 2028: Fully implement, maintain, and enhance CSPECE program.

Major Activities	Recommended Sub-Activities
Activities specified within the logic model to support overall strategy	ATSDR provided recommended sub-activities that recipients may engage in to advance strategies below. Some sub-activities are standard practices for an activity or suggestions. Applicants may propose actions that are not listed below if they advance the strategy and make progress toward achieving logic model outcomes. Evidence should be provided to justify how actions support the overall strategy.
Define childcare landscape	Quantify Early Care and Education (ECE) programs and populations in the state
	Identify state ECE licensing process and policies
	Identify state intersection of ECE licensing and environmental health
	Identify governmental and non-governmental stakeholders of ECE licensing programs and how they could be involved in ECE licensing
	Identify data sources that could be used to foster a CSPECE program
Form partnerships to support program development and implementation	Identify relevant childcare, licensing, environmental, health, academic, zoning, planning, non-governmental, and other partners to support and advance activities
	Foster commitment with partners to support activities
	Proactively engage in consistent communication to maintain and strengthen partnerships
	Engage in collaborative activities with partners that meet common goals
	Engage in activities that foster sustainability such as building partner capacity
Create strategic program plan	Establish overall goals and SMART (Specific, Measurable, Achievable, Relevant, Time-framed) goals for your program
	Describe how the state program will operate
	Describe education and training the program will conduct
	Describe the data and processes the program will use to identify proposed ECEs that have potential harmful environmental exposure
	Describe partnerships the program will support
	Describe data the program will collect

Major Activities	Recommended Sub-Activities
Pilot and apply lessons learned	Implement pilot plan
	Use lessons learned to inform program improvements
Educate target populations	Conduct training on the importance of safe siting of ECE programs and environmental risks
	Disseminate outreach materials to raise awareness about CSPECE
Screen ECE locations and respond to screening results	Develop approaches (e.g., mapping) to identify proposed ECE locations and potential environmental health issues
	Gather relevant property and environmental data
	Communicate results to appropriate parties
	Make recommendations to prevent or reduce environmental exposures
Implement process, systems, or policy changes	Create procedure for evaluating and referring potentially problematic sites
	Explore opportunities to change policies and procedures at the local, state, and federal level

2. For recipients previously funded under TS20-2001:

Building upon CSPECE programs developed under the previous APPLETREE NOFO, applicants will provide and implement a 5-year plan for maintaining, enhancing, and sustaining their CSPECE program. In this plan, applicants are expected to describe what activities they intend to implement, including activities such as screening, education, response actions, process or policy change, and any other innovative activities that support the goals of CSPECE. Applicants should include a sustainability section in their plan that describes how they will maintain their program long-term, including key partnerships with roles and commitments, infrastructure and resources, capacity building activities, and potential adaptations or changes. The plan should include measurable milestones for each year in the period of performance to achieve CSPECE program goals.

Applicants should:

- Provide a description of relevant background information, including the state-specific context of the problem and target audience. Applicants should provide a 2-3 sentence purpose/goal for their program.
- Provide a concise description of the strategies and activities, outcomes expected to be achieved, and year to year benchmarks.
- Describe activities focused on preventing exposures to hazardous substances at prospective childcare locations before an ECE is licensed.

COMPONENT 2 (optional): Capacity Development and Applied Prevention Science

ATSDR builds capabilities by translating science into tools and actions that individuals, communities, and organizations apply to identify, reduce, or prevent health effects from

exposures to hazardous substances. Proposals made under this Component should promote the ATSDR's mission. Applicants can address up to three of the following Focus Areas advanced by their proposal:

- Partner with internal and external stakeholders to incorporate health equity perspectives into new or existing environmental health programs, policies, and practices
- Promote partnerships, strategies, and tools to support environmental exposure and health equity education to health care providers
- Develop new and accessible strategies to support underserved, tribal, and/or indigenous communities disproportionately impacted by adverse environmental outcomes
- Develop model(s) and/or protocol(s) for successful coordination between APPLETREE, cancer registry, environmental, and other internal health agency partners to address community cancer concerns
- Build capacity in impacted communities to respond to harmful environmental exposures resulting from locally driven hazards such as contaminated site flooding, drought-related dust, wildfire smoke, or other weather-related impacts

Applicants should:

- Describe, in 2-3 sentences, specifically how their application will address the Focus Area(s) for which activities are being proposed.
- Describe relevant background information that includes the context of the issue being addressed, nationally and in the applicant's jurisdiction.
- Identify the outcomes they expect to achieve by the end of the period of performance. Outcomes are the results that the program intends to achieve. All outcomes must indicate the intended direction of change (e.g., increase, decrease, maintain).
- Provide a clear and concise description of the strategies and activities they will use to achieve the period-of-performance outcomes.
- Describe how the interventions to be improved or evaluated target high-risk groups to achieve the greatest health impact, as described in the "Target Populations" section of this NOFO.

1. Collaborations

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

Recipients are required to collaborate with other CDC and ATSDR cooperative agreement and/or grant programs to identify common needs, promote resource and information sharing to assure review of documents in order to advance ATSDR goals and facilitate public health actions to improve the health of communities. For Components 1 and 2, applicants are required to describe how existing or potential collaborations with other CDC-funded programs and organizations could assist the recipient in implementing activities and achieving the NOFO outcomes. These programs include, but are not limited to,: Pediatric Environmental Health Specialty Units (PEHSU), Safe Water for Community Health (Safe WATCH), National Environmental Public Health Tracking Program, and Childhood Lead Poisoning Prevention Program. Applicants must

file the letters of support, memorandums of understanding, and/or memorandums of agreement (MOUs/MOAs), name the file "Letters of Support" or "MOUs/MOAs", and upload it as a PDF file at www.grants.gov.

b. With organizations not funded by CDC:

Component 1 and 2 recipients are required to collaborate with the appropriate federal (e.g., U.S. Environmental Protection Agency), state agencies, local health departments, environmental laboratories, and community groups to identify common needs, promote resource and information sharing to advance ATSDR goals, and facilitate public health actions to improve the health of communities. Collaborative relationships may include entities supporting various areas such as public health, geographic information systems, childcare licensing, health equity, and children's environmental health. Applicants should:

- Describe specific examples of successful partnerships and collaborations between the applicant and environmental regulatory agencies and communities in achieving the desired outcome of reducing exposure to hazardous chemicals in the environment. Strong applicants will demonstrate effective communications in getting the environmental regulatory agencies and communities to accept public health recommendations from the applicant. Specific outcomes achieved should be included.
- Include two letters of support (dated between July 1, 2022, and December 9, 2022) from environmental regulatory agencies, community groups, state environmental labs, or federal/state/local/tribal agencies that detail the applicant's role and success with reducing exposure to hazardous chemicals in the environment and engaging communities. Applicants should explain collaborations with other groups that could assist them in implementing activities.
- Include one letter of support (dated between July 1, 2022, and December 9, 2022) from their program or leadership staff (e.g., Director, Principal Investigator) stating their intent to follow ATSDR's guidance (e.g., the use of comparison values, public health assessment guidance document certification), policies, and procedures (e.g., ATSDR clearance and release of HCs/PHAs) in carrying out the cooperative agreement goals and objectives.

Applicants must file the letters of support, MOUs, or MOAs, name the file "Letters of Support" or "MOUs/MOAs", and upload it as a PDF file at www.grants.gov**.** For Component 1 Strategy B (CSPECE), recipients should seek to build both internal and external partnerships to ensure the sustainability of CSPECE in their jurisdiction beyond this period of performance.

2. Target Populations

ATSDR's mission is to protect communities from harmful health effects from exposure to hazardous waste and hazardous materials spills. Therefore, the target population for this NOFO is anyone previously, currently, or potentially exposed to existing or emerging environmental health threats, particularly sensitive subpopulations including children, the elderly, and people with disabilities. Children attending early care and education (ECE) facilities and stakeholders involved in the licensing, siting, and operation of ECE facilities are specifically targeted in Component 1 Strategy B. Additionally, as part of the Component 2 activities described herein, any public health entity, national organization, academic institution, medical system, or non-profit organization that potentially plays a part in increasing the capacity of state, local, tribal or

territorial health agencies to respond to, investigate, or prevent harmful exposures are potential targeted populations.

a. Health Disparities

This NOFO supports efforts to improve the lives of populations disproportionately affected by harmful environmental exposures. Recipients must consider under-served populations such as tribal nations, people with disabilities, rural populations, and populations where English is a second language when conducting activities. Recipients will use ATSDR's public health assessment and community engagement guidance to evaluate a community's environmental and health burden when evaluating exposures from hazardous wastes sites and engaging communities. Recipients will also use data, indices, and geospatial tools (e.g., CDC's Social Vulnerability Index or Environmental Justice Dashboard; ATSDR's Environmental Justice Index; and EPA's MyEnvironment and EJScreen) to better understand community characteristics. Examples of criteria to consider for a community include income level, accessibility to health care and healthy food choices, and the presence of major environmental pollution sources. This information can help plan effective community engagement strategies, build or strengthen collaborations, and develop solution-based interventions.

iv. Funding Strategy

This announcement contains two components. All applicants must apply for Component 1 Strategy A (site assessment and community engagement). Component 1 Strategy B (CSPECE) and Component 2 (capacity development and applied prevention sciences) are optional. Applicants applying for Component 1 Strategies A and B should submit one combined budget that includes line items for Strategy B expenses. Applicants that apply for Component 2 should submit a separate budget.

Component 1 Strategy B applicants should list activities in a work plan table and provide a narrative overview of their Choose Safe Places for Early Care and Education program plans. Component 1 Strategy B activities will not be ranked or scored. All Component 1 Strategy B applicants that include expenses in their Component 1 budget will receive funding for Component 1 Strategy B. ATSDR anticipates providing funding of up to $100,000 for Component 1 Strategy B. Component 1 Strategy B funding is included in the Component 1 annual average award amount stated in this NOFO. Component 1 Strategy B funding will be based on the applicant's proposed budget and the availability of funds. Applicants must be approved and receive an award for Component 1 Strategy A to receive funding for Component 1 Strategy B. ATSDR may award more or less than the expected average award amount for all components and strategies.

Component 2 applicants must be approved with a minimum score of 60 points for Component 1 (Strategy A) to be eligible for review and funding under Component 2. Component 2 funding is also based on the Component 2 score and rank. The number of recipients for Component 2 is dependent on the availability of funds. Eligible applicants may receive one of the following awards:

- Component 1 (Strategy A)
- Component 1 (Strategies A and B)
- Component 1 (Strategies A and B) and Component 2

- Component 1 (Strategy A) and Component 2
- Component 2

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Strategy

ATSDR requires ongoing evaluation and performance measurement under this NOFO and expects recipients to maintain sufficient staffing and analytic capacity to meet these requirements. Program evaluation and performance measurement help demonstrate the effectiveness of programs, drive continuous program improvement, and contribute to the evidence-base for each intervention.

ATSDR will assess the degree to which strategies in the logic model have been implemented and outcomes have been achieved through submitted quantitative and qualitative reporting, conference calls, site visits, and other communications with recipients. This section provides example measures that ATSDR will use to track the implementation of strategies and progress on achieving outcomes. The assessment will occur on an ongoing basis through the evaluation of submitted products, training, and technical assistance delivered. Recipients are expected to develop an evaluation plan, submit an annual progress report, and an additional final project report at the conclusion of the period of performance summarizing achievements, challenges, lessons learned, and next steps. Optional templates may be provided to guide the Evaluation and Performance Measurement Plan development and the final project reporting.

Targets for performance measures may vary by program and can be established in the 6-month period following the award. However, **all recipients are expected to meet or exceed the target of completing at least 80% of the activities specified in their work plan each year**. Modifications to the work plan should be discussed with the Technical Project Officer, and all changes should be finalized at least three months prior to submission of Annual Performance Reports.

This section presents example measures that ATSDR will use to track the implementation of strategies and activities (process evaluation) and progress on achieving period-of-performance outcomes (outcome evaluation). The measures below are not comprehensive or final, and ATSDR will finalize evaluation and performance measures in collaboration with recipients within six months of the project start date.

Process Performance Measures

To better understand outcome results, it is important to collect process measures. Evaluating the implementation of a program in addition to its outcomes helps to show what aspects of a program are working well and what may require change to achieve the intended impact.

COMPONENT 1:	
Strategy	Process Performance Measures

A: Site Assessment and Community Engagement	• Proportion of site-specific health assessments completed from work plan • Proportion of requests for technical assists provided a written response
B: Choose Safe Places for Early Care and Education, new recipients under TS23- 2301	• Assessment that defines the childcare landscape and identifies needs • Number of partnerships identified to help prevent exposures • Choose Safe Places for Early Care and Education pilot plan
B: Choose Safe Places for Early Care and Education, previously funded under TS20-2001	Recipients must specify performance measures based on proposal activities. Performance measures may vary significantly based on proposal, but may generally include: • Number of MOUs and/or letters of intent from partners demonstrating long-term commitment to program
COMPONENT 2:	
C: Build local, state, and tribal nation capabilities to identify, reduce, or prevent health effects from exposures to hazardous substances	May vary significantly based on proposal, but may generally include: • Identification of key implementation barriers • Facilitators • Lessons learned from pilot process

Outcome Performance Measures

Short-term Outcomes	
1.1 Timely dissemination of site-specific findings to partners, stakeholders, and community members. (Strategy A)	· Proportion of site-specific health assessments disseminated from work plan within one year from the date adequate data was received.
1.2 Increased partner buy-in and acceptance of public health recommendations made by recipients. (Strategy A)	· Percentage of recipient's public health recommendations accepted by regulatory agencies or policy makers within one year
1.3 Increased buy in and support from broad array of partners. (Strategy B,	· Number of partners indicating commitment to help prevent exposures

new recipients funded under TS23-2301)	
1.4 Increased stakeholder/partners knowledge of ECE siting issues and public health recommendations made by recipients to prevent exposure. (Strategy B, new recipients funded under TS23-2301)	· Percentage of stakeholders/partners indicating understanding public health recommendations made by recipients to prevent exposure at ECEs
1.7 Enhanced infrastructure among partners to sustain CSPECE program. (Strategy B, previously funded under TS20-2001)	· Percentage of partners indicating increased knowledge, skills, and abilities around CSPECE concepts · Percentage of partners indicating increased knowledge, skills, and abilities around CSPECE concepts
1.8 Increased knowledge among target audience to identify, reduce, or prevent health effects from exposure to hazardous substances. (Component 2)	· Percentage of target audience (educational target audience may vary and include inspectors, zoning and planner officials, providers, and other ECE stakeholders) indicating increased knowledge to identify, reduce, or prevent health effects from exposure to hazardous substances
Intermediate Outcomes	
2.1 Increased implementation by regulatory agencies, and/or individuals of public health recommendations made by recipients. (Strategy A)	· Percentage of public health recommendations made by recipients implemented by regulatory agencies within one year
2.2 Decreased or eliminated site related exposures. (Strategy A)	· Percentage of sites with decreased or eliminated exposures based on public health recommendations made by recipients implemented by regulatory agencies or policy makers within the period of performance
2.3 Increased stakeholder practices to reduce hazardous exposure among children. (Strategy B, new recipients funded under TS23-2301)	· Percentage of ECE programs referred to the program that make changes because of identified issues
2.4 Implemented process, systems, and policy changes to support prevented exposures (Strategy B, new recipients funded under TS23-2301)	· Number and type of policy, systems, environment changes to support prevented exposures
2.6 Increased actions among target audience to identify, reduce, or prevent health effects from exposure to hazardous substances. (Component 2)	· Recipients must specify performance measures based on proposal activities.
Long-Term Outcomes	

3.1 Decreased, eliminated, or prevented exposures to hazardous chemicals. (Strategies A and B)	· Percentage of sites with decreased or eliminated exposures based on public health recommendations made by recipients implemented by regulatory agencies or policy makers within the period of performance · Number of individuals protected at sites in which public health recommendations made by recipients are implemented by regulatory agencies or policy makers within the period of performance
3.2. Increased collection of evidence on effective practices, policies, and processes for preventing exposure. (Strategies A and B)	· Description of effective practices, policies, and processes for preventing exposure

Many performance measures will be available through required data collection forms, applications (e.g., ATSDR's Request Management Service System), or equivalent collection processes including:

- Site Impact Assessment (SIA): Required to complete SIA submission for each health assessment (Public Health Assessment, Health Consultation, and Letter Health Consultation)
- Health Education Activity Tracking (HEAT): Required to complete for indirect and direct educational activities. It is suggested to submit entries on a quarterly or more frequent basis.
- Technical Assist (TA): Required to complete for each TA. It is suggested to submit entries on a quarterly or more frequent basis.
- Success stories: Required to complete one per quarter
- soilSHOP: Required to complete reporting for each soilSHOP event completed
- ATSDR Community Activities Survey
- Annual Performance Report: Required per CDC; recipients will be notified by CDC with directions and due dates annually (except the last budget period of the 5-year period of performance). Information pertaining to outcomes 1.5, 1.6, 2.5, 2.6, and 3.2 will be obtained through narratives in the annual performance report.
- Final Performance Report: Required to complete at the end of the period of performance

There are limitations to solely using performance measures to evaluate a program or project. For example, measures do not always fully represent how strongly or poorly a program/project or recipient is doing, and often cannot consider contextual factors. Thus, it is important to have other ways of collecting program/project information to help fully demonstrate its performance, e.g., success stories, progress calls. ATSDR will rely on a combination of these sources of information to gauge successes and challenges faced by recipients.

Quantitative and qualitative data (including all required quantitative metrics, success stories, and narrative reports) may be used without prior notification to produce summary reports, project accomplishment reports, fact sheets, and other monitoring and evaluation reports. Findings may

be reported at national conferences, online, in peer-reviewed journals, and in other public forums independently by ATSDR (for aggregate data), or in collaboration with recipients where site-specific data are to be presented. ATSDR will finalize evaluation and performance measures in collaboration with recipients within six months of the project start date.

If ATSDR approves an exposure investigation (described in the Strategies and Activities section) during the period of performance, recipients must add a Data Management Plan to their Evaluation and Performance Measurement Plan. The Data Management Plan must include the following:

- Description of the data to be collected or generated in the proposed project;
- Standards to be used for the collected or generated data;
- Mechanisms for, or limitations to, providing access to the data, including a description for the provisions for the protection of privacy, confidentiality, security, and intellectual property, or other rights;
- Statement of the use of data standards that ensure all documentation that describes the method of collection, what the data represent; and
- Plans for archiving and long-term preservation of the data, or explaining why long-term preservation and access are not justified.

ii. Applicant Evaluation and Performance Measurement Plan

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

- How the applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant)
- Plans for updating the Data Management Plan (DMP) as new pertinent information becomes available. If applicable, throughout the lifecycle of the project. Updates to DMP should be provided in annual progress reports. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see https://www.cdc.gov/grants/additional-requirements/ar-25.html.

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

- Describe the type of evaluations (i.e., process, outcome, or both).

- Describe key evaluation questions to be addressed by these evaluations.
- Describe other information (e.g., measures, data sources).

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan, including a DMP, if applicable, within the first 6 months of award, as described in the Reporting Section of this NOFO.

Applicants must develop a Evaluation and Performance Measurement Plan for all strategies in the application. Component 1 applicants should:

- Describe proposed process measures of implementation and outcome measures of effectiveness. Measures should be consistent with the strategies/activities and outcomes in the work plan and should measure performance related to the NOFO's logic model and goals.
- Describe the type of evaluation, key evaluation questions, methods and data sources applicant will use to collect measures. Evaluation questions should relate to logic model activities and goals. Methods and data sources should be feasible and any limitations to data quality or barriers in collecting data should be clearly articulated.
- Describe how the applicant will use evaluation findings for continuous program improvement.
- Identify project team member(s) that will conduct performance measurement and evaluation activities and description of respective experience with planning, implementing, and evaluating programs. Relevant education, trainings, and practical experience should be detailed.

Component 2 applicants should:

- Show/affirm the ability to collect data on the process and outcome performance measures presented by the applicant in their approach.
- Describe clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities.
- Describe how performance measurement and evaluation findings will be reported and used to demonstrate the outcomes of the NOFO and for continuous program quality improvement.

Applicants are encouraged to use the CDC Evaluation Framework to assist in developing their plan. Recipients should develop a more detailed plan within the first six months of award as part of first year activities and should build on the elements in the initial evaluation plan described in this proposal. The more detailed plan should:

Be no more than 20 pages, excluding tables and diagrams.

- Be organized around Strategies A (Site Assessment and Community Engagement - **required**), B (Choose Safe Places for Early Care and Education - **optional**), and C (Capacity Development and Applied Prevention Science - **optional**).
- Specify performance measures, how applicant will collect measures (methods), and where applicant will obtain measures (data source).

- Describe the type of evaluation(s) to be conducted (i.e., process, outcome, or both).
- Describe how key program partners will participant in the evaluation and performance measurement planning process.
- Describe the key evaluation questions to be addressed by the evaluation(s).
- Describe indicators and data sources.
- Describe the availability and feasibility of collecting evaluation and performance measurement data.
- Describe how evaluation findings will be used, including how findings will be used for continuous program quality improvement.
- Describe dissemination channels and audiences for performance measure and evaluation findings.
- Affirm ability to collect performance measures and respond to evaluation questions.

Recipients are encouraged to participate in any trainings and webinars offered by ATSDR on program evaluation and consult with their Technical Project Officer in the first six months of the award to prepare to submit their more detailed Evaluation and Performance Measurement Plan.

c. Organizational Capacity of Recipients to Implement the Approach

Applicants must fully demonstrate sufficient existing or planned staff capacity to accomplish the goals and objectives of this program. Specifically, Component 1 Strategy A applicants should describe:

- An integrated team to achieve the cooperative agreement goals and objectives. Integrated teams consist of, at a minimum, a principal investigator, health assessor/toxicologist, and health educator/community involvement specialist. It is acceptable and encouraged for applicants to demonstrate required expertise through in-kind support, contracts, or external partnerships. Applicants should include information (organization name, scope of work, and method of accountability) about any contractual organization(s) that will have a significant role(s) in implementing program strategies and achieving project outcomes. Curriculum vitae for all staff working on the project must be provided.
- Ability to expeditiously execute contracts, hire staff, and engage in kind support staff for the cooperative agreement if staffing changes are needed.
- Appropriate qualifications, experience, leadership ability, and percentage of time the Project Manager and/or Principal Investigator will commit to the project.
- Commitment to participating in ATSDR-sponsored trainings, seminars, workshops, technical workgroups, teleconferences, and in-person meetings with ATSDR staff.
- Proposed project and ability to coordinate site activities with stakeholders such as EPA, tribal governments, state and local health and environmental offices and agencies, state environmental and/or public health labs, and communities.
- Experience responding to specific public health issues that occur as a result of actual or potential human exposure to a hazardous substance, including, methods to evaluate pathways of exposure and to analyze toxicological data, community health concerns, and environmental health data. This also includes the ability to conduct exposure investigations including analysis and reporting of data. Specific examples of conducting these activities must be provided.

- Ability and experience identifying, coordinating, and implementing appropriate public interventions to reduce exposures and educate health professionals and communities.
- Successful collaborations with communities, local, state, and federal agencies, and national organizations to respond to specific public health issues related to harmful environmental exposures to hazardous substances.

Component 2 applicants must describe:

- Prior knowledge and experience working in the Focus Area(s) selected.
- Target population(s) and ability to collect and use data to demonstrate impact.
- Staffing plan and project management structure sufficient to achieve the proposed project outcomes that clearly defines staff roles and sufficient workload for the additional activities selected.

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

- CVs/Resumes
- Indirect Cost Rate Agreements
- Organizational Charts
- Letters of Support (see *Collaborations* section)

Applicants must the file(s) "CVs/Resumes", "Indirect Costs", or "Organizational Charts" and upload it at www.grants.gov.

d. Work Plan

The work plan integrates and delineates more specifically how the recipient plans to carry out achieving the period of performance outcomes, strategies and activities, and evaluation and performance measurement. **Applicants are required to provide a work plan that provides both a high-level overview of the entire 5-year period of performance (Components 1 and 2 as appropriate) and a detailed description of the first year of the award.** If funded, ATSDR will provide feedback and technical assistance to help finalize the work plan post-award.

The high-level 5-year work plan should include a table for each component and strategy with the following (or similar) columns and headings. **Component 1 (Strategy A) activity description must include the hazardous waste site name and primary exposure concern(s).** An example work plan entry is provided below.

Specify the Component, Strategy, Performance measure (from Evaluation and Performance Measurement Plan)					
Activity Description	*Output(s)*	*Related outcome(s) from logic model*	*Person(s) or role(s) responsible*	*Projected Start Date*	*Projected Completion Date*

EXAMPLE work plan entry

Component 1 (Strategy A), Performance measures (process/outcome) - Proportion of site-specific health assessments disseminated from work plan within one year from the date adequate data was received					
Activity Description	**Output(s)**	**Outcome(s)**	**Responsible role(s)**	**Projected Start Date**	**Projected Completion Date**
ABC NPL site (metals in soil), high priority	Health Consultation, Fact Sheet	Decreased or eliminated site-related exposures	Health assessor, Health Educator	April 1, 2023	December 31, 2023

The detailed year 1 work plan should, at a minimum, include:

i. outcomes for the 12-month period
ii. strategies and activities planned to achieve each outcome
iii. process measure for the strategies and activities
iv. barriers and facilitators to reach each outcome
v. timeline for projected start and completion date for each activity

Specific Annual Work Plan Guidance:

COMPONENT 1:

Strategy A1 (Site Health Assessment): Site health assessment products on the work plan include PHAs, health consultations (HCs), letter health consultations (LHCs), and technical assists. PHAs, HCs, and LHCs on the work plan must be site-specific. Applicants are required to develop their work plan based on requests for involvement and state landscape of the following: NPL, ATSDR-accepted petition, Comprehensive Environmental Response, Compensation, and Liability Information System (CERCLIS), state-identified, RCRA, Brownfields and other redevelopment sites, and facilities or releases within the recipient's jurisdiction. Each recipient is expected to focus on high-priority sites on their work plan including ATSDR-accepted petition sites and sites proposed to or listed on the NPL. Other sites of high public health impact, Congressional (State or Federal) interest, community or media interest, and sites otherwise deemed an ATSDR priority should also receive high priority on the work plan.

Applicants should demonstrate a clear public health burden related to potential, or actual, exposures to hazardous substances in the environment. Indicators of burden should include five (5) or more NPL sites, and/or sites with significant community, media, or Congressional interest. Applicants should indicate on their work plan the priority-level of each Strategy A activity (high or low) and include justification for this classification.

Strategy A2 (Community Engagement): For sites on the work plan where environmental health assessments are conducted, recipients must engage the community and assess the

needs and resources of the target audience. Applicants must list applicable community/stakeholder engagement activities for each PHA, HC, or LHC (see Strategy A1) listed in the work plan. Community/stakeholder engagement activities on the work plan may include, but are not limited to, developing community profiles and fact sheets and participating in public meetings.

Strategy B1 (New to TS23-2301) and Strategy B2 (Previously funding under TS20-2001): Applicants should list activities in a work plan table and provide a narrative overview of their Choose Safe Places for Early Care and Education program plans.

COMPONENT 2:

Applicants must include a work plan table and narrative overview for up to three Focus Area(s) being advanced and the activities selected. The work plan table, at a minimum, should:

- Describe SMART goals and objectives and be consistent with this NOFO's "Work Plan" section.
- Include a detailed first-year work plan and a high-level plan for subsequent years.
- Outline the activities necessary to accomplish the purpose of the proposal.
- Provide a reasonable and complete timeline for implementing and completing all activities and objectives.

The work plan narrative should describe:

- Possible barriers to, or facilitators for, reaching each outcome.
- Multi-sector collaboration that will be formed to assist in carrying out the proposed activities.
- Staff and administrative roles and functions to support implementation of the award, including evaluation functions.

e. CDC Monitoring and Accountability Approach

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

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

Monitoring may also include the following activities deemed necessary to monitor the award:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.

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

Monitoring and reporting activities that assist grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk recipients.

ATSDR will actively monitor recipient compliance with ATSDR's policies and procedures through monthly calls, annual audits and formal assessments which may include collaboration with the Technical Project Team (TPT). The TPT includes the recipient jurisdiction's Technical Project Officer, Regional Representatives, and a health outcome data review subject matter expert. The TPT is responsible for approving each recipient's work plan. ATSDR requires recipients to actively participate in monthly TPT conference calls.

ATSDR will monitor how funds are allocated and expended at the recipient level through fiscal tracking tools and annual budget reviews. Progress toward achieving specific project outputs and outcomes will also be assessed through annual progress reports. TPOs will review process measures and recipient reporting during project implementation. If a recipient is not conducting required activities, or failing to adhere to required protocols, ATSDR will initiate technical and/or capacity building assistance for program improvement. ATSDR may require additional monitoring or recipient reporting during a defined time frame (up to six months). Recipients performing at a less than acceptable level beyond the agreed-upon time frame will be required to work with ATSDR to identify factors negatively affecting performance, develop a formal action plan for program improvement, and to use that plan to guide the work until the recipient is meeting performance standards. During such periods, more extensive and frequent engagement between the recipient and ATSDR is expected. **In subsequent budget periods, funding may be contingent on meeting performance expectations.**

f. CDC Program Support to Recipients

ATSDR Technical Project Officers (TPOs) are substantially involved with APPLETREE recipients. The TPO leads a Technical Project Team (TPT) for each recipient, that includes representatives from the ATSDR Office of Capacity Development and Applied Prevention Science (OCDAPS) and ATSDR's Office of Community Health and Hazard Assessment (OCHHA). The TPT is responsible for providing technical assistance to the recipient. The TPT arranges subject matter expertise as needed and ensures the planning, implementation, and program improvement of public health actions for each site. The TPT will work with the recipients to improve their ability to assess and respond to environmental public health issues through the application of current science and sound public health practices.

The TPT reviews certified site health assessments for technical/scientific accuracy, comprehensiveness, clarity, and adherence to ATSDR policy. The TPT will monitor and evaluate the performance of recipients. ATSDR regional staff are also available to provide support and

coordination for recipients. Regional staff can especially support sites with strong community interest or where liaison with the EPA or other health or environmental agencies are needed.

ATSDR will provide updated guidance on emerging contaminants and maintain updated chemical-specific comparison values based on the best available science. ATSDR will maintain and make available the Public Health Assessment Site Tool (PHAST), the ATSDR Shower and Household Water-use Exposure (SHOWER) Model, other tools, and informational websites. ATSDR will also facilitate peer-to-peer information sharing through the maintenance of ATSDR's SharePoint site and Cooperative Agreement Listserv.

The TPO will facilitate the clearance of certified environmental health assessment reports (via the current NCEH/ATSDR Policy on Clearance of Information Products) as outlined under Strategy A2 in the 'Work Plan' section above.

B. Award Information

1. Funding Instrument Type:

CA (Cooperative Agreement)

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

2. Award Mechanism:

U61

Preventive Health Activities Regarding Hazardous Substances

3. Fiscal Year:

2023

Estimated Total Funding:

$73,250,000

4. Approximate Total Fiscal Year Funding:

$14,650,000

This amount is subject to the availability of funds.

5. Approximate Period of Performance Funding:

$73,250,000

6. Total Period of Performance Length:

5

year(s)

7. Expected Number of Awards:

34

Component 1: 34

Component 2: Up to 10 (as funding is available)

8. Approximate Average Award:

$420,000
Per Budget Period

Component 1: $420,000
Component 2: $185,000, subject to the availability of funds

9. Award Ceiling:

$0
Per Budget Period

This NOFO does not have an award ceiling.

10. Award Floor:

$0
Per Budget Period

This NOFO does not have an award floor.

11. Estimated Award Date:

March 01, 2023
Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the recipient (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 period of performance comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

12. Budget Period Length:

12 month(s)

13. Direct Assistance

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

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR Part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:
00 (State governments)

01 (County governments)

02 (City or township governments)

04 (Special district governments)

07 (Native American tribal governments (Federally recognized))

11 (Native American tribal organizations (other than Federally recognized tribal governments))

Additional Eligibility Category:

Government Organizations:

State (includes the District of Columbia)

Local governments or their bona fide agents

Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau

American Indian or Alaska Native tribal governments (federally recognized or state-recognized)

2. Additional Information on Eligibility

Eligibility for funding under this announcement is limited by statute to States or political subdivisions thereof as described in Sections 104(i)(15) of the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) of 1980, as amended by the Superfund Amendments and Reauthorization Act (SARA) of 1986 [42 U.S.C. 9604(i)(15)].

Under 42 U.S.C. Section 9604(i)(15), the activities of the Administrator of ATSDR shall be carried out by the Administrator of ATSDR, either directly or through cooperative agreements with States (or political subdivisions thereof) which the Administrator of ATSDR determines are capable of carrying out such activities. Thus, the eligible applicants for this award, per the statutory language, are States and political subdivisions thereof.

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:

No

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

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Required Registrations

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.

PLEASE NOTE: Effective April 4, 2022, applicants must have a Unique Entity Identifier (UEI) at the time of application submission (SF-424, field 8c). The UEI is generated as part of SAM.gov registration. Current SAM.gov registrants have already been assigned their UEI and can view it in SAM.gov and Grants.gov. Additional information is available on the GSA website, SAM.gov, and Grants.gov- Finding the UEI.

a. Unique Entity Identifier (UEI):

All applicant organizations must obtain a Unique Entity Identifier (UEI) number by registering in SAM.gov prior to submitting an application. A UEI number is a unique twelve-digit identification number assigned to the registering organization.

If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must provide their UEI 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 a recipient. All applicant organizations must register with SAM, and will be assigned a SAM number and a Unique Entity Identifier (UEI). All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at SAM.gov and the SAM.gov Knowledge Base.

c. Grants.gov: The first step in submitting an application online is registering your organization atwww.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Applicant Registration" option atwww.grants.gov.

All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more

than five days to complete. Applicants should start the registration process as early as possible.

Step	System	Requirements	Duration	Follow Up
1	System for Award Management (SAM)	1. Go to SAM.gov and designate an E-Biz POC (You will need to have an active SAM account before you can register on grants.gov). The UEI is generated as part of your registration.	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/ fsd-gov/ home.do Calls: 866-606-8220

2	Grants.gov	1. Set up an individual account in Grants.gov using organization's new UEI number to become an Authorized Organization Representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	It takes one day (after you enter the EBiz POC name and EBiz POC email in SAM) to receive a UEI (SAM) which will allow you to register with Grants.gov and apply for federal funding.	Register early! Applicants can register within minutes.

2. Request Application Package

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

3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this funding opportunity at www.grants.gov.

4. Submission Dates and Times

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

a. Letter of Intent Deadline (must be emailed)

Due Date for Letter Of Intent 10/28/2022

10/28/2022

Letter of Intent due date: 10/28/2022 **(recommended but not required)**.

b. Application Deadline

Due Date for Applications 12/09/2022

12/09/2022

11:59 pm U.S. Eastern Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which Grants.gov operations resume.

December 9, 2022, by 11:59 pm U.S. Eastern Standard Time

Due Date for Information Conference Call

Call-in details for the Informational Conference Call will be posted to https://www.atsdr.cdc.gov/states/ no later than October 7, 2022. This web site may be updated periodically with additional information and/or materials.

5. Pre-Award Assessments

Risk Assessment Questionnaire Requirement

CDC is required to conduct pre-award risk assessments to determine the risk an applicant poses to meeting federal programmatic and administrative requirements by taking into account issues such as financial instability, insufficient management systems, non-compliance with award conditions, the charging of unallowable costs, and inexperience. The risk assessment will include an evaluation of the applicant's CDC Risk Questionnaire, located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, as well as a review of the applicant's history in all available systems; including OMB-designated repositories of government-wide eligibility and financial integrity systems (see 45 CFR 75.205(a)), and other sources of historical information. These systems include, but are not limited to: FAPIIS (https://www.fapiis.gov/), including past performance on federal contracts as per Duncan Hunter National Defense Authorization Act of 2009; Do Not Pay list; and System for Award Management (SAM) exclusions.

CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-1132 annually. This questionnaire, which is located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, along with supporting documentation must be submitted with your application by the closing date of the Notice of Funding Opportunity Announcement. If your organization has completed CDC's Risk Questionnaire within the past 12 months of the closing date of this NOFO, then you must submit a copy of that questionnaire, or submit a letter signed by the authorized organization representative to include the original submission date, organization's EIN and UEI.

When uploading supporting documentation for the Risk Questionnaire into this application package, clearly label the documents for easy identification of the type of documentation. For example, a copy of Procurement policy submitted in response to the questionnaire may be labeled using the following format: Risk Questionnaire Supporting Documents _ Procurement Policy.

Duplication of Efforts

Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual's time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether

programmatic, budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award.

Report Submission: The applicant must upload the report in Grants.gov under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

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

Is a LOI:
Recommended but not Required

The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications. Letters of Intent should include the following:

- Number and title of this funding opportunity
- Components and strategies planned for the application
- Name, address, telephone number, and email address of the Principal Investigator/Project Director
- Participating institutions

LOI must be sent via email to:

Audra Henry, MS
ATSDR, Office of Capacity Development and Applied Prevention Science
Email address: ate1@cdc.gov

8. Table of Contents

(There is no page limit. The table of contents is not included in the project narrative page limit.): The applicant must provide, as a separate attachment, the "Table of Contents" for the entire submission package.

Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary

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

Multi-component NOFOs may have a maximum of 15 pages for the "base" (subsections of the Project Description that the components share with each other, which may include target population, inclusion, collaboration, etc.); and up to 4 additional pages per component for

Project Narrative subsections that are specific to each component.

Text should be single spaced, 12 point font, 1-inch margins, and number all pages. Page limits include work plan; content beyond specified limits may not be reviewed.

Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity Announcement. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC. Applicants must address the Collaboration requirements as described in the CDC Project Description.

2. Target Populations and Health Disparities

Applicants must describe the specific target population(s) in their jurisdiction and explain how such a target will achieve the goals of the award and/or alleviate health disparities. The

applicants must also address how they will include specific populations that can benefit from the program that is described in the Approach section. Applicants must address the Target Populations and Health Disparities requirements as described in the CDC Project Description.

c. Applicant Evaluation and Performance Measurement Plan

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

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of Management and Budget. For further information about CDC's requirements under PRA see https://www.cdc.gov/od/science/integrity/reducePublicBurden/.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, data management plan (DMP), and other relevant data information (e.g., performance measures proposed by the applicant).

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

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

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan (including the DMP elements) within the first 6 months of award, as described in the Reporting Section of this NOFO.

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

(Included in the Project Narrative's page limit)

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

12. Budget Narrative

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

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

Indirect costs could include the cost of collecting, managing, sharing and preserving data.

Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.

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

Vital records data, including births and deaths, are used to inform public health program and policy decisions. If applicable and consistent with the cited statutory authority for this NOFO,

applicant entities are encouraged to collaborate with and support their jurisdiction's vital records office (VRO) to improve vital records data timeliness, quality and access, and to advance public health goals. Recipients may, for example, use funds to support efforts to build VRO capacity through partnerships; provide technical and/or financial assistance to improve vital records timeliness, quality or access; or support vital records improvement efforts, as approved by CDC.

Applicants must name this file "Budget Narrative" and upload it as a PDF file

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

Applicants applying for Component 1 Strategies A and B should submit one combined budget that includes line items for Strategy B expenses. Applicants applying for Component 2 should submit a separate budget.

Component 1 Strategy B activities will not be ranked or scored. All Component 1 Strategy B applicants that include expenses in their Component 1 budget will receive funding for Component 1 Strategy B. ATSDR anticipates providing funding of up to $100,000 for Component 1 Strategy B. Component 1 Strategy B funding is included in the Component 1 annual average award amount stated in this NOFO. Component 1 Strategy B funding will be based on the applicant's proposed budget and the availability of funds. Applicants must be approved and receive an award for Component 1 Strategy A to receive funding for Component 1 Strategy B. ATSDR may award more or less than the expected average award amount for all components and strategies.

Budgets must include funding for two to four staff members to travel to Atlanta for a 2-3 day recipient meeting within the first year of the period of performance. Applicants should also include travel for two to four staff to attend a regional meeting (at or near ATSDR Regional Offices) during (any year) the period of performance.

For assistance in preparing the budget narrative, please refer to the CDC Budget Guidelines https://www.cdc.gov/grants/documents/Budget-Preparation-Guidance.pdf.

13. Pilot Program for Enhancement of Employee Whistleblowers Protections

Pilot Program for Enhancement of Employee Whistleblower Protections: All applicants will be subject to a term and condition that applies the terms of 48 Code of Federal Regulations

(CFR) section 3.908 to the award and requires that recipients inform their employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C. 4712.

13a. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards.

Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded.

Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 45 CFR 75 which include, but are not limited to, the following:

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

13b. Copyright Interests Provisions

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

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

13c. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection or generation must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan unless CDC has stated that CDC will take on the

responsibility of creating the DMP. The DMP describes plans for assurance of the quality of the public health data through the data's lifecycle and plans to deposit the data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information: https://www.cdc.gov/grants/additional-requirements/ar-25.html.

14. Funding Restrictions

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

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

15. Other Submission Requirements

a. Electronic Submission: Applications must be submitted electronically by using the forms and instructions posted for this notice of funding opportunity atwww.grants.gov. Applicants can complete the application package using Workspace, which allows forms to be filled out online or offline. All application attachments must be submitted using a PDF file format. Instructions and training for using Workspace can be found at www.grants.gov under the "Workspace Overview" option.

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

c. Validation Process: Application submission is not concluded until the validation process is completed successfully. After the application package is submitted, the applicant will receive a

"submission receipt" e-mail generated by www.grants.gov. A second e-mail message to applicants will then be generated bywww.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 NOFO. Non- validated applications will not be accepted after the published application deadline date.

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User Guide.
https://www.grants.gov/help/html/help/index.htm?callingApp=custom#t=GetStarted%2FGetStarted.htm

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

e. Paper Submission: If technical difficulties are encountered at www.grants.gov, applicants should call thewww.grants.gov Contact Center at 1-800-518-4726 or e-mail them

at support@grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail CDC GMO/GMS, before the deadline, and request permission to submit a paper application.

Such requests are handled on a case-by-case basis.

An applicant's request for permission to submit a paper application must:

1. Include the www.grants.gov case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO listed below at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered. If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application via email.

E. Review and Selection Process

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

a. Phase 1 Review

All applications will be initially reviewed for eligibility and completeness by the Office of Grants Services. Complete applications will be reviewed for responsiveness by Grants Management Officials and Program Officials. Non-responsive applications will not advance to

Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

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

i. Approach

ii. Evaluation and Performance Measurement

iii. Applicant's Organizational Capacity to Implement the Approach

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

Approach – COMPONENT 1: Core Activities **Maximum Points:** 50

The applicant should clearly describe a proposed approach for carrying out the activities listed in the "Work plan" section of the Project Description in the full text of this announcement. The application will be scored based on the extent to which the applicant:

Strategy A (50 points):

- Demonstrates a clear public health burden related to potential, or actual, exposures to hazardous substances in the environment. Indicators of burden should include five (5) or more NPL sites, and/or sites with significant community, media, or Congressional interest on their work plan. (10 points)
- Describes specific examples of successful partnerships and collaborations between the applicant and environmental regulatory agencies and communities in achieving the desired outcome of reducing exposure to hazardous chemicals in the environment. Strong applicants will demonstrate effective communications in getting the environmental regulatory agencies and communities to accept public health recommendations from the applicant. Specific outcomes achieved should be included. (10 points)
- Includes two letters of support (dated between July 1, 2022, and December 9, 2022) from environmental regulatory agencies, community groups, state environmental labs, or federal/state/local agencies that detail the applicant's role and success with reducing exposure to hazardous chemicals in the environment and engaging communities. These letters should be included in an appendix to the application. (10 points)
- Includes one letter of support (dated between July 1, 2022, and December 9, 2022) from their program or leadership staff (e.g., Director, Principal Investigator) stating their intent to follow ATSDR's guidance (e.g., the use of comparison values, public health assessments guidance in non-certified and certified products), policies, and procedures (e.g., ATSDR clearance and release of HCs/PHAs) in carrying out the cooperative

agreement goals and objectives. These letters should be included in an appendix to the application. (10 points)

- Describes strategies for effectively engaging communities and other stakeholders and ensuring communication materials are effective. Health education/community engagement activities should be included on the work plan. (10 points)

ii. Evaluation and Performance Measurement – COMPONENT 1: Core Activities **Maximum Points:** 25

- Describes proposed process measures of implementation and outcome measures of effectiveness. Measures should be consistent with the strategies/activities and outcomes in the work plan and should measure performance related to the NOFO's logic model and goals. (7 points)
- Describes the type of evaluation, key evaluation questions, methods and data sources applicant will use to collect measures. Evaluation questions should relate to logic model activities and goals. Methods and data sources should be feasible and any limitations to data quality or barriers in collecting data should be clearly articulated. (6 points)
- Describes how the applicant will use evaluation findings for continuous program improvement. (6 points)
- Identifies project team member(s) that will conduct performance measurement and evaluation activities and description of respective experience with planning, implementing, and evaluating programs. Relevant education, trainings, and practical experience should be detailed. (6 points)

iii. Applicant's Organizational Capacity to Implement the Approach – COMPONENT 1: Core Activities **Maximum Points:** 25

Program Personnel (15 points)

- Describes an integrated team to achieve the cooperative agreement goals and objectives. Integrated teams consist of, at a minimum, a principal investigator, health assessor/toxicologist, and health educator/community involvement specialist. Curriculum vitae for all staff working on the project must be provided. (4 points)
- Describes ability to expeditiously execute contracts, hire staff, and engage in kind support staff for the cooperative agreement if staffing changes are needed. (4 points)
- Demonstrates appropriate qualifications, experience, leadership ability, and percentage of time the Project Manager and/or Principal Investigator will commit to the project. (4 points)
- Commits to participating in ATSDR-sponsored trainings, seminars, workshops, technical workgroups, teleconferences, and in-person meetings with ATSDR staff. (3 points)

Capability (10 points)

- Describes the proposed project and ability to develop an integrated program focusing on coordinating site assessment and community engagement activities with stakeholders

such as EPA, tribal governments, state and local health and environmental offices and agencies, state environmental labs, and communities. (3 points)

- Describes experience responding to specific public health issues that occur as a result of actual or potential human exposure to a hazardous substance, including, methods to evaluate pathways of exposure and to analyze toxicological data, community health concerns, and environmental health data. This includes the ability to conduct exposure investigations including analysis and reporting of data. Specific examples of conducting these activities must be provided. (3 points)
- Describes ability and experience identifying, coordinating, and implementing appropriate public interventions to reduce exposures and educate health professionals and communities. (2 points)
- Describes successful collaborations with communities, local, state, and federal agencies, and national organizations to respond to specific public health issues related to harmful environmental exposures to hazardous substances, including the safe siting of ECE facilities or related children's health initiatives. (2 points)

Budget – COMPONENT 1: Core Activities **Maximum Points:** 0

Proposed budgets will be evaluated for alignment with the stated objectives and planned program activities. Budgets will be reviewed but not scored.

i. Approach - COMPONENT 2: Capacity Development and Applied Prevention Science **Maximum Points:** 50

Program Activities (20 points)

- Identifies up to three the Focus Area(s) advanced by the proposal. Each applicant must provide a description of relevant background information that includes the context of the issue being addressed, nationally and in the applicant's jurisdiction. (2 points)
- Describes, in 2-3 sentences, specifically how their application will address the Focus Area(s) for which activities are being proposed. (2 points)
- Identifies the outcomes they expect to achieve by the end of the period of performance. All outcomes must indicate the intended direction of change (e.g., increase, decrease, maintain). (6 points)
- Provides a clear and concise description of the strategies and activities they will use to achieve the period-of-performance outcomes. (8 points)
- Describes how the interventions to be improved or evaluated target high-risk groups to achieve the greatest health impact, as described in the "Target Populations" section of this NOFO. (2 points)

Work Plan (30 points)

- Describes SMART goals and objectives. Applicants will be scored on their preparation of a work plan consistent with this NOFO's "Work Plan" section. It must include a detailed first-year work plan and a high-level plan for subsequent years. (10 points)

- Outlines the activities necessary to accomplish the purpose of the proposal. (15 points)
- Provides a reasonable and complete timeline for implementing and completing all activities and objectives. (5 points)

ii. Evaluation and Performance Measurement - COMPONENT 2: Capacity Development and Applied Prevention Science **Maximum Points:** 25

- Shows/affirms the ability to collect data on the process and outcome performance measures presented by the applicant in their approach. (9 points)
- Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities. (8 points)
- Describes how performance measurement and evaluation findings will be reported and used to demonstrate the outcomes of the NOFO and for continuous program quality improvement. (8 points)

iii. Applicant's Organizational Capacity to Implement the Approach - COMPONENT 2: Capacity Development and Applied Prevention Science **Maximum Points:** 25

- Describes prior knowledge and experience working in the Focus Area(s) selected. (9 points)
- Describes target population(s) and ability to collect and use data to demonstrate impact. (8 points)
- Provides a staffing plan and project management structure sufficient to achieve the proposed project outcomes that clearly defines staff roles and sufficient workload for the activities selected. (8 points)

Budget - COMPONENT 2: Capacity Development and Applied Prevention Science **Maximum Points:** 0

Proposed budgets will be evaluated for alignment with the stated objectives and planned program activities. Budgets will be reviewed but not scored.

c. Phase III Review

ATSDR will use an objective review with full discussion panel to examine applications and inform award decisions. The following factors may also affect the funding decision: geographic diversity. The purpose of this cooperative agreement program is to support the ability of public health officials to build capacity to respond to hazardous substances. As such, ATSDR does not plan to fund more than one recipient to serve the same geographic area.

Review of risk posed by applicants.

Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide

eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.

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

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

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

(1) Financial stability;

(2) Quality of management systems and ability to meet the management standards prescribed in this part;

(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;

(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and

(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

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

2. Announcement and Anticipated Award Dates

Notification of selection is anticipated in February 2023. Recipients are expected to receive awards in March 2023 to start the period of performance on April 1, 2023.

F. Award Administration Information

1. Award Notices

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

Any applicant awarded funds in response to this Notice of Funding Opportunity will be subject to annual 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.

2. Administrative and National Policy Requirements

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

Brief descriptions of relevant provisions are available at https://www.cdc.gov/grants/additional-requirements/index.html.

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

- AR-9: Paperwork Reduction Act Requirements
- AR-11: Healthy People 2030
- AR-12: Lobbying Restrictions
- AR-18: Cost Recovery – ATSDR
- AR-19: Third Party Agreements – ATSDR
- AR-25: Data Management and Access
- AR-37: Prohibition on certain telecommunications and video surveillance services or equipment

The full text of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 45 CFR 75, can be found at: https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy).This includes taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html and https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html.

• Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps

to ensure meaningful access to your programs or activities by limited English proficient individuals, see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov.

• For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and taking appropriate steps to provide effective communication, see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.

• HHS funded health and education programs must be administered in an environment free of sexual harassment, see https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html.

• For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

3. Reporting

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

- Helps target support to recipients;
- Provides CDC with periodic data to monitor recipient progress toward meeting the Notice of Funding Opportunity outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the period of performance 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 NOFO.

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

Report	When?	Required?
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Federal Financial Reporting Forms	90 days after the end of the budget period	Yes

Final Performance and Financial Report	March 31, 2028	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30; April 30; July 30; and October 30 every year	Yes

a. Recipient Evaluation and Performance Measurement Plan (required)

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

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

Performance Measurement

• Performance measures and targets

• The frequency that performance data are to be collected.

• How performance data will be reported.

• How quality of performance data will be assured.

• How performance measurement will yield findings to demonstrate progress towards achieving NOFO goals (e.g., reaching target populations or achieving expected outcomes).

• Dissemination channels and audiences.

• Other information requested as determined by the CDC program.

Evaluation

• The types of evaluations to be conducted (e.g. process or outcome evaluations).

• The frequency that evaluations will be conducted.

• How evaluation reports will be published on a publicly available website.

• How evaluation findings will be used to ensure continuous quality and program improvement.

• How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).

• Dissemination channels and audiences.

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

b. Annual Performance Report (APR) (required)

The recipient must submit the APR via www.Grantsolutions.gov no later than120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.

This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**
    - Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.
    - Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
    - Recipients must describe success stories.
- **Challenges**
    - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
    - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Recipients**
    - Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.
- **Administrative Reporting** (No page limit)
    - SF-424A Budget Information-Non-Construction Programs.
    - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
    - Indirect Cost Rate Agreement.

The recipient must submit the Annual Performance Report via https://www.grantsolutions.gov 120 days prior to the end of the budget period.

c. Performance Measure Reporting (optional)

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

Recipients will be required to provide a final comprehensive report at the end of the period of performance. This is the only additional performance measure reporting outside of the annual APR.

This is not to be confused with regular data entry and required reporting described in section b.i. CDC Evaluation and Performance Measurement Strategy, which includes SIA, HEAT, TA, and success story required reporting metrics, which should be entered on a more frequent basis as previously indicated.

d. Federal Financial Reporting (FFR) (required)

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

e. Final Performance and Financial Report (required)

The Final Performance Report is due 90 days after the end of the period of performance. The Final FFR is due 90 days after the end of the period of performance and must be submitted through the Payment Management System (PMS). CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

- Performance Measures – Recipients must report final performance data for all process and outcome performance measures.
- Evaluation Results – Recipients must report final evaluation results for the period of performance for any evaluations conducted.
- Impact/Results/Success Stories – Recipients must use their performance measure results and their evaluation findings to describe the effects or results of the work completed over the period of performance, and can include some success stories.
- A final Data Management Plan that includes the location of the data collected during the funded period, for example, repository name and link data set(s)
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

The report should be emailed to the Project Officer and the GMS listed in 'Agency Contacts' section of this NOFO.

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

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

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

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

- https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf,
- https://www. fsrs.gov/documents /ffata_legislation_ 110_252.pdf
- http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA.

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

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

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

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

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

3) Terms: For purposes of this clause:
“Commodity” means any material, article, supplies, goods, or equipment;
“Foreign government” includes any foreign government entity;
“Foreign taxes” means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

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

5) Contents of Reports: The reports must contain:

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

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

6. Termination

CDC may impose other enforcement actions in accordance with 45 CFR 75.371- Remedies for Noncompliance, as appropriate.

The Federal award may be terminated in whole or in part as follows:

(1) By the HHS awarding agency or pass-through entity, if the non-Federal entity fails to comply with the terms and conditions of the award;

(2) By the HHS awarding agency or pass-through entity for cause;

(3) By the HHS awarding agency or pass-through entity with the consent of the non-Federal entity, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated; or

(4) By the non-Federal entity upon sending to the HHS awarding agency or pass-through entity written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if the HHS awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.

G. Agency Contacts

CDC encourages inquiries concerning this NOFO.

Program Office Contact

For programmatic technical assistance, contact:

First Name:
Audra
Last Name:
Henry
Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention

Address:
ATSDR, Office of Capacity Development and Applied Prevention Science
4770 Buford Hwy NE
MS-S106-5
Atlanta, GA 30341-3717

Telephone:
(770) 488-3758
Email:
ate1@cdc.gov

Grants Management Office Information

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

First Name:
Lakita
Last Name:
Reid
Grants Management Specialist
Department of Health and Human Services
Office of Grants Services

Address:
Office of Financial Resources
2939 Flowers Road, MS: TV-1
Atlanta, GA 30341

Telephone:
(770) 488-2742
Email:
Wtl9@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.

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

H. Other Information

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

- Project Abstract
- Project Narrative
- Budget Narrative
- Report on Programmatic, Budgetary and Commitment Overlap
- Table of Contents for Entire Submission

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:
Resumes / CVs

Position descriptions

Letters of Support

Organization Charts

Indirect Cost Rate, if applicable

Memorandum of Agreement (MOA)

Memorandum of Understanding (MOU)

Bona Fide Agent status documentation, if applicable

I. Glossary

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

Administrative and National Policy Requirements, Additional Requirements**(ARs):** Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see https://www.cdc.gov/grants/additional-requirements/index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

Approved but Unfunded: Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.

Assistance Listings: A government-wide collection of federal programs, projects, services, and activities that provide assistance or benefits to the American public.

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

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 period of performance. 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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.
Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.

Healthy People 2030: 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.

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

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

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

Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount. Memorandum of Understanding (MOU) or Memorandum of Agreement**(MOA):** Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.

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

Notice of Award (NoA): The official document, signed (or the electronic equivalent of signature) by a Grants Management Officer that: (1) notifies the recipient of the award of a grant; (2) contains or references all the terms and conditions of the grant and Federal funding limits and

obligations; and (3) provides the documentary basis for recording the obligation of Federal funds in the HHS accounting system.

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

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

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

Period of performance –formerly known as the project period - : The time during which the recipient may incur obligations to carry out the work authorized under the Federal award. The start and end dates of the period of performance must be included in the Federal award.

Period of Performance Outcome: An outcome that will occur by the end of the NOFO's funding period

Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs. **Program Strategies:** Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).

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

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

Social Determinants of Health: Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

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

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

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

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

UEI: The Unique Entity Identifier (UEI) number is a twelve-digit number assigned by SAM.gov. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a UEI number as the Universal Identifier. UEI number assignment is free. If an organization does not know its UEI number or needs to register for one, visit www.sam.gov.

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