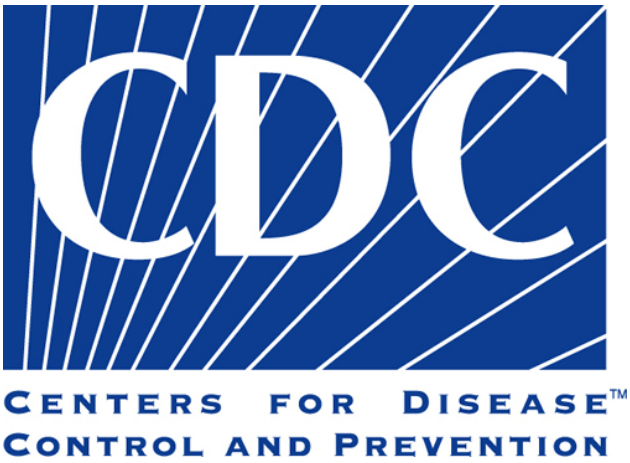

Centers for Disease Control and Prevention

NATIONAL CENTER FOR ENVIRONMENTAL HEALTH

Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children

CDC-RFA-EH21-2102

05/14/2021

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-EH21-2102. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

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

B. Notice of Funding Opportunity (NOFO) Title:

Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children

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-EH21-2102

E. Assistance Listings Number:

93.197

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.

2. Due Date for Applications:

05/14/2021
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:
An informational conference call will be scheduled. Details about the informational call will be posted at: https://www.cdc.gov/nceh/lead/

G. Executive Summary:

1. Summary Paragraph

This announcement was amended to include the following.
1. The Statutory Authority was changed from 42 U.S.C. Section 247b-1 to 247b(k)(2)
2. The Application Due Date was changed from 04/25/2021 to 05/14/2021
All changes are reflected under applicable sections in the NOFO.

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2021 funds that will be awarded through cooperative agreements to support primary and secondary prevention strategies for childhood lead poisoning prevention and surveillance including: ensuring blood lead testing and reporting; enhancing blood lead surveillance; improving linkages to recommended services and developing policies for targeted, population-based interventions with a focus on community-based approaches for lead hazard elimination. As part of this Notice of Funding Opportunity (NOFO), recipients will be expected to demonstrate that processes are in place to identify children exposed to lead and link them to recommended services. To do so, recipients will be expected to work closely with other agencies and healthcare providers serving children, to ensure that a comprehensive system of identification, referral, follow-up, and evaluation is in place for children exposed to lead.

a. Eligible Applicants:
Limited

b. Funding Instrument Type:
CA (Cooperative Agreement)

c. Approximate Number of Awards
61
Component A: 51
Component B: 10

d. Total Period of Performance Funding:
$ 100,000,000

e. Average One Year Award Amount:
$ 350,000
Component A: $350,000 Per Budget Period
Component B: $250,000 Per Budget Period

f. Total Period of Performance Length:
5

g. Estimated Award Date:
September 30, 2021

h. Cost Sharing and / or Matching Requirements:
No

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview
Significant progress has been made in reducing population exposures to lead in the United States due, in large part, to successful policies aimed at the removal of lead in gasoline and control of lead in residential paint and consumer products. Nonetheless, there is no safe blood lead level (BLL), and hundreds of thousands of U.S. children still have BLLs that are unacceptably high. More effective screening (*see Glossary for blood lead screening definition*) and follow-up is needed and must be focused where children at highest risk are most likely to benefit. Young children are particularly vulnerable to the long-term health and developmental effects of lead exposure including intellectual and behavioral deficits. The primary source of lead exposure to children is the home environment: some 24 million homes have significant lead-based paint hazards and at least 6-10 million homes have lead service lines that may result in exposure to lead from drinking water. Deteriorating paint, depositions from leaded gasoline, hazardous waste sites, and industrial emissions can also create lead hazards in dust and soil in and around the home. In addition, children may be exposed through other sources (e.g., consumer products or foods decorated or made with lead, workplace hazards brought home from the job, certain traditional remedies and cosmetics used in certain cultures, lead-based hobbies or recreational activities). Primary prevention – the removal of lead hazards from the environment before a child is exposed – is the most effective way to ensure that children do not experience the harmful effects of lead exposure. However, blood lead screening tests and secondary prevention strategies remain an essential safety net for children who may be exposed to lead. Low-income and minority children bear a disproportionate burden of lead exposure risk and significant disparities in BLLs exist by race/ethnicity, poverty status, and geographic location. Public health action is needed to improve health equity by supporting strategies and activities to eliminate disparities in BLLs by social, demographic, and geographic factors and, ultimately, eliminate childhood lead poisoning as a public health problem. CDC's key programmatic strategy is to strengthen childhood lead poisoning prevention programs by improving blood lead screening test rates, identifying high- risk populations, and ensuring effective follow-up for children with elevated BLLs. State-based childhood blood lead surveillance systems need to integrate information from several sources including: childhood lead poisoning prevention programs at the state and local levels, public and private laboratories, health care providers, and other state and local health, environmental, and housing agencies. One inherent limitation of these systems is the reliance on data reported by clinical laboratories and healthcare providers which are often incomplete. Assuring accurate and complete reporting of all blood lead tests, including information on sociodemographic and geographic risk factors, is a vital component of effective surveillance to ensure health equity.
Therefore, CDC will support recipients in accomplishing these strategies through two components. Component A includes coordinating statewide screening and testing plans, implementing effective blood lead surveillance systems, and supporting linkages to services. Component B includes developing targeted population-based interventions for local jurisdictions.

b. Statutory Authorities

This NOFO was amended to change the Statutory Authorities from 42 U.S.C. Section 247b-1 to 42 U.S.C. Section 247b(k)(2)

c. Healthy People 2030

CDC's National Center for Environmental Health (NCEH) is committed to achieving the HHS health promotion and disease prevention objectives of Healthy People 2030 found at: https://www.healthypeople.gov/. This NOFO addresses the Healthy People 2030 topics of Housing and Homes and Environmental Health. This NOFO is specifically committed to addressing the Healthy People 2030 goals of reducing: (1) exposure to lead and (2) blood lead levels in children ages 1-5.

d. Other National Public Health Priorities and Strategies

This NOFO supports the Federal Action Plan to Reduce Childhood Lead Exposures and Associated Health Impacts developed by the Lead Subcommittee of the President Task Force on Environmental Health Risks and Safety Risks to Children.

e. Relevant Work

The Lead Contamination Control Act of 1988 authorized CDC to initiate program efforts to eliminate childhood lead poisoning in the United States. From 1990 to 2012, CDC supported comprehensive childhood lead poisoning prevention programs in state and local health departments. From 2014 to 2020, CDC supported strategic programmatic activities to rebuild capacity under CDC-RFA-EH14-1408; CDC-RFA-EH17-1701; and CDC-RFA-EH18-1806. This NOFO supports approaches for coordinating screening and testing plans, implementing effective blood lead surveillance systems, and developing policies and strategic partnerships and interventions to ensure a comprehensive system exists for the identification, referral, and follow-up of children exposed to lead.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-EH21-2102 Logic Model:

Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children

Strategies and Activities	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
1. Ensure Blood Lead Testing and Reporting · Develop and sustain a statewide Lead Advisory Committee.	Increased collaboration and coordination between appropriate stakeholders.	**Improved blood lead testing and reporting rates for children less than 6 years of age at risk**	**Decreased disparities in blood lead levels by race/ethnicity**

· Develop or update and implement an appropriate statewide screening plan based on local data.	Increased awareness of pediatric health care providers and clinical laboratories of state blood lead testing recommendations and reporting requirements.	**for lead exposure.**	**and socioeconomic status** Decrease adverse health effects of lead exposure in children
2. <u>Enhance Blood Lead Surveillance</u> · Develop, update, or maintain a blood lead surveillance system that collects and tracks all blood lead test results and follow-up data on children with elevated blood lead levels including environmental source investigations and referrals to recommended services. · Develop and implement plans for surveillance data collection, data quality, and data dissemination with a focus on data interoperability. · Conduct analyses of surveillance data to identify lead-exposed children, high-risk populations, and geographic areas.	Increased linkages between complementary data systems (e.g., Medicaid, immunization, adult blood lead, vital statistics). Increased identification of geographic areas and populations at-risk for lead exposure using enhanced data linkages.	**Improved use of surveillance system data to capture missing data on child demographic and follow-up information.**	Decreased societal costs associated with childhood lead exposure (e.g., healthcare, special education, criminal justice system). Decreased number of children living in environments at high risk of lead exposure.

3. <u>Improve Linkages of Lead-Exposed Children to Recommended Services</u> · Identify children with elevated blood lead levels requiring follow-up · Partner with programs and organizations that provide services to mitigate the effects of elevated blood lead levels. · Connect children with elevated blood lead levels to recommended medical, environmental, and social services.	Increased identification, tracking, and recommended services for children with elevated blood lead levels. Increased ability for public health agencies, health care professionals, and other stakeholders to provide linkages to services and reduce loss to follow-up.	**Improved rates of children less than 6 years of age with elevated blood lead levels linked to recommended services.**
4. <u>Develop Targeted Population-Based Policy Interventions</u> · Develop strategic partnerships and policies to implement targeted, population-based interventions aimed at primary prevention of lead exposure with a focus on community-based approaches for lead hazard elimination.	Improved policies for targeted community- based approaches aimed at primary prevention of lead exposure in children.	Decreased lead hazards in housing occupied by vulnerable populations (such as children). Decrease other sources of lead exposure in targeted communities.

i. Purpose

This NOFO supports overarching program strategies related to:

1. <u>secondary prevention of childhood lead poisoning</u> through the core public health functions of assurance (ensuring blood lead testing and reporting, and improving linkages to recommended services) and assessment (enhancing blood lead surveillance) –and–
2. <u>primary prevention of childhood lead poisoning</u> through targeted, population-based policy interventions with a focus on community-based approaches for lead hazard elimination.

ii. Outcomes

Recipients must be able to use their childhood blood lead surveillance system to collect and report data to CDC to support the following period of performance outcomes (shown in **bold** on the **CDC-RFA-EH21-2102** Logic Model: *Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children*):

- Improved blood lead testing and reporting rates for children less than 6 years of age at risk for lead exposure (e.g., screening/testing penetrance and the incidence and prevalence of children with blood lead levels greater than or equal to the CDC blood lead reference value) and other important blood lead levels categories.
- Improved use of surveillance system data to capture missing data on child demographic and follow-up information (e.g., address, race/ethnicity, socioeconomic status, small geographic area [zip code or census tract], referrals to recommended services, completion of services by type).
- Improved rates of children less than 6 years of age who meet state case definitions who are linked to recommended services (e.g., environmental inspections, medical evaluations, nutritional counseling, developmental milestones).
- Decreased disparities in blood lead levels by race/ethnicity and socioeconomic status.

iii. Strategies and Activities
COMPONENT A: Blood Lead Screening, Surveillance, and Linkages to Care

Strategy 1. Ensure Blood Lead Testing and Reporting:

- Develop and sustain a statewide lead advisory committee comprised of appropriate stakeholders (e.g., representatives from academia, healthcare, non-profit or community- based organizations, clinical laboratories, state and local housing agencies, tribes or tribal organizations).
    - Evidence of a functioning and sustainable statewide advisory committee to make statewide recommendations for blood lead testing based on local data.
- Develop or update and implement an appropriate statewide screening and testing plan based on local data in collaboration with statewide lead advisory committee.
    - Evidence of a statewide screening and testing plan based on current data that provides clear blood lead testing guidance to pediatric healthcare providers.
    - Evidence of a blood lead test reporting policy to ensure that clinical laboratories and healthcare providers understand and comply with reporting requirements.
    - Evidence of a sustainability plan to ensure regular review of data and updates needed to statewide screening/testing recommendation.

Strategy 2. Enhance Blood Lead Surveillance:

- Develop, update, or maintain a blood lead surveillance system that collects and tracks all blood lead test results and follow-up data on children with elevated blood lead levels including environmental source investigations and referrals to recommended services.
    - Evidence of a sustainable and integrated childhood blood lead surveillance system able to generate population-level screening/testing rates and follow-up data on environmental source investigations and referrals to recommended services.
    - Evidence of ability to collect essential information including race/ethnicity, socioeconomic status, and geographic locations at the zip code or census tract level.

- Develop and implement plans for surveillance data collection, data quality checks, and data dissemination with a focus on data interoperability.
    - Evidence of strategic collaborations with relevant agencies (e.g., state Medicaid, vital records, immunization program) to generate appropriate denominators (e.g., total population of children age 6 years or younger, total number of children enrolled in Medicaid by age) and risk-factor data (see "Target Populations").
    - Evidence of surveillance system data management and analysis plans with appropriate stakeholders' roles and responsibilities outlined.

- Conduct analyses of surveillance data to identify lead-exposed children, high-risk populations, and geographic areas.
    - Evidence of surveillance system reporting and dissemination plans with appropriate stakeholders' roles and responsibilities outlined.

Strategy 3. Improve Linkages of Lead-Exposed Children to Recommended Services:

- Identify children with elevated blood lead levels requiring follow-up.
    - Evidence of alerts available in surveillance system to flag and track children with elevated blood lead levels requiring follow-up.

- Partner with programs and organizations that provide services to mitigate the effects of elevated blood lead levels.
    - Evidence of data sharing, data matching, and/or memoranda of understanding/agreement with key partners.

- Connect children with elevated blood lead levels to recommended medical, environmental, and social services.
    - Evidence of ability to capture information on referrals to recommended services (e.g., case management services initiated, received, and completed) within the surveillance database.

COMPONENT B: Targeted Interventions

Strategy 4. Develop Targeted, Population-Based Interventions:

- Develop strategic partnerships and policies to implement targeted, population-based interventions aimed at primary prevention of lead exposure with a focus on community- based approaches for lead hazard elimination.
    - Evidence of a detailed policy design and implementation plan, including timeline, objectives, methods, and key stakeholders.
    - Ability to develop and conduct outreach as well as education to lead workforce, partners, and other stakeholders;
    - Description of a plan to educate public, partners, and stakeholders about lead-related issues

1. Collaborations

a. With other CDC programs and CDC-funded organizations:
ALL APPLICANTS
Applicants should provide evidence of any collaborations with other relevant CDC programs and CDC-funded organizations. Examples of relevant CDC programs include, but are not limited, to:

- Environmental Public Health Tracking (EPHT) Program http://www.cdc.gov/nceh/tracking/
- Adult Blood Lead Epidemiology and Surveillance (ABLES) Program https://www.cdc.gov/niosh/topics/ables/
- ATSDR Partnership to Promote Local Efforts to Reduce Environmental Exposure (APPLETREE) Programs https://www.atsdr.cdc.gov/states/index.html
- Pediatric Environmental Health Specialty Units https://www.pehsu.net/
- Developmental Disabilities https://www.cdc.gov/ncbddd/developmentaldisabilities/index.html
- Immigrant and Refugee Health https://www.cdc.gov/immigrantrefugeehealth/index.html
- National Asthma Control Program https://www.cdc.gov/asthma/nacp.htm
- Immunization Information Systems https://www.cdc.gov/vaccines/programs/iis/index.html
- National Vital Statistics System https://www.cdc.gov/nchs/nvss/births.htm
- Racial and Ethnic Approaches to Community Health (REACH) https://www.cdc.gov/nccdphp/dnpao/state-local-programs/reach/index.htm

Strategies should be implemented for leveraging resources from other allowable federally-funded programs and/or state, local, charity, nonprofit or for-profit entities, or internal agency programs. Applicants are expected to develop a sustainability plan working with partners to

assure that the goals of the project and efforts to achieve desired outcomes will continue beyond the period of performance.

b. With organizations not funded by CDC:
ALL APPLICANTS

Applicants **should** engage applicable state agencies in partnership agreements (e.g., State Medicaid agency, vital statistics).

- Applicants should provide an MOU, MOA, data-sharing agreement, or letter of support to verify evidence of a collaboration with the state agency to share data on children less than 16 years of age. The appropriate document should be uploaded as a single PDF, combined with any other documents on optional collaborations (below), using the file name "MOUs/MOAs" at www.grants.gov.

Applicants **should** also engage other relevant federal, state, and local government agencies; tribes or tribal organizations; hospitals and health care providers; clinical laboratories; non-government organizations; non-profit agencies; private foundations and businesses; and academic institutions in their jurisdictions, particularly those with a focus on child health and environmental/occupational health, and leverage resources and opportunities to reach target populations, share data/information, and achieve outcomes expected under this NOFO. Applicants should provide MOU, MOA, or letter of support to verify evidence of the collaborations. The appropriate documents should be uploaded as a single PDF, combined with any other documents using the file name "MOUs/MOAs" at www.grants.gov. Examples of such organizations include, but are not limited, to:

- U.S. Department of Housing and Urban Development (HUD) Office of Lead Hazard Control and Healthy Homes (OLHCHH) https://www.hud.gov/program_offices/healthy_homes
- Centers for Medicare and Medicaid Services (CMS) Early and Periodic Screening, Diagnostic and Treatment (EPSDT) https://www.medicaid.gov/medicaid/benefits/epsdt/index.html
- Special Supplemental Nutrition Program for Women, Infants and Children (WIC) https://www.fns.usda.gov/wic
- Health Resources & Services Administration (HRSA): State Title V Maternal and Child Health programs; Maternal, Infant, and Early Childhood Home Visiting Program; Healthy Start Program https://mchb.hrsa.gov/
- U.S. Environmental Protection Agency (EPA) https://www.epa.gov/lead
- U.S. Department of Education Early Childhood Education Initiatives https://www2.ed.gov/about/inits/ed/earlylearning/index.html
- Indian Health Service Environmental Health Support Center https://www.ihs.gov/ehsc/

- Community-based, nonprofit and/or faith-based organizations
- State and local health and housing agencies
- Private and public laboratories
- Hospitals and healthcare systems
- Academic institutions
- Accredited environmental health and housing practitioners and their organizations

Strategies should be implemented for leveraging resources from other allowable federally-funded programs and/or state, local, charity, nonprofit or for-profit entities, or internal agency programs. Applicants are expected to develop a sustainability plan working with partners to assure that the goals of the project and efforts to achieve desired outcomes will continue beyond the period of performance.

COMPONENT B
If the applicant is not a state health department or bona fide agent of the state:

- Applicants must provide a letter of support from the state indicating willingness to coordinate prevention efforts to reduce duplication of efforts. The appropriate document should be uploaded as a single PDF, combined with any other documents on optional collaborations, using the filename "Letter of Support" at www.grants.gov.

2. Target Populations
The target population for this program is children less than 6 years (72 months) of age with a specific focus on children less than 3 years (36 months) of age. Priority should be given to high-risk children disproportionately affected by lead exposure and lead poisoning, particularly those children living in areas that include: homes built before 1978; low-income or subsidized housing with suspected or known lead hazards; hazardous waste sites or industrial emissions containing lead; racial and ethnic minorities; and recent immigrants. Medicaid-eligible and Medicaid-enrolled children, as well as children receiving services from the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), represent high-risk target populations.

a. Health Disparities
Despite significant progress in lowering population BLLs overall, certain populations, including racial and ethnic minorities, recent immigrants, and those in certain geographic areas, remain at high risk for lead exposure. Non-English-speaking populations, people with limited health literacy, tribal populations, and those living in rural areas and other geographically underserved communities may also be at high risk. A major focus of this NOFO is to improve the ability to identify, screen, refer, and monitor high-risk children with the aim of reducing disparities in BLLs and associated health outcomes and improve social determinants of health among populations at greatest risk.

iv. Funding Strategy
Applicants can apply for Component A only, Component B only, or Components A & B. Applicants must include a separate individual work plan and budget for both Components A and B.

COMPONENT A
Applicants are eligible for awards of $300,000-500,000 (based on population and demonstration of need) to support the development of a comprehensive lead poisoning prevention program. Under this Notice of Funding Opportunity (NOFO), applicants are applying for support related to: Strategy 1) ensure blood lead testing and reporting, Strategy 2) enhance blood lead surveillance, and Strategy 3) improve linkages of lead-exposed children to recommended services. Applicants are expected to demonstrate that processes are in place to identify children with blood lead levels greater than or equal to the CDC blood lead reference value and to track this data. Applicants are also expected to demonstrate that processes are in place to ensure that 1) children with blood lead levels greater than or equal to the CDC blood lead reference value are linked with recommended services and 2) that children who meet state case definition for the given jurisdiction are linked to case management services and follow-up care.

COMPONENT B
Applicants are eligible for $150,000-350,000 to support targeted population-based interventions. Under this Notice of Funding Opportunity (NOFO), applicants are applying for support related to: Strategy 4) develop targeted, population-based policy interventions. Applicants are expected to develop interventions that support development of targeted, population-based interventions with a focus on community-based primary prevention approaches for lead hazard elimination.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

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/additionalrequirements/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.

Describe available data sources and feasibility of collecting the required process and outcome measures outlined above. Applicants should use the DMP template at https://www.reginfo.gov/public/do/DownloadDocument?objectID=101621901.

c. Organizational Capacity of Recipients to Implement the Approach
Describe the applicant's Organizational Capacity needed to implement the award:

- CVs/Resumes and Organizational Chart(s) must be provided in separate files labeled "CVs/Resumes" and "Organizational Chart(s)" and uploaded at www.grants.gov.

    - **Component A:**
        - Demonstrates relevant experience and capacity (management, administrative, and technical) to implement the proposed activities and achieve the expected project outcomes. Provides CVs/resumes of key staff including: Principal Investigator, Program Manager, and Surveillance Epidemiologist.
        - Demonstrates that adequate staffing are available to perform activities outlined in this NOFO. Provides a staffing plan of current and proposed personnel, including qualifications and specific expertise as it relates to the requirements set forth in this announcement, and a project management structure that will be sufficient to achieve the project outcomes and that clearly defines staff roles. If applicable, provides organizational management assurances and a plan for identifying and hiring qualified applicants for vacant position(s) on a timely basis. Provides an organizational chart.
        - Details a work plan that is aligned with the strategies/activities and expected short, intermediate, and long-term outcomes of this NOFO, and performance measures proposed by CDC. Provides a sustainability plan to assure that the goals of this NOFO and efforts to achieve desired outcomes will continue beyond the period of performance.
        - Demonstrates the existence of established relationships to leverage local partners and resources to ensure that a comprehensive system of recommended services exists for the identification, referral, follow-up, and evaluation of children exposed to lead. Provides evidence of the ability for state health department to work closely with local health departments (and other local agencies and healthcare providers) serving children in high-risk

areas to collect and report information on recommended services to CDC on a quarterly basis.

- Demonstrates the necessary experience, information technology infrastructure, and resource capacity to implement an integrated childhood blood lead surveillance system that maximally leverages existing tools, data sources, and systems/platforms. Demonstrates that surveillance data efforts adhere to national data and technology standards to support interoperability of system-to-system data exchange. Demonstrates ability to submit required surveillance data variables to CDC on a quarterly basis.

- **Component B:**
  - Demonstrates relevant experience and capacity (management, administrative, and technical) to implement the proposed activities and achieve the expected project outcomes. Provides CVs/resumes of key staff including: Principal Investigator, Program Manager, and Surveillance Epidemiologist.
  - Demonstrates that adequate staff are available to perform activities and reporting requirements outlined in this NOFO. Provides a staffing plan of current and proposed personnel, including qualifications and specific expertise as it relates to the requirements set forth in this announcement, and a project management structure that will be sufficient to achieve the project outcomes and that clearly defines staff roles. If applicable, provides organizational management assurances and a plan for identifying and hiring qualified applicants for vacant position(s) on a timely basis. Provides an organizational chart.
  - Provides letters of support from public health department programs, agencies, or organizations to demonstrate ability to build and maintain partnerships. Applicants should name letters of support as "LOS_#" and upload the files as a pdf at www.grants.gov.

d. Work Plan

Applicants should provide a detailed work plan for the first year of the project and a high-level work plan for subsequent years. The components in the work plan should crosswalk to the strategies and activities, outcomes, and evaluation and performance measures presented in the logic model and the narrative sections of the NOFO.

Period of Performance Outcome: *[from Outcomes section and/or logic model]*		**Outcome Measure:** *[from Evaluation and Performance Measurement section]*	
Strategies and Activities	**Process Measure** *[from Evaluation and*	**Responsible Position/Party**	**Completion Date**

	Performance Measurement section]		
1.			
2.			
3.			
4.			
5.			
6.			

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.

CDC will use performance measures data collected to track and monitor recipient progress, provide feedback and technical assistance, and access collective progress toward achieving NOFO outcomes by aggregating and analyzing data aggregated across all recipients. Recipient surveillance data will be used to:

- Determine blood lead testing and reporting rates and trends for children less than 6 years of age at risk for lead exposure including screening/testing penetrance, and incidence and prevalence of children

with blood lead levels greater than or equal to the CDC blood lead reference value.

- Determine number, percentage, and trends of blood lead testing records with missing data on child demographic and follow-up information (e.g., race/ethnicity, socioeconomic status, small geographic area [zip code or census tract], referrals to recommended services by type)
- Determine rates and trends of children less than 6 years of age with blood lead levels greater than or equal to the CDC blood lead reference value who are linked to recommended services (e.g., environmental inspections, medical evaluations, nutritional counseling, developmental milestones).
- Determine disparities and related trends in blood lead levels by race/ethnicity and socioeconomic status.

In addition to surveillance system data, recipients must collect and report complementary data from relevant agencies (e.g., Medicaid, immunization, adult blood lead, vital statistics).
CDC will provide feedback on recipient progress via monthly calls, email, and written review of recipient's Evaluation and Performance Measurement Plan. CDC will report annually on individual recipient performance measures progress and aggregated progress across all recipients on the Lead Poisoning Prevention Program website, and periodically through published reports (e.g. Morbidity and Mortality Weekly Report).

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:
UE2

3. Fiscal Year:
2021

4. Approximate Total Fiscal Year Funding:
$ 20,000,000

5. Total Period of Performance Funding:
$ 100,000,000
This amount is subject to the availability of funds.

Estimated Total Funding:
$ 100,000,000

6. Total Period of Performance Length:
5

year(s)

7. Expected Number of Awards:
61
Component A: 51
Component B: 10

8. Approximate Average Award:

$ 350,000
Per Budget Period

Component A: $350,000 Per Budget Period
Component B: $250,000 Per Budget Period

9. Award Ceiling:
$ 850,000
Per Budget Period

This amount is subject to the availability of funds.

Component A: $500,000 Per Budget Period
Component B: $350,000 Per Budget Period

10. Award Floor:
$ 150,000
Per Budget Period

Component A: $300,000 Per Budget Period
Component B: $150,000 Per Budget Period

11. Estimated Award Date:
September 30, 2021

12. Budget Period Length:
12 month(s)

Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the 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).

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:
02 (City or township governments)

01 (County governments)

00 (State governments)

07 (Native American tribal governments (Federally recognized))

Additional Eligibility Category:

Government Organizations:

State governments or their bona fide agents (includes the District of Columbia)

Local governments or their bona fide agents

2. Additional Information on Eligibility

Eligibility is limited to the organizations noted above, in accordance with 42 U.S.C. Section 247b(k)(2)

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:
No

5. Maintenance of Effort

N/A

D. Application and Submission Information

1. Required Registrations

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

a. Data Universal Numbering System:
All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements.
The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at http:// fedgov.dnb. com/ webform/ displayHomePage.do. The DUNS number will be provided at no charge.
If funds are awarded to an applicant organization that includes sub-recipients, those sub-

recipients must provide their DUNS numbers before accepting any funds.

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

c. Grants.gov:
The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Applicant Registration" option at www.grants.gov.
All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants should start the registration process as early as possible.

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	1. Click on http:// fedgov.dnb.com/ webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/ webform) or call 1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	1. Retrieve organizations DUNS number 2. Go to https://www.sam.gov/SAM/ and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/ fsd-gov/ home.do Calls: 866-606-8220

3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

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

3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this notice of 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 or postmarked by)

Number Of Days from Publication 30

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

b. Application Deadline

Due Date for Applications 05/14/2021

05/14/2021
11:59 pm U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Due Date for Information Conference Call

An informational conference call will be scheduled. Details about the informational call will be posted at: https://www.cdc.gov/nceh/lead/

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 DUNS.

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

The purpose of a letter of intent (LOI) is to allow CDC program staff to estimate the number of and plan for the review of submitted applications. The following information should be included:

- Number and title of this NOFO
- Descriptive title of proposed project
- Indicate if applying for Component A only, Component B only, or Components A & B and amount of funding requested
- Name, address, telephone number, and email address of the Principal Investigator

LOI should be sent via email to:

Lead Poisoning Prevention and Environmental Health Tracking Branch

Division of Environmental Health Science and Practice

National Center for Environmental Health

Centers for Disease Control and Prevention

Department of Health and Human Services

Email: LPPS@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

(Unless specified in the "H. Other Information" section, maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. This includes the work plan. Content beyond the specified page number will not be reviewed.)

Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at www.grants.gov. The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire period of performance as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. 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 public health problem as described in the CDC Background section.

ii. Outcomes

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

iii. Strategies and Activities

Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the 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 project period. See the Strategies and Activities section of the CDC Project Description.

1. Collaborations

Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC. Applicants 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 http://www.hhs.gov/ ocio/policy/collection/.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, 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.

Applicants should use the DMP template at https://www.reginfo.gov/public/do/DownloadDocument?objectID=101621901.

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.

13. 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.

14. Pilot Program for Enhancement of Employee Whistleblower Protections

Pilot Program for Enhancement of Employee Whistleblower Protections: All applicants will be subject to a term and condition that applies the terms of 48 Code of Federal Regulations (CFR) section 3.908 to the award and requires that 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.

15. 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.

16. 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 and additional guidance on lobbying for CDC recipients.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

Recipients may not use these funds for direct clinical services or to purchase consumable materials such as: blood lead test kits, dust wipe kits, water sample kits, XRF source material, or other medical or environmental testing supplies.

17. 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/additionalrequirements/ar-25.html

18. Other Submission Requirements

a. Electronic Submission:

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

application. The tracking number documents that the application has been submitted and initiates the required electronic validation process before the application is made available to CDC.

c. Validation Process: Application submission is not concluded until the validation process is completed successfully. After the application package is submitted, the applicant will receive a "submission receipt" e-mail generated by www.grants.gov. A second e-mail message to applicants will then be generated by www.grants.gov that will either validate or reject the submitted application package. This validation process may take as long as two business days. Applicants are strongly encouraged to check the status of their application to ensure that submission of their package has been completed and no submission errors have occurred. Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the 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= Get_Started%2FGet_Started. htm

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

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

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

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

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

E. Review and Selection Process

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

a. Phase 1 Review

All applications will be initially reviewed for eligibility and completeness by CDC Office of Grants Services. Complete applications will be reviewed for responsiveness by the 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

i. Approach **Maximum Points:** 50

Evaluate the extent to which the applicant:

Component A:

- Describes existing environmental lead hazards (e.g., homes built prior to 1978 and other known or suspected lead hazards), justifies the need for this program, and adequately describes high-risk areas or subpopulations at greatest risk for lead exposure within the state. (**5 points**)
- Describes efforts to develop and sustain a statewide lead advisory committee comprised of appropriate experts and stakeholders to make statewide recommendations for blood lead testing based on local data and conditions. (**5 points**)
- Demonstrates strategies and specific methods to use locally-relevant data to develop, implement, and update a statewide screening/testing plan for blood lead testing of children less than 6 years of age, including an emphasis on ensuring universal testing of Medicaid- enrolled children. (**5 points**)
- Describes planned or existing data-sharing agreements with health, housing, environmental, or other relevant agencies to ensure collection of information necessary to evaluate lead exposure risk or evaluate effectiveness of interventions (e.g., population denominators, sociodemographic variables, tax assessor data, code enforcement actions, environmental remediations, health or educational outcomes). (**5 points**)
- Demonstrates evidence of a blood lead surveillance system to collect, analyze, and interpret the results of all blood lead tests completed on children in the state,

including an emphasis on collection of risk-factor data on race/ethnicity, socioeconomic status, and geographic area (e.g., zip code or census tract). Describes the current surveillance system and its capacity to collect electronic laboratory results, store sociodemographic and housing variables (in addition to blood lead test results), prepare extracts of required variables for submission to CDC, and track referrals for recommended services. (**5 points**)

- Describes a detailed plan for the analysis, interpretation, and dissemination of surveillance data, including an emphasis on providing feedback to healthcare providers and clinical laboratories on compliance with blood lead testing and reporting requirements and ensuring reporting of required surveillance data variables to CDC on a quarterly basis. (**5 points**)
- Demonstrates the ability to interpret blood lead test results on children less than 6 years of age to describe statewide screening/testing penetrance (i.e., number of children tested/number of children at risk for lead exposure) and the incidence and prevalence of children with blood lead test results greater than or equal to the CDC blood lead reference value for the population of children in a given geographic area (e.g., census tract, zip code, city, county, state). (**5 points**)
- Demonstrates evidence of a statewide system or process to identify, refer, and monitor children with blood lead test results greater than or equal to the CDC blood lead reference value for recommended services, including an emphasis on ensuring that these children receive recommended evaluation and follow-up services. (**10 points**)

  o If partnering with the local health department in high-risk area(s), evidence of a collaboration with the local health department(s) to ensure that a comprehensive system of identification, referral, follow-up, and evaluation is in place for children exposed to lead in the state.

- Describes a detailed plan to track the number of children referred for recommended services and the timeliness and type of services provided, including an emphasis on evidence of the ability to report required performances measures to CDC on a quarterly basis. (**5 points)**

ii. Evaluation and Performance Measurement **Maximum Points:** 25

Evaluate the extent to which the applicant:

Component A:

- Demonstrates the ability to capture appropriate denominator data through data-sharing agreements with vital records or other relevant departments/agencies in order to report on screening/testing penetrance, and the incidence and prevalence of children with blood lead levels greater than or equal to the CDC blood lead reference value. (**5 points**)
- Demonstrates the ability to capture essential risk factor information on race/ethnicity, socioeconomic status, small geographic area [zip code or census tract] in order to report on health equity measures and decreased disparities in blood lead levels. (**5 points**)

- Demonstrates the ability to ensure that Medicaid-enrolled children are receiving required blood lead tests through data-sharing agreements with State Medicaid agency or other relevant departments/agencies in order to report on the number of Medicaid- enrolled children receiving blood lead tests by age. (**5 points**)
- Demonstrates the ability to capture information on the number of children referred to recommended services, the completion of services by type, and the timeliness of recommended services in order to ensure a comprehensive recommended services system exists. (**5 points**)
- Describes how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities; used for continuous program quality improvement; and contribute to developing the evidence base for effectiveness of strategies and interventions. Provides a preliminary Data Management Plan (DMP) or acknowledges concurrence with CDC's DMP. (**5 points**)

iii. Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 25

Evaluate the extent to which the applicant addresses the items below.

Component A:

- Demonstrates relevant experience and capacity (management, administrative, and technical) to implement the proposed activities and achieve the expected project outcomes. Provides CVs/resumes of key staff including: Principal Investigator, Program Manager, and Surveillance Epidemiologist. (**5 points**)
- Demonstrates that adequate staffing are available to perform activities outlined in this NOFO. Provides a staffing plan of current and proposed personnel, including qualifications and specific expertise as it relates to the requirements set forth in this announcement, and a project management structure that will be sufficient to achieve the project outcomes and that clearly defines staff roles. If applicable, provides organizational management assurances and a plan for identifying and hiring qualified applicants for vacant position(s) on a timely basis. Provides an organizational chart. (**5 points**)
- Details a work plan that is aligned with the strategies/activities and expected short, intermediate, and long-term outcomes of this NOFO, and performance measures proposed by CDC. Provides a sustainability plan to assure that the goals of this NOFO and efforts to achieve desired outcomes will continue beyond the period of performance. (**5 points**)
- Demonstrates the existence of established relationships to leverage local partners and resources to ensure that a comprehensive system of recommended services exists for the identification, referral, follow-up, and evaluation of children exposed to lead. Provides evidence of the ability for state health department to work closely with local health departments (and other local agencies and healthcare providers) serving children in high-risk areas to collect and report information on recommended services to CDC on a quarterly basis. (**5 points**)

- Demonstrates the necessary experience, information technology infrastructure, and resource capacity to implement an integrated childhood blood lead surveillance system that maximally leverages existing tools, data sources, and systems/platforms. Provides evidence that surveillance data efforts adhere to national data and technology standards to support interoperability of system-to-system data exchange. Provides evidence of the ability to submit required surveillance data variables to CDC on a quarterly basis. (**5 points**)

Budget **Maximum Points:** 0

Reviewed, but not scored:

Component A and B

The budget will be evaluated for the extent to which it is reasonable, clearly justified, and consistent with the intended use of the cooperative agreement funds. The applicant shall describe and indicate the availability of facilities and equipment necessary to carry out this project. Budget must align with the proposed work plan and should not include non-allowable costs.

i. Approach	**Maximum Points:** 0
ii. Evaluation and Performance Measurement	**Maximum Points:** 0
iii. Applicant's Organizational Capacity to Implement the Approach	**Maximum Points:** 0
Budget	**Maximum Points:** 0

c. Phase III Review

Applications will be ranked in the order of scores as determined by the review panel. The following lead exposure risk factors also may affect the funding decisions: population of children less than 6 years of age; percent of housing built before 1978; percent of population living below poverty. Funding determinations will be based upon a combination of rank order, lead risk factors, and other factors to consider diversity of recipients.

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

Application packages will be available at www.grants.gov.

Anticipated award date: 09/30/2021.

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 the DUNS, SAM Registration, and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements.

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

2. Administrative and National Policy Requirements

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 http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17.

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

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

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
Surveillance Data	Quarterly extracts of surveillance variables in required format due by end of following quarter for each budget period: March 31, June 30,September 30, December 31	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	90 days after end of period of performance.	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30; April 30; July 30; and October 30.	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 publically available website.
• How evaluation findings will be used to ensure continuous quality and program improvement.
• How evaluation will yield findings to demonstrate the value of the 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 than 120 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.

In addition, the Recipients should complete the following requirements:

Requirement 1 – Component A: Recipients are required to report blood lead surveillance data on a quarterly basis and include information on the following outcomes in the annual report narrative:

- Improved blood lead testing and reporting rates for children less than 6 years of age at risk for lead exposure (e.g., screening/testing penetrance, and the incidence and prevalence of children with blood lead levels greater than or equal to the CDC blood lead reference value).
- Improved use of surveillance system data to capture missing data on child demographic and follow-up information (e.g., race/ethnicity, socioeconomic status, small geographic area [zip code or census tract], referrals to recommended services, completion of services by type).
- Improved rates of children less than 6 years of age with blood lead levels greater than or equal to the CDC blood lead reference value who are linked to recommended services (e.g., environmental inspections, medical evaluations, nutritional counseling, developmental milestones).
- Decreased disparities in blood lead levels by race/ethnicity and socioeconomic status.

Requirement 2 – All: Recipients are required to comply with CDC/ATSDR policy on public access to data. A data management plan (DMP) is required for each intramural and extramural collection of public health data covered by this policy. CDC meets federal requirements by tabulating de-identified national, state, and county-level aggregate (summary) data and making it available on CDC's website at: https://www.cdc.gov/nceh/lead/data/index.htm. Recipients must acknowledge compliance with CDC's Childhood Blood Lead Surveillance DMP (available upon request).
Requirement 3 – All: Arrange for two key staff, usually the Program Manager and Surveillance Epidemiologist, to attend the CDC Childhood Lead Poisoning Prevention and Surveillance annual cooperative agreement recipient meeting in Atlanta, GA (or other location to be determined by CDC).
Requirement 4 – All: Complete annual web-based **Awardee Lead Profile Assessment**. CDC will provide the link to the assessment upon request. The purpose of the assessment is to identify the context and policies used for implementing childhood lead poisoning prevention and surveillance activities in the United States.
Requirement 5 – All: Submit a **Success Story per Component funded** based on one of the activities in your annual report. A concise success story has one clearly defined challenge, describes an intervention taken to address that challenge, and tells the impact or outcome of that intervention that would not have been possible without the funding provided by this NOFO. Examples will be available at: https://www.cdc.gov/nceh/lead/programs/success-stories.htm. by December 2021. Use the information below to guide the creation of the success story.

Success Story Criteria

Title
Does the short title:

1. Capture the attention of the reader?
2. Avoid acronyms?
3. Contain a verb?

Challenge
Does the challenge statement:

1. Have a strong opening sentence?
2. Provide local, regional, or state information about the challenge? Such as how and when was the challenge discovered and where did the challenge occur?
3. Tie the burden (health, training, or threat) to a cost burden, if possible?
4. Specify the affected population and if this challenge affected a high-risk population? If so, what was the cause for high risk?
5. Provide an emotional hook?
6. Present a clear, concise statement about a single challenge?

Intervention
Does the intervention statement:

1. Have a strong opening transition sentence linking the issue to the intervention?
2. Identify who conducted the intervention?
3. Identify where and when the intervention occurred?
4. Specify the steps of the intervention and what actions were performed?
5. Explain specifically how this work ties to CDC funds?

Impact
Does the impact statement:

1. Give specific outcomes (e.g., money saved, change in health outcomes, number of people affected)?
2. Avoid broad, sweeping statements?
3. Provide conclusions that wrap up the story in a convincing manner?
4. Include quantitative results indicating a change from baseline conditions?
5. Describe any lessons learned including the key elements that made this a success?

General Formatting
Does the success story:

1. Use concise sentences and avoid passive language?
2. Avoid jargon and use terms that are understood by the general public?
3. Fit on one page?
4. Use bullets where possible?
5. Use narrative written in the third person?

The recipients must submit the Annual Performance Report via www.Grantsolutions.gov no later than 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.

Surveillance Data

Quarterly extracts of childhood blood lead surveillance variables in CDC required format due by end of following quarter for each budget period: March 31, June 30, September 30, December 31.

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 project period, 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).

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 notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

First Name:

Wilma

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

Address:
National Center for Environmental Health

Division of Environmental Health Science and Practice

Lead Poisoning Prevention and Environmental Health Tracking Branch

Telephone:
770-488-3300

Email:
LPPS@cdc.gov

Grants Staff Contact

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

First Name:
Kristal

Last Name:
Thompson-Black
Grants Management Specialist
Department of Health and Human Services
Office of Grants Services

Address:
Office of Financial Resources

Centers for Disease Control and Prevention

Telephone:

Email:
fmn4@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

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

Staffing plans that clearly define staff roles and expertise as they relate to the activities and outcomes

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

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 compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.

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 project period. Traditionally, budget periods are 12 months or 1 year.

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

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

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

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

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

Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the 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. http:// www.cdc.gov /grants /additionalrequirements /index.html.

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

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

Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The 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.

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.

NOFO-specific Glossary and Acronyms

Blood Lead Screen: A blood lead test for a child who previously did not have a confirmed elevated BLL. (Please note: this can also indicate a screening questionnaire).
Blood Lead Test: Any blood lead draw (capillary, venous or unknown sample type) on a child that produces a quantifiable result and is analyzed by a Clinical Laboratory Improvement Amendments (CLIA)-certified facility or an approved (CLIA waived) portable device.