Centers for Disease Control

National Center for Environmental Health

Childhood Lead Poisoning Prevention Projects, State and Local Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children

CDC-RFA-EH18-1806

Application Due Date: 08/09/2018

Childhood Lead Poisoning Prevention Projects, State and Local Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children

CDC-RFA-EH18-1806

TABLE OF CONTENTS

Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-EH18-1806. 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 Projects, State and Local 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)).
https://www.cdc.gov/os/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-EH18-1806

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

93.197

F. Dates:

1. Due Date for Letter of Intent (LOI):	**N/A**
2. Due Date for Applications:	**08/09/2018**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Date for Informational Conference Call:
An informational conference call will occur on Tuesday, July 17, 2018, from 2 to 3 p.m. eastern standard time. Call-in information is 855-644-0229, conference ID 6530827

Updated details about the informational call will be posted at: https://www.cdc.gov/nceh/lead/

G. Executive Summary:

1. Summary Paragraph:
The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2018 funds that will be awarded through cooperative agreements to support childhood lead poisoning prevention activities including: blood lead testing, surveillance, and targeted population-based interventions. In addition, as part of this Notice of Funding Opportunity (NOFO), recipients will be expected to demonstrate that processes are in place to identify lead-exposed children and link them to recommended services. More specifically, recipients will be

expected to work closely with other agencies, partners, other stakeholders serving children to ensure that a comprehensive system of referral, follow-up and evaluation is in place for lead-exposed children.

a. Eligible Applicants:	Limited
b. NOFO Type:	Cooperative Agreement
c. Approximate Number of Awards:	10
d. Total Period of Performance Funding:	$10,000,000
e. Average One Year Award Amount:	$400,000
f. Total Period of Performance Length:	2
g. Estimated Award Date:	09/30/2018
h. Cost Sharing and / or Matching Requirements:	N

No cost sharing or matching funds are required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

Part II. Full Text

A. Funding Opportunity Description

Part II. Full Text

1. Background

a. Overview

An estimated 500,000 children in the United States have blood lead levels (BLLs) at or above the CDC blood lead reference value. These children are at-risk for the intellectual and behavioral deficits and other adverse health effects caused by exposure to lead. The primary source of lead exposure to children is the home environment: some 38 million homes in the United States have lead-based paint hazards that can result in childhood lead poisoning. Low-income and minority children bear a disproportionate burden of lead exposure risk caused by lead hazards in the home environment. In addition, some areas of the United States report that as many as 35% of children identified with elevated BLLs are exposed to lead through sources other than lead-based paint in their homes (e.g., such as items decorated or made with lead). Public health action is needed to support activities to monitor and prevent lead exposure in children, to address lead hazards, and to eliminate childhood lead poisoning as a public health problem.

b. Statutory Authorities

This program is authorized under Sections 317(k)(2) and 317(A) of the Public Health Service Act, (42 U.S.C. Sections 247b(k)(2) and 247b-3(b)), as amended.

c. Healthy People 2020

The National Center for Environmental Health (NCEH) of CDC within HHS is committed to achieving the health promotion and disease prevention objectives of Healthy People 2020 found at: https://www.healthypeople.gov/. This NOFO is committed to the Healthy People 2020 lead-related goals of reducing: (1) blood lead levels above CDC's reference value, and (2) mean blood lead levels in young children, as well as disparities in blood lead levels based on race, ethnicity, and socioeconomic status, as public health concerns. This NOFO addresses the Healthy People 2020 topics of Maternal, Infant, and Child Health; Injury and Violence Prevention; and Environmental Health.

d. Other National Public Health Priorities and Strategies

This NOFO also supports the National Prevention Strategy's Healthy and Safe Community Environments. Additional information can be found at: https://www.hhs.gov/surgeongeneral/priorities/index.html

e. Relevant Work

The Lead Contamination Control Act of 1988 authorized the Centers for Disease Control and Prevention (CDC) to initiate program efforts to eliminate childhood lead poisoning in the United States. The CDC Childhood Lead Poisoning Prevention Program was created as a result of this act. From 1990 to 2012, CDC awarded funds to state and local health departments to support childhood lead poisoning prevention programs. In FY14 and FY17, CDC awarded 3-year funding for lead poisoning prevention strategic programmatic activities under CDC-RFA-EH14-1408PPHF14 and CDC-RFA-EH17-1701PPHF17, respectively. This NOFO directly builds on these programs and includes the same four strategic activities as CDC-RFA-EH17-1707PPHF17.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-EH18-1806
Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children
Logic Model

Strategies and Activities	Short-term Outcomes	Long-Term Outcomes
<u>Strengthen blood lead testing</u> • Develop and implement plan for blood lead testing of children	• **Increased numbers of children less than 6 years (72 months) of age tested for blood lead.**	
<u>Strengthen surveillance</u> • Develop, implement, and maintain HHLPSS or equivalent surveillance system • Develop and implement blood lead data collection, data quality and dissemination plan • Conduct analysis of surveillance data • Establish and implement surveillance reporting system and dissemination plan	• **Improved data usage that leads to a greater identification of geographic areas and populations at high-risk for lead exposure.**	
<u>Strengthen population-based interventions</u> • Develop and implement targeted population-based interventions • Educate public, partners, and stakeholders about lead-related issues • Develop and conduct trainings for lead workforce, partners, and other stakeholders • Develop and maintain collaborative relationships with community, local, and state partners and stakeholders to address priority challenges and opportunities	• **Increased ability to target interventions (e.g. education and outreach) to high-risk geographic areas and populations.**	• Reduced mean BLL in children aged less than 6 years (72 months) of age • Reduction of blood lead in children aged less than 6 years (72 months) of age • Reduction in housing with lead hazards • Improved academic outcomes for lead-exposed children • Reduced disparities in BLL based on race, ethnicity, or socio-economic status
<u>Strengthen processes to identify lead exposed children and linkage to services</u> • Provide support and subject matter expertise to systems that identify, refer, provide services to, and follow lead-exposed children • Collaborate with partners, stakeholders, and programs (e.g., early childhood education programs, social services, school systems, etc.) that can provide services to mitigate the effects of high blood lead levels • Connect lead-exposed children to community services • Conduct education and outreach to parents and providers of lead-exposed children	• **Increased identification of children exposed to lead and linkage to recommended services.**	• Reduced societal costs associated with lead-exposures (e.g. healthcare, special education, criminal justice system)

i. Purpose

This funding is intended to support activities to reduce childhood lead exposure and lead poisoning including strengthening: blood lead testing, surveillance, and targeted population-based interventions. Recipients will also be expected to demonstrate that processes are in place to identify lead-exposed children and link them to recommended services. Recipients will be expected to work closely with agencies and other stakeholders serving children to ensure that a system of blood lead testing, case management, referral, follow-up, surveillance/monitoring, and evaluation is in place.

ii. Outcomes

Recipients are expected to achieve and report the following short-term outcomes during the Period of Performance:

1. Increase the number of children less than 6 years (72 months) of age tested for blood lead.
2. Improve data usage that leads to a greater identification of geographic areas and populations at high-risk for lead exposed children.
3. Increase the ability to target interventions (e.g. education and outreach) to high-risk geographic areas and populations.
4. Increase the identification of children exposed to lead and link them to recommended services.

iii. Strategies and Activities

Applicants must use childhood lead poisoning prevention funding to accomplish the following four activities.

Strengthen Blood Lead Level Testing

In support of blood lead level testing, applicants should:

- Develop and implement a plan for increasing blood lead testing of children less than 6 years (72 months) of age.
- Develop and implement blood lead testing strategies, with special emphasis on achieving universal testing of Medicaid-enrolled children.

Strengthen Surveillance

Applicants are expected to implement a childhood lead poisoning surveillance system that can report to CDC quarterly on the number of children who are exposed to lead in housing, the number of houses that are identified with lead, and the nature and extent of lead in housing. In addition applicants must:

- Develop, implement, and maintain a blood lead surveillance system that will collect, compile, and track blood lead data and lead hazards data.
- Develop and implement a blood lead data collection, data quality and dissemination plan. Conduct analyses of surveillance data.

- Establish and implement surveillance reporting system and dissemination plan. Include information on how data will be collected, evaluated, reported, shared with partners, and disseminated to the public.

Surveillance data collection efforts should maximally leverage existing tools and systems and should adhere to national data and technology standards to support interoperability of system-to-system data exchange.

Strengthen Population-based Interventions

The following are population-based intervention activities that applicants should consider:

- Develop and implement targeted population-based interventions. Educate public, partners, and stakeholders about lead-related issues.
- Develop and conduct trainings for lead workforce, partners, and other stakeholders.
- Develop and maintain collaborative relationships with community, local, and state partners and stakeholders to address priority challenges and opportunities.

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

Maternal child and environmental public health databases (e.g., immunization registries; Adult Blood Lead Epidemiology and Surveillance [ABLES]; National Electronic Disease Surveillance System [NEDSS]; Environmental Public Health Tracking Network; Medicaid; and Special Supplemental Nutrition Program for Women, Infants and Children [WIC]); State and local housing and environmental quality authorities; and Housing data including that for housing code enforcement agencies and publicly owned or subsidized properties and Housing and Urban Development (HUD) collaborative programs.

Strengthen processes to identify lead-exposed children and linkage to services

The following activities should be considered in support of identifying lead-exposed children and linking them to services:

- Provide technical support and subject matter expertise to systems that identify, refer, provide services to, and follow lead-exposed children.
- Organize regular meetings with partners, stakeholders, and programs (e.g., early childhood education programs, social services, school systems, etc.) that can provide services to mitigate the effects of high blood lead levels.
- Connect lead-exposed children to services.
- Conduct education and outreach to parents and providers of lead-exposed children and those who are considered at-risk.

*The program should ensure that recipients adequately and appropriately inform the public that such education and outreach (mass communication campaigns) were supported with Federal dollars (if applicable).

*Applicants shall use education and outreach activities to raise awareness about lead-related issues and are explicitly prohibited from using Federal dollars for lobbying purposes.

1. Collaborations

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

Applicants should engage other CDC-funded programs in their jurisdictions, particularly those with a focus on child health and/or environmental health, and leverage opportunities to reach targeted populations, share databases, deliver services, and achieve outcomes expected under this NOFO. Applicants must file the MOU or MOA, as appropriate, name the file "MOUs/MOAs" and upload it as a PDF at grants.gov.

Examples of other CDC-funded programs include, but are not limited, to:

- Environmental Public Health Tracking Program http://www.cdc.gov/nceh/tracking/
- National Institute of Occupational Safety and Health?s Adult Blood Lead Epidemiology Program (ABLES) https://www.cdc.gov/niosh/topics/ables/
- State and local immunization and asthma programs and registries
- National Center for Birth Defects and Developmental Disabilities (NCBDDD) programs and registries
- Agency of Toxic Substances and Disease Registry's ATSDR's Partnership to Promote Local Efforts to Reduce Environmental Exposure (APPLETREE) grantees (https://www.atsdr.cdc.gov/states/index.html) or other local/state/regional ATSDR activities or assessments (https://www.atsdr.cdc.gov/dro/index/html).

b. With organizations not funded by CDC:

Applicants should work with relevant organizations external to CDC that could extend their reach to targeted populations, interface with other databases, and help facilitate activities under this NOFO. Letters of support/Memorandums of Understanding/Memorandums of Agreement stating agreed upon area of collaboration from relevant state officials and others should be included in the application.

Examples of such organizations are:

- U.S Department of Housing and Urban Development (HUD)
- Centers for Medicare and Medicaid Services (CMS)
- Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
- U.S. Environmental Protection Agency (EPA)
- HRSA Title V recipients
- HRSA Federal Home Visiting Program
- HRSA Healthy Start Program
- Maternal and child health programs
- Early childhood education programs
- 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 practitioners and their organizations

Strategies should be implemented for leveraging resources that include funds from other allowable federally funded programs and/or state, local, charity, nonprofit or for-profit entities, or internal agency resources.

Applicants are expected to create a capacity-building mechanism, with partners, that will provide training, education, technical support, mobilization, and consensus to improve the communities? ability to detect lead sources and identify risks and provide appropriate and timely interventions.

2. Target Populations

The target population for this program is children less than 6 years (72 months) of age. Priority should be given to children disproportionately affected by lead exposures and lead poisoning, particularly those living in areas that include homes built before 1978, low-income or subsidized housing with suspected or known lead hazards, racial and ethnic minorities, and recent immigrants. Medicaid-enrolled children represent a high-risk target population.

a. Health Disparities

Applicants should consider under-served populations, including tribal, disabled, and English speakers of other languages (ESOL), as well as other populations, to ensure they benefit from the applicants? childhood lead poisoning prevention activities.

iv. Funding Strategy

Not Applicable.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Evaluation and progress reports

Prepare a written assessment of the accomplishments, challenges and opportunities including a description of the problems encountered, lessons learned, potential improvements.

Strategies/Activities:

1) Strengthen Blood Lead Level Testing: Implement a plan for blood lead testing of children less than 6 years (72 months) of age.

- Indicators for success: a completed blood lead testing plan that includes an emphasis on universal testing of Medicaid-enrolled children.

2) Strengthen Surveillance: Implement a surveillance reporting system and dissemination plan. Include information on how data will be collected, evaluated, reported, shared with partners, and disseminated to the public.

- Indicators for success: establishment and operation of an active ongoing sustainable childhood lead poisoning surveillance/tracking system in recipients? jurisdictions that

collects person-specific and address-specific data, including multiple laboratory test results over various years and that assures the periodic screening of children who are exposed to lead; a completed surveillance plan outlining approaches for data collection, evaluation, timely reporting, and data sharing to both partners and the public.
- Recipient's collection of sensitive data must be completed in accordance with all applicable privacy laws at both the state and federal level.

3) Strengthen Population-based Interventions: maintain collaborative relationships with community, local, and state partners and stakeholders to address priority childhood lead poisoning prevention challenges and opportunities.

- Indicators for success: documentation of ongoing community and partners/stakeholder meetings; completed examples of lead prevention education and training materials; implementation of a process that ensures data is received and used by federal agencies and public health officials to target actions to areas where the risk for childhood lead poisoning is the highest.

4) Strengthen processes to identify lead-exposed children and linkage to services:

- Indicators for success: implementation of a process that identifies lead-exposed children, provides guidance for the referral and follow-up care of children, and evaluates the timeliness and efficacy of these activities.

Outcomes:

1) Increased numbers of children less than 6 years (72 months) of age tested for blood lead.

Indicators for success include:

- Increase in the percentage of children less than 6 years (72 months) of age tested for blood lead from the previous reporting period;
- Increase in the percentage of Medicaid-enrolled children less than 6 years (72 months) of age tested for blood lead since the previous reporting period.

Percent of Medicaid-enrolled one year-old children tested for blood lead levels during the reporting period

[calculation: (number of Medicaid-enrolled one year-old children tested for blood lead levels / total number of Medicaid-enrolled one year-old children in the jurisdiction)*100]

Percent of Medicaid-enrolled two year-old children tested for blood lead levels during the reporting period

[calculation: (number of Medicaid-enrolled two year-old children tested for blood lead levels / total number of Medicaid-enrolled two year-old children in the jurisdiction)*100]

Percent of all one and two year-old children (both Medicaid-enrolled and non-Medicaid-enrolled) tested for blood lead levels in the previous calendar year

[calculation: (number of children aged one and two years tested for blood lead in the previous calendar year / total number of children under three years of age in the jurisdiction in the previous calendar year)*100]

2) Improved availability and use of data that leads to improved identification of geographic areas and populations at high risk for lead

Indicators for success include:

- 95% of Recipients' surveillance data received by CDC is free of errors and missing information;
- Resources (e.g., GIS software) and data (e.g., blood lead surveillance, census, and tax assessor data) are used to analyze and report information;
- The program is able to maintain 100% electronic reporting of blood lead data from laboratories.

Percent of laboratory-reported blood lead test results that are reported electronically

[calculation: (number of laboratory-reported blood lead test results that are electronically reported / total number of laboratory-reported blood lead test results received during the reporting period)*100]

3) Increased ability to target population-based interventions to high-risk geographic areas and populations.

Indicators for success:

- Community based partners (health care providers, grass roots organizations, nongovernment organizations [NGOs], others) and/or universities/colleges agree to participate in preparing for and assisting in population-based surveillance and targeted interventions.

Number of new partner organizations and institutions engaged in brainstorming, strategizing, planning, implementing, or evaluating interventions for lead poisoning prevention in targeted geographic areas during the reporting period

Number of new partner organizations and institutions engaged in brainstorming, strategizing, planning, implementing, or evaluating interventions for lead poisoning prevention for targeted at-risk populations (to include low-income and immigrant/refugee children) during the reporting period

Number of regularly scheduled and held meetings with partners and stakeholders during the reporting period

Number of new memoranda of understanding or equivalent documents like memoranda of agreement and joint work plans - related to population-based childhood lead surveillance enhancement and targeted interventions for lead poisoning prevention developed and signed during the reporting period

Number of new data-sharing agreements for enhanced population-based childhood lead surveillance developed and signed during the reporting period

4) Increased identification of lead-exposed children who receive appropriate linkages to recommended follow-up services.

Indicators for success:

- Implementation of a process that identifies lead-exposed children, provides guidance for the referral and follow-up care of children with elevated BLLs, and evaluates the timeliness and efficacy of these activities.

    Number of public health professionals and clinical providers who received guidance documents for follow-up care for children who are identified with elevated blood lead levels during the reporting period

    Percent of children less than 6 years (72 months) of age who are referred to or from your Program for recommended follow-up services within two weeks of a confirmed elevated blood lead test result during the reporting period

        [calculation: (number of children with elevated blood lead levels referred for follow-up services / number of children with elevated blood lead levels)*100]

    Percent of children less than 6 years (72 months) of age who received recommended follow-up services within two weeks of a referral for recommended follow-up services following a confirmed elevated blood lead test result during the reporting period

        [calculation: (number of children with elevated blood lead levels who received referred follow-up services / number of children with elevated blood lead levels referred for follow-up services)*100]

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 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), if applicable, for accuracy throughout the lifecycle of the project. 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, 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 a DMP, if applicable, within the first 6 months of award, as described in the Reporting Section of this NOFO.

c. Organizational Capacity of Recipients to Implement the Approach

The organizational capacity statement should describe how the applicant agency is organized to carry out the requirements of this announcement, the nature and scope of its work, and/or its capabilities. Applicants should include a detailed description of their experience in collecting, analyzing, and reporting data; implementing surveillance systems; targeting prevention activities to high risk areas; and managing programs and staff. They should also describe their working agreements, as well as letters of intent or contracts with partners.

Applicants should provide an organizational chart and curriculm vitae for key personnel. Key personnel must have the level of education, experience, and/or skills necessary to successfully implement and complete the project.

Additional information includes the following:

- Organizational chart
- Curriculum vitae for existing key personnel (or job descriptions for planned key personnel)
- Indirect cost rate agreements
- Letters of support

The applicant must create a separate file for the noted items and must name the file "Organizational Chart","CVs/Resumes," "Indirect Cost Rate Agreements," and "Letters of Support" and upload to www.grants.gov.

d. Work Plan

A work plan is a program management tool that provides program direction and guidance. It allows the project officer to monitor implementation of activities on progress on Period of Performance outcomes.

Applicants must have a work plan. No specific work plan template is required as long as it is clear how the components in the work plan crosswalk to the strategies and activities, outcomes, and evaluation performance measures presented in the logic model and the narrative sections of

this NOFO.

Applicants must provide a separate detailed work plan of no more than 5 pages to describe work to be conducted in the first year of this award. A high-level work plan of no more than 5 pages should be included separately to describe work to be conducted in year two of the award.

A sample work plan format is presented below.

Sample Work Plan

Short-term Outcome 1:

Increased number of children less than 6 years (72 months) of age tested for blood lead

Strategies and Activities	Process Measure	Status	Baseline	Target	Responsible Position / Person	Target Completion Date
Develop and implement plan for blood lead testing of children	Plan for blood lead testing is completed	Completed	N/A	N/A	Epidemiologist and Program Manager	09/29/2019
Develop and maintain collaborative relationships with community, local, and state partners and stakeholders to address priority challenges and opportunities	Number of community and partner/stakeholder meetings	In progress	1	4	Program Manager	09/29/2019
Develop and maintain collaborative relationships with community, local, and state partners and stakeholders	Number of memorandum of agreements (MOU) or signed	Not started	0	1	Program Manager	09/29/2019

to address priority challenges and opportunities						

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.

f. CDC Program Support to Recipients (THIS SECTION APPLIES ONLY TO COOPERATIVE AGREEMENTS)
CDC and recipients share responsibility for successfully implementing the award and meeting identified outcomes. The following are potential areas of substantial CDC involvement, others may also be included:

i. CDC will provide Technical Assistance:

- Provide subject matter expertise to support recipients in the development or enhancement and implementation of blood lead surveillance systems.
- Provide subject matter expertise to support recipients in the development or enhancement of evaluation and performance measurement and program effectiveness.
- Provide subject matter expertise to support recipients in the development or enhancement of work plans, program planning, and capacity building.

ii. CDC will support Information Sharing between Recipients:

- Support information sharing of "best practices" and "lessons learned" through required annual recipient meetings and quarterly conference calls, and at other venues, as appropriate.
- Provide access to information-sharing portals (e.g., sharepoint site).
- Promote the use of "Success Stories" and other reports and publications.

iii. CDC will provide Additional Support:

- Provide Healthy Homes and Lead Poisoning Software System (HHLPSS) at no cost to support recipients in deployment of the system and migration of data from other systems to HHLPSS.
- Review the use of data and information collected to support development, enhancement or implementation of population-based interventions.
- Provide guidance in implementing activities, and will identify major program issues, strategies, and priorities related to the cooperative agreement.
- Promote collaboration with other federal, state, and local health; environmental; and housing agencies by initiating contacts, conference calls, and on-site visits to discuss programmatic issues.
- Provide consultation and technical assistance regarding approaches used to links children to appropriate services.

B. Award Information

1. Funding Instrument Type:	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:	2018
4. Approximate Total Fiscal Year Funding:	$5,000,000
5. Approximate Period of Performance Funding:	$10,000,000

This amount is subject to the availability of funds.

Estimated Total Funding:	$10,000,000
6. Approximate Period of Performance Length:	2 year(s)
7. Expected Number of Awards:	10
8. Approximate Average Award:	$400,000 Per Budget Period
9. Award Ceiling:	$500,000 Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor: $200,000 Per Budget Period

11. Estimated Award Date: 09/30/2018
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 FOA.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category: Others (see text field entitled "Additional Information on Eligibility" for clarification)

Additional Eligibility Category:

Government Organizations:

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

governments (federally recognized or state-recognized)

2. Additional Information on Eligibility

Government Organizations: State, Local, Territorial (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 Tribal (federally recognized or state-recognized American Indian or Alaska Native) Governments, or their Bona Fide Agents.

Local Governments must represent a valid population size of at least 750,000 using U.S. Census data or a 2011-2017 U.S. Census data update.

This NOFO is limited to State, Local, Territorial, or Tribal Governments, or their Bona Fide Agents that have not already received or been approved for funding under CDC-RFA-EH17-1701PPHF17.

This Notice of Funding Opportunity (NOFO) is to support activities under the authority of: Sections 317(k)(2) and 317(A) of the Public Health Service Act, (42 U.S.C. Sections 247b(k)(2) and 247b-3(b)), as amended. This NOFO supports activities related to lead poisoning prevention with a focus on using blood surveillance data to identify and implement appropriate interventions to populations at highest risk. Recipients must be able to assure that follow-up is provided for lead-exposed children. Therefore, recipients must have the authority in their jurisdiction(s) to govern, regulate, deliver, implement, and enforce policies, codes or requirements on childhood lead poisoning prevention that could involve Medicaid, housing, environmental regulation, medical laboratory, or consumer protection agencies. State, Local, Territorial, or Tribal governments, or their Bona Fide Agents, are the only entities with the broad authorities to achieve the mission of this NOFO.

3. Justification for Less than Maximum Competition

Not Applicable

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

No cost sharing or matching funds are required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. 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 ***www.SAM.gov*.**

c. Grants.gov:

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

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

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

If the application is not submitted by the deadline published in the 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)

Due Date for Letter of Intent: **N/A**

b. Application Deadline

Due Date for Applications: **08/09/2018** , 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Date for Information Conference Call

An informational conference call will occur on Tuesday, July 17, 2018, from 2 to 3 p.m. eastern standard time. Call-in information is 855-644-0229, conference ID 6530827

Updated details about the informational call will be posted at: https://www.cdc.gov/nceh/lead/

5. CDC Assurances and Certifications

All applicants are required to sign and submit "Assurances and Certifications" documents indicated at http://wwwn.cdc.gov/ grantassurances/ (S(mj444mxct51lnrv1hljjjmaa)) /Homepage.aspx.
Applicants may follow either of the following processes:

- Complete the applicable assurances and certifications with each application submission, name the file "Assurances and Certifications" and upload it as a PDF file with at www.grants.gov
- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at http://wwwn.cdc.gov/ grantassurances/ (S(mj444mxct51lnrv1hljjjmaa))/ Homepage.aspx

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

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

Not Applicable

8. Table of Contents

(There is no page limit. The table of contents is not included in the project narrative page

limit.): The applicant must provide, as a separate attachment, the “Table of Contents” for the entire submission package.
Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary

(Maximum 1 page)
A project abstract is included on the mandatory documents list and must be submitted at www.grants.gov. The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the "Project Abstract Summary" text box at www.grants.gov.

10. Project Narrative

(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 https://www.cdc.gov/os/integrity/reducepublicburden/.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, data management plan (DMP), and other relevant data information (e.g.,

performance measures proposed by the applicant).

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

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

12. Budget Narrative

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

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

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

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

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 2 CFR 200 which include, but are not limited to, the following:

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

14. Intergovernmental Review

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

15. 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.

16. 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.

17. 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.
- In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (https://www.cdc.gov/grants/additionalrequirements/ar-35.html).

18. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan. The DMP is the applicant's assurance of the quality of the public health data through the data's lifecycle and plans to deposit 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

19. Other Submission Requirements

a. Electronic Submission: Applications must be submitted electronically at www.grants.gov. The application package can be downloaded at www.grants.gov. Applicants can complete the application package off-line and submit the application by uploading it at www.grants.gov. All application attachments must be submitted using a PDF file format. Directions for creating PDF files can be found at www.grants.gov. File formats other than PDF may not be readable by OGS Technical Information Management Section (TIMS) staff.
Applications must be submitted electronically by using the forms and instructions posted for this 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.
If Internet access is not available or if the forms cannot be accessed online, applicants may contact the OGS TIMS staff at 770- 488-2700 or by e-mail at ogstims@cdc.gov, Monday through Friday, 7:30 a.m.–4:30 p.m., except federal holidays. Electronic applications will be considered successful if they are available to OGS TIMS staff for processing from www.grants.gov on the deadline date.

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

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

f. 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:

1. Describes conditions that exist and contribute to lead poisoning, such as homes built prior to 1978, low-income or subsidized housing with known or suspected lead hazards; and percent of children with elevated BLLs. (**5 points**)

2. Justifies the need for this program within its geographic area and adequately describes sub-populations at greatest risk for lead poisoning. (**4 points**)

3. Demonstrates strategies to implement a plan for blood lead testing of children less than 6 years (72 months) of age, including an emphasis on universal testing of Medicaid-enrolled children. (**5 Points**)

4. Demonstrates strategies to implement or improve blood lead surveillance.

Does the applicant describe the establishment of or the operation of the Healthy Homes and Lead Poisoning Surveillance System or an equivalent surveillance system that will collect, compile, and track blood lead data and lead hazards data? (**10 points**)

Does the applicant describe how they will conduct analyses of surveillance data? (**8 Points**)

Does the applicant describe a plan to ensure that data is submitted to CDC quarterly? (**2 Points**)

Does the applicant describe a surveillance reporting system and dissemination plan? (**5 Points**)

(e.g., Does the plan include how data will be: Collected? Reported? Shared with partners? Disseminated to the public?)

5. Demonstrates the capacity to strengthen population-based interventions.

Does the applicant describe building or maintaining collaborative relationships with community, local, and state partners and stakeholders to address priority childhood lead poisoning prevention challenges and opportunities? (**1 Point**)

Does the applicant describe a plan to educate public, partners, and stakeholders about lead-related issues? (**1 Point**)

Does the applicant describe a plan to develop and conduct outreach and education to

lead workforce, partners, and other stakeholders? (**1 Point**)

Does the applicant have data-sharing agreements in place with housing, code enforcement, and other health agencies? (**1 Point**)

Does the applicant describe their ability to use surveillance data to target appropriate population-based, primary prevention interventions in high risk areas by collaborating with housing rehabilitation, housing and health code enforcement, health care systems and early childhood and other educational agencies? (**1 Point**)

6. Describes a process to identify lead-exposed children and link them to services.

Does the applicant describe a plan to identify lead exposed children and develop guidance for follow-up care? (**2 Points**)

Does the applicant describe a plan to track timeliness and efficacy of follow-up activities? (**2 Points**)

Does the applicant describe a plan to provide education and outreach to parents and providers of lead-exposed children? (**2 Points**)

ii. Evaluation and Performance Measurement — Maximum Points:25

Evaluate the extent to which the applicant:

Presents performance measures and demonstrates how they will implement them. (**15 Points**)

Includes a work plan that is aligned with the strategies/activities and outcomes of this NOFO. (**10 Points**)

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

Evaluate the extent to which the applicant:

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 (e.g., CVs for staff).

If applicable, provides a plan for identifying and hiring qualified applicants on a timely basis. (**10 Points**)

Demonstrates that adequate staffing are available to perform activities outlined section in the NOFO. (**10 Points**)

Demonstrates that surveillance data collection efforts maximally leverage existing tools and systems and adhere to national data and technology standards to support interoperability of system-to-system data exchange. (**5 points**)

Budget

Reviewed, but not scored:

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.

If the applicant requests indirect costs in the budget, a copy of the indirect cost rate agreement is required. If the indirect cost rate is a provisional rate, the agreement should be less than 12 months of age. The indirect cost rate agreement should be uploaded as a PDF file with "Other Attachment Forms" when submitting via Grants.gov.

The applicant can obtain guidance for completing a detailed justified budget on the CDC website at http://www.cdc.gov/funding.

c. Phase III Review

Not Applicable

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

Awards will be announced on or about: 09/01/2018; Anticipated Award Start Date: 9/30/2018

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?**
Evaluation and Performance Measurement Plan including Data Management Plan (DMP)	6 months into award.	Yes
Surveillance Data Reports	Quarterly reports 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 end of calendar quarter in which budget period ends.	Yes
Final Performance and Financial Report	90 days after end of Period of Performance.	Yes

Payment Management System (PMS) Reporting	Quarterly reports due January 31, 2019; April 30, 2019; July 31, 2019; October 31, 2019; January 31, 2020; April 30, 2020; July 31, 2020.	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 than120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.
This report must include the following:

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

In addition, the Recipients should complete the following requirements in their Annual Performance Report:

Requirement 1 - 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: 1) jurisdictional legal frameworks governing CDC-funded childhood lead poisoning prevention programs in the United States and 2) strategies for implementing childhood lead poisoning prevention activities in the United States.

Requirement 2 - Complete the Performance Measures reporting document to state progress toward short-term outcomes of this cooperative agreement. Baseline and Target figures must be documented during the first reporting in 2019. CDC will provide this document upon request.

Requirement 3 - In the narrative, describe progress to date, and address the following elements related to this cooperative agreement's short-term outcomes:

Increased numbers of children less than 6 years (less than 72 months) of age tested for blood lead.

- Describe the criteria used to identify high-risk geographic areas.
- List the targeted high-risk geographic areas that have been identified.
- To the extent possible, provide the number of children less than 6 years (less than 72 months) of age that live in high-risk geographic areas
- Describe the criteria used to identify children at-risk for lead poisoning and targeted for lead poisoning prevention interventions.
- List the at-risk populations that have been identified using recent surveillance data
- Provide the number of children less than 6 years (less than 72 months) of age considered at-risk.

Improved availability and use of data that leads to improved identification of geographic areas and populations at high risk for lead

- Describe the current surveillance system and its capacity to collect electronic laboratory results, store demographic and housing variables (in addition to blood lead test results), prepare reports for submission to CDC, and track referrals for follow-up services.
- Describe current resources used to analyze and report data.
- Describe data from other organizations and agencies used to analyze and report data (ex. census, tax assessor).
- Describe how data is reported to partners and other stakeholders.

Increased ability to target population-based interventions to high-risk geographic areas and populations.

- List partner organizations and institutions engaged in brainstorming, strategizing, planning, implementing, or evaluating interventions for lead poisoning prevention for targeted at-risk populations.
- Describe each partner's level of engagement
- Describe challenges and opportunities associated with leveraging partnerships to target interventions.

Increased identification of lead-exposed children who receive appropriate linkages to recommended follow-up. List common referred follow-up services for lead-exposed children and describe the circumstances that initiate each type of referral. Follow-up services can include additional blood lead tests, visual inspections of potential exposure sites, home assessments, risk assessments, home remediation and repair, social service outreach, community resource connections, nutrition services, medical homes, developmental tracking and special education services, and the like.

- Describe the current process (or plans for a future process) to ensure tracking of referrals

made and received for lead-exposed children.

Requirement 4 – Submit a success story based on one of the activities in your annual report. A concise success story has one clearly defined issue or problem, describes an intervention taken to address that issue, and tells the impact or outcome of that intervention. Examples are available at the bottom of the internet page at https://www.cdc.gov/nceh/lead/programs/default.htm, Use the guidance below to guide the creation of their success story.

Success Story Criteria
Title Does the title: 1. Capture the attention of the reader? 2. Avoid acronyms? 3. Contain a verb?
Issue Does the issue statement: 1. Have a strong lead sentence? 2. Provide local, regional, or state information about the issue? 3. Tie the burden (health, training, or threat) to a cost burden? 4. Specify the affected population? 5. Provide an emotional hook? 6. Present a clear, concise statement about a single issue?
Intervention Does the intervention statement: 1. Have a strong lead sentence that transitions the issue section to the intervention section? 2. Identify who conducted the intervention? 3. Identify where and when the intervention occurred? 4. Specify the steps of the intervention?
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?

General Formatting

Does the success story:

1. Avoid wordiness, passive language, and grammatical and spelling errors?
2. Use terms that are understood by a non-public health audience? (avoids jargon)
3. Use one page if possible?
4. Use bullets where possible?
5. Include contact information?

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 Reports: Quarterly blood lead surveillance data required variable extracts are 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. 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)

This report is due 90 days after the end of the period of performance. 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).

The annual FFR form (SF-425) is required and must be submitted 90 days after the end of the period of performance. The report must include only those funds authorized and disbursed during the time frame 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. The FFR must be completed by Recipients in www.grantsolutions.gov.

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.

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

CDR Monica Leonard, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
Program Services Team Lead

Lead Poisoning Prevention Section

Lead Poisoning Prevention and Environmental Health Tracking Branch

Division of Environmental Health Science and Practice

National Center for Environmental Health

Telephone: (404) 498-1826
Email: zgf7@cdc.gov

Grants Staff Contact

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

Victoria McBee, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
Grants Management Specialist

Time Solutions, LLC Contractor

Office of Grants Services

Office of Financial Resources

Office of the Chief Operating Officer

Telephone: (770) 488-2825
Email: yig9@cdc.gov

For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.
Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

For all other **submission** questions, contact:
Technical Information Management Section

Department of Health and Human Services
CDC Office of Financial Resources
Office of Grants Services
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700

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

H. Other Information

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

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

- Resumes / CVs
- Position descriptions
- Letters of Support
- Organization Charts
- Non-profit organization IRS status forms, if applicable
- Indirect Cost Rate, if applicable
- Memorandum of Agreement (MOA)
- Memorandum of Understanding (MOU)
- Bona Fide Agent status documentation, if applicable

I. Glossary

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.
Assitance Listings (CFDA): A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.
Assistance Listings (CFDA) 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.
CDC Assurances and Certifications: Standard government-wide grant application forms.
Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established 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 2020: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.
Inclusion: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.
Indirect Costs: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.
Intergovernmental Review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list: https://www.whitehouse.gov/wp-content/uploads/2017/11/Intergovernmental_-Review-_SPOC_01_2018_OFFM.pdf.
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