

Centers for Disease Control and Prevention

Agency for Toxic Substances and Disease Registry

PEHSU COVID-19 Emergency Response Supplement
CDC-RFA-TS19-19010201SUPP20
Application Due Date: 06/17/2020

PEHSU COVID-19 Emergency Response Supplement
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Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-TS19-19010201SUPP20. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Agency for Toxic Substances and Disease Registry (ATSDR)

B. Notice of Funding Opportunity (NOFO) Title:

PEHSU COVID-19 Emergency Response Supplement

C. Announcement Type: New - Type 1

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

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-TS19-19010201SUPP20

E. Assistance Listings (CFDA) Number:

93.161

F. Dates:

1. Due Date for Letter of Intent (LOI):	**N/A**
Is a LOI:	Not Applicable
2. Due Date for Applications:	**06/17/2020**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.
3. Date for Informational Conference Call:	**N/A**

G. Executive Summary:

1. Summary Paragraph:

The Agency for Toxic Substances and Disease Registry (ATSDR) has a mandate to prevent or reduce illness and negative environmental health risks associated with exposure to hazardous substances in the environment. One of the key environmental concerns associated with reducing the risk of COVID-19 is safe and effective cleaning and disinfectant use, especially when it comes to protecting pregnant women and children. Therefore, educating communities about environmental risk and how to reduce those risks will help to lower negative health outcomes and reduce the risk of COVID-19 exposure. Furthermore it will assist with, preparing primary care clinicians to recognize environmental exposure risks, providing risk reduction screening and/or counseling, and delivering patient care to those at risk of or harm from acute or chronic exposures to disinfectants and hazardous substances in the environment supports ATSDR's

mandate. It will also build health care capacity to assess patient and family environmental exposure risks, reinforce community risk reduction education, and aid clinicians to intervene on illness resulting from exposure to disinfectant and hazardous substances in the environment.

a. Eligible Applicants:	Single
b. NOFO Type:	Cooperative Agreement
c. Approximate Number of Awards:	1
d. Total Period of Performance Funding:	$1,915,000
e. Average One Year Award Amount:	$1,915,000
f. Number of Years of Award:	1
g. Estimated Award Date:	07/01/2020
h. Cost Sharing and / or Matching Requirements:	N

Cost sharing or matching funds are not required for this program

Agency for Toxic Substances and Disease Registry (ATSDR) has maintained a long-standing relationship in the development and advancement of the Pediatric Environmental Health Specialty Unit (PEHSU) Program. The PEHSU serves health professionals, community organizations, governmental officials, federal staff, child-care providers, parents, and others having interest in environmental conditions that influence reproductive and pediatric health. Primary focuses of the PEHSU are to: (1) Build the capacity of primary care clinicians to recognize environmental exposure risks, provide risk reduction counseling, and deliver patient care to those at risk of or harm from acute or chronic exposures to hazardous substances in the environment. (2) Integrate environmental health content, placing emphasis on disinfectant hazards and related health effects, into pre-service clinical (i.e., medical, nursing, and allied health) course work; and primary care residency programs (i.e., clinicians in pediatrics, family medicine, and obstetrics and gynecology). (3) Increase patient and population awareness of environmental exposure risks and ways to reduce those risks. (4) Provide education and consultative services to families, community members, clinicians, state and local health departments, appropriate federal programs, and others involved in protecting children and pregnant women by promoting safe disinfectants.

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

ATSDR, through its Environmental Medicine Program (EMP), purposes to maintain and strengthen the PEHSU network in its role as a leading national source of medical information and consultative advice on environmental conditions that influence human health throughout the vulnerable stages of reproduction and pediatric development. Five interrelated strategies may be

beneficial in achieving the short and intermediate outcomes expected from the PEHSU Program. These strategies are (1) Resources and Tools Development: Build environmental exposure history tools, risk assessment and risk reduction guidance, and clinical information on specific disinfectants, their safe use to reduce hazardous exposures. (2) Clinical Workforce Development: Determine environmental medicine competencies. Develop content to meet environmental medicine competencies associated with risk reduction COVID-19 exposure, increase clinician awareness of environmental exposures and risk reduction practices, integrate content into appropriate clinical course work and assess competency attainment. (3) Health Promotion and Education: Identify target populations at risk, provide information, develop and promote actionable skills to undertake COVID-19 risk reduction efforts within the population. (4) Technical Consultative Services: Establish an expert network to provide

consultation and technical support, deliver consultative services, develop communication channels with community and clinician audiences, assist in proper use of all related tools. (5) System Change Approaches: Identify process changes needed to integrate and adopt new tools and new clinical practices within clinical settings, recognize and reward tool and practice adoption, evaluate and communicate the benefits accrued from adoption of tools and practices.

b. Statutory Authorities

Public Law 116-136, Title VII, Division B - The Coronavirus Aid, Relief, and Economic Security Act (CARES Act of 2020)

c. Healthy People 2030

Healthy People 2020: This program addresses the "Healthy People 2020" focus area(s) of Educational and Community-Based Programs (ECBP 10.7, 12.4, 13.4, 14.4, 15.4, and 16.4), Environmental Health (EH -23), and Age-Related Life-Stage Objectives for children less than 18 years of age, including place related objectives like safe and healthy schools and healthy built environments. These objectives are available at:

https://www.healthypeople.gov/2020/topics-objectives/topic/environmental-health

d. Other National Public Health Priorities and Strategies

This program will be in alignment with CDC priority area-3: Strengthen public health and health care collaboration -- increase the value of health investment by aligning, coordinating, and integrating public health and health care.

ATSDR Performance Goal, Promoting environmental justice and reduce health disparities associated with environmental exposures disinfectant hazards.

e. Relevant Work

The ATSDR PEHSU Program supports PEHSU activities through a cooperative agreement with its national partner, the American Academy of Pediatrics (AAP). The past funded partners have demonstrated their national outreach and linkage to the clinical community. The focus is to enable primary care clinicians and community based organization to prevent health effects from disinfectant exposures and to promote risk reduction practices to combat COVID-19.

The success of the next National PEHSU Program Office will depend on the capabilities of the regional PEHSU. These regional PEHSU regularly teach and mentor the next generation of clinicians and public health professionals. Their expertise builds upon in-depth knowledge of well-studied environmental hazards and their ability to review and translate environmental research finding on emerging contaminants of concern into relevant clinician guidance.

Specifically, their literature assessment allows the PEHSU to translate research findings into useful reproductive and pediatric clinical practice advice as well as community guidance on contaminants of concern. The PEHSU are also skilled in message development and apply evidence-based risk communication skills in presenting information on health risks from environmental exposures. This is especially important in addressing concerns about emerging disinfectants and related contaminants and the uncertainty of health impacts associated with early research on emerging contaminants. To achieve the expected outcomes of this NOFO, the combined capabilities of a strong National PEHSU Program Office and the regional network of PEHSU is essential.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

- Enhanced primary care clinician competency in environmental medicine
- Increased primary care system capacity to apply and track environmental exposure assessment and risk reduction practice
- Increased recognition and care delivery to patients impacted by environmental exposures
- **Increased patient awareness of safe disinfectant use and COVID-19 risk reduction behaviors**

Routine primary care clinician of:

- **Anticipatory risk reduction guidance to patients and communities at risk of COVID-19 exposure**

Clinical care for patients impacted by exposure to disinfectant hazards

STRATEGIES and ACTIVITIES	SHORT-TERM OUTCOMES	INTERMEDIATE-TERM OUTCOMES	LONG-TERM OUTCOMES

Resources and tools development
 	
•
  ○ Tools translating and communicating environmental health research into clinical counseling on safe disinfectant use and other risk reduction practice for their patients
  ○ Exposure assessment and risk reduction guidelines on disinfectant hazards
Clinical workforce development
  ○ Pre-service clinical education
  ○ Residency education
  ○ In-service clinical education
Health promotion and education
Health promotion
	Clinician awareness:
	  ○ **Increased primary care awareness of disinfectant hazards and other Covid-19 risk reduction practices.**
	
	Clinical education:
	Incorporate health content on safe disinfectant and other COVID-19 risk reduction practices into:
	• Undergraduate clinical curriculums
	• Primary care residency programs
	• **Primary care in-service programs**
	
	Clinician adoption of:
	• **Environmental exposure history assessment**
	• **Reproductive and pediatric COVID-19 risk reduction counseling practices**
		Healthcare system:
		• Enhanced primary care clinician competency in environmental medicine
		• Increased primary care system capacity to apply and track environmental exposure assessment and risk reduction practice
		• Increased recognition and care delivery to patients impacted by environmental exposures
		• **Increased patient awareness of safe disinfectant use and COVID-19 risk reduction behaviors**
		
		Routine primary care clinician of:
		• **Anticipatory risk reduction**
			Human environment:
			• Increased early exposure detection and mitigation
			• Reduced risk of geographic and age-specific environmental exposures within populations
			• Reduced environmental disease and disability from toxicant exposures within the population

and education ○ Clinical and community outreach and education Promote actionable skills within populations to reduce risks to environmental hazardsTools translating and communicating environmental health research into clinical counseling on safe disinfectant use and other risk reduction practice for their patients • Exposure assessment and risk reduction guidelines on disinfectant hazards Clinical workforce development • Pre-service clinical education • Residency education • In-service clinical educationHealth promotion and education Health promotion and education • Clinical and community outreach and education		**guidance to patients and communities at risk of COVID-19 exposure** Clinical care for patients impacted by exposure to disinfectant hazards • Enhanced primary care clinician competency in environmental medicine • Increased primary care system capacity to apply and track environmental exposure assessment and risk reduction practice • Increased recognition and care delivery to patients impacted by environmental exposures • Increased patient awareness of safe disinfectant use and COVID-19	

• Promote actionable skills within populations to reduce risks to environmental hazards		risk reduction behaviors <u>Routine primary care clinician of:</u> • Anticipatory risk reduction guidance to patients and communities at risk of COVID-19 exposure • Clinical care for patients impacted by exposure to disinfectant hazards	

i. Purpose

The purpose of the PEHSU Program is to serve as a leading national source of medical information and consultative advice on environmental conditions, with emphasis on exposure to hazardous substances in the environment (including safe disinfectant use), that influence human health throughout the vulnerable stages of reproduction and pediatric development. The PEHSU serves health professionals, community organizations, governmental officials, federal staff, child-care providers, parents, and others having interest in environmental conditions that influence reproductive and pediatric health. Primary focuses of the PEHSU are to: (1) Build the capacity of primary care clinicians to recognize environmental exposure risks, provide risk reduction counseling, and deliver patient care to those at risk of or harm from acute or chronic exposures to disinfectants and related hazardous substances in the environment. (2) Integrate environmental health content, placing emphasis on disinfectant hazards and related health effects, into pre-service clinical (i.e., medical, nursing, and allied health) course work; and primary care residency programs (i.e., clinicians in pediatrics, family medicine, and obstetrics and gynecology). (3) Increase patient and population awareness of disinfectant exposure risks and ways to reduce those risks. (4) Provide education and consultative services to community members, clinicians, state and local health departments, appropriate federal programs, and others involved in protecting children and pregnant women from COVID-19 threats.

ii. Outcomes

To achieve the short and intermediate outcomes specified in the logic model above and listed

below, the NPO and the regional PEHSU network will undertake a series of anticipated activities to achieve the changes needed to reach those outcomes. The activities will be quantified by a set of outputs measures. The application of these activities will build awareness, increase education and knowledge competencies about disinfectants, and drive adoption of exposure assessment and COVID-19 risk reduction behaviors in families and communities and risk reduction counseling within primary care clinical practice. All of the short and intermediate outcomes are important interim steps towards COVID-19 exposure prevention and reduction, and reduced disease and disability.

There are four short-term outcomes targeted for this 2019 NOFO:

1. Primary care awareness of disinfectant hazards and other COVID-19 risk reduction practices
2. Incorporation of environmental health content on safe disinfectant use and other COVID-19 risk reduction practices within primary care in service programs
3. Adoption of environmental exposure history assessments
4. Adoption of reproductive and pediatric COVID-19 risk reduction practices

There are two intermediate-term outcomes:

1. Increased patient awareness of safe disinfectant use and COVID-19 risk reduction behaviors
2. Routine primary care clinician delivery anticipatory risk reduction guidance to patients and communities at risk of COVID-19 exposure

iii. Strategies and Activities

Five interrelated strategies may be beneficial in achieving the short and intermediate outcomes expected from the PEHSU Program. These strategies and activities are listed below.

1. Resources and Tools Development

- Build environmental exposure history tools
- Translate research and establish risk assessment and risk reduction counseling on safe disinfectant and other risk reduction practice for their patients
- Provide clinical information on disinfectant hazards

2. Clinical Workforce Development

- Determine or apply existing environmental medicine competencies to safe disinfectant use and COVID-19 risk reduction counseling
- Develop content to meet environmental medicine competencies for safe disinfectant use

and COVID-19 risk reduction counseling
- Increase clinician awareness of safe disinfectant use and COVID-19 risk reduction practices
- Integrate safe disinfectant use and COVID-19 risk reduction counseling content into appropriate training programs and assess competency attainment

3. Health Promotion and Education

- Identify target populations at risk
- Provide information on safe disinfectant use and COVID-19 risk reduction counseling Develop and promote actionable skills populations can use to undertake safe disinfectant use and COVID-19 risk reduction actions

4. Technical Consultative Services

- Expand the reach of the expert PEHSU network to provide consultation and technical support
- Develop communication and outreach channels with community and clinician audiences
- Assist in the proper use of all tools to reduce risks of exposure to hazardous substances in the environment

5. System Change Approaches

- Identify and develop process changes needed to integrate adoption of new tools and new clinical practices in environmental medicine
- Recognize and reward adoption of safe disinfectant use and COVID-19 risk reduction practices
- Evaluate and communicate the benefits accrued from adoption of the system-level practices

Other Activities

Recipient activities and expectations for the PEHSU Program are consistent with the logic model. The work of the recipient is to serve as the PEHSU National Program Office (NPO). The recipient as the NPO manager is encouraged to apply principles of "servant leadership" in the operations and relationship the NPO builds with regional PEHSU personnel.

The work plan should build upon the activities presented below for the NPO and regional PEHSU to undertake. Applicants preparing the work plan are encouraged to provide their contextual view of how they will perform each responsibility outlined including the synergy between NPO responsibilities. The work plan should provide sufficient detail for a reviewer to understand how the recipient organizational capacity (described in section C) and applicant will meet these expectations. If other major activities not specified in the NOFO are deemed as necessary to accomplish the below NOFO expectations.

1. Recipient as NPO Manager will:

- Assure adequate time of critical regional leadership, is dedicated to COVID-19 activities

of the regions

- Assure critical clinical expertise in reproductive and pediatric environmental medicine is available to each regional PEHSU (i.e., environmental medicine expertise within a mix of clinicians drawn from pediatrics or family medicine, maternal fetal medicine or obstetrics, and occupational environmental medicine or medical toxicology) which represents the needed critical expertise to deliver PEHSU
- Establish and nurture collaboratively developed operational structures and related processes with regional PEHSU directors to ensure efficient delivery of COVID-19 services.
- Prepare plans (annually) to develop new or update existing PEHSU resources and tools that enable the PEHSU and their partners within communities to undertake environmental exposure risk reduction activities, clinical and community education, outreach, and care for reproductive and pediatric patient at risk of harm from exposure to disinfectant hazards (during normal and emergency situations) by engaging ATSDR, regional PEHSU directors and others as appropriate partners in collaborative resource and tool
    - Facilitate consensus on the best clinical approaches and outreach messaging about disinfectant and other related hazards of concern and provide guidance materials produced by the PEHSU
- Coordinate internal peer review of national PEHSU products developed or
- Establish a forum for regional PEHSU directors to collectively provide input to the

NPO on network operational processes, NPO support activities, exchange of information between regions, strategic direction of the PEHSU network, and development of initiatives to achieve outcomes of the PEHSU Program.

- Establish and maintain transparency in all PEHSU operations including contracts, performance across the network, best performance practices and performance challenges, status of NPO support activities, and feedback on NPO reports to
    - Define outcome measures presented in the "PEHSU Performance Measures" section (i.e., performance targets 2.3 and 3.3) and identify sources of data needed to establish an ongoing evaluation system to monitor achievement of outcomes associated with the PEHSU logic
        - Develop a simplified data management system for data collection, data quality, data inquiry, and data integration (with secondary data sources) that informs program management by tracking output and outcome measures, allows analytical analysis, anrobust reporting on program achievements.
- Assure data is readily available to the NPO, regional PESHU directors, and federal partners.
    - Assure the PEHSU Program promotes the highest level of transparency, collaboration, and responsiveness among the PEHSU network, federal partners, and NPO through continuous program assessment and collectively (NPO, regional directors, and federal partners) setting quality improvement objectives
- Provide ATSDR quarterly reports that include both quantitative and qualitative information on performance targets and outcome accomplishments, recommendations for increasing the effectiveness of the PEHSU Program, and eliminating performance and

operational
- Undertake identification and development of funding options that build PEHSU performance capabilities and improves its current and future financial

1. Services and Support Provided by the Recipient/NPO are:

- Establish partnerships
    - Build communication channels and routinely conduct outreach initiatives on PEHSU services and accomplishments among local, state, and national organizations serving primary care clinicians, environmental health organizations, community health centers, other health care provider (e.g., HMOs, health insurance providers, etc.), and public health agencies.
        - Establish (in collaboration with regional directors and federal partners) outreach plans annually for priority audiences, review effectiveness of outreach plans annually, and identify steps to improve outreach efforts for follow on outreach
    - Determine if a speaker's bureau is viable for inclusion in the PEHSU outreach
    - Direct outreach to media outlets so PEHSU staff are the go-to source on reproductive and pediatric environmental health

1. Clinical Academic Centers Serving as Regional PEHSU will:

- Participate in PEHSU network forums to exchange regional experiences and information, contribute strategic insight to guide PEHSU work and NPO support activities, and give input on network operational processes and development of initiatives to achieve outcomes of the PEHSU
    - Develop regionally oriented outreach materials using evidenced-based risk communication messaging, if needed, and conduct outreach activities for health care professionals and lay community
- Prepare and present undergraduate and graduate clinical education on the health effects of disinfectant hazards along with risk reduction guidance to lower exposures risks to hazardous substances
    - Provide technical and consultative assistance to primary care providers and public health officials responsible for delivering patient care and protecting populations from reproductive and pediatric exposures to disinfectant hazard
        - Provide a setting for internships and clinical rotations to increase learning opportunities about reproductive and pediatric environmental
        - Prepare for and provide academic training opportunities for post residency fellowships in reproductive and/or pediatric environmental
- Prepare for and provide opportunities for clinical trainees and residents to learn about reproductive and pediatric environmental health and engage in regional PEHSU education and consultation
    - Provide environmental health education and PEHSU guidance materials to communities to help reduce or prevent exposure to environmental health
- Assure environmental exposure concerns of children and their families are appropriately addressed through consultation and educational

1. Emergency Response: The NPO may undertake and facilitate development of tools and information that anticipates reproductive and pediatric needs during emergency response and recovery activities associated with natural and technological disasters. These may include:

- Providing expert pediatric and reproductive environmental medicine consultations and toxicological guidance for emergency preparedness and response actions needed during natural and/or technological disasters where people, and their families, are threatened with exposure or illness from hazardous substance spills or releases during these
    - Providing support and assisting regional PEHSU to deliver training and education to communities addressing natural or technological disasters, including flooding, wildfires, earthquakes and extreme heat events as well as hazardous substance spills or
- Providing specialty referral resource: engage, collaborate with state and local health departments and other federal agencies to plan and deliver relevant pediatric and reproductive environmental medicine consultations services to assist communities, families, and health care providers to address environmental health threats to persons at sites where ATSDR and the Environmental Protection Agency (EPA) have ongoing health risk evaluation and remediation activities. (Note: This bullets and the one above it may require compliance with AR-18: Cost Recovery – ATSDR (AR-18 link: http://www.cdc .gov/od/pgo/funding/grants/additional_req.shtm

.gov/od/pgo/funding/grants/additional_req.shtm).

1. Collaborations

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

1. **With CDC/ATSDR funded programs:** The PEHSU Program should seek opportunity to find synergy between the PEHSU Program and the Centers for Disease Control and Prevention's (CDC) emergency response to COVID-19, especially in the area of environmental issues.

b. With organizations not funded by CDC:

1. **With organizations external to ATSDR:** For the PEHSU Program potential partners are those with the capability to support the PEHSU in:

- Translating environmental health research into clinical and preventive environmental health services that reduce risks of environmentally related injuries associated with disinfectant use.

- Providing medical education on environmental health topics in clinical undergraduate or pre-service education courses, in residency training programs, and in continuing education in-service programs.
- Providing clinical consultation on environmental health topics to clinicians and families.
- Facilitating system-level integration of environmental exposure assessment and risk reduction counseling within course work of institutions that prepare primary care clinicians, develop clinical practice standards, and deliver and/or pay for health care services.

2. Target Populations

1. The PEHSU serves those engaged in professional, volunteer, and personal activities that protect pregnant women and children from environmental exposure risks. Therefore thePEHSU Program serves health professionals, clinicians, community members and organizations, governmental officials, Federal staff, child-care providers, parents, and others having interest in environmental conditions that influence reproductive and pediatric health. The PEHSU ultimately serves couples of reproductive age and children throughout their childhood. For the PEHSU Program, it defines the pediatric population as all children from their earliest developmental stages up to the age of 18 years. The earliest developmental periods, including both preconception and prenatal exposures that have potential to impact child health across the life-span.

a. Health Disparities

1. While the focus of the PEHSU is on all children, special attention must be paid to children who live in areas where exposure to toxic substances and/or environmental hazards are the greatest, including those living in lower social-economic status and sub-standard housing, those living near known contaminated sites, those in areas of higher air and/or water pollution, and those without access to quality medical care.

iv. Funding Strategy (for multi-component NOFOs only)

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

1. **Evaluation and Performance Measures**

ATSDR-PEHSU Evaluation and Performance Measures: This Notice of Funding Opportunity (NOFO) requires tracking of performance output and outcome associated with achieving PEHSU short-term and intermediate outcomes presented in the logic model for this NOFO. These measures will allow ATSDR to

evaluate, at the regional and national levels, the effectiveness of services delivered in reaching lay audiences (up to **50 percent** level of effort) and professional audiences (a minimum of **50 percent** level of effort). This level of effort should be described and supported within the applicant work plan. The activities within the logic model and their associated performance measures (PM) listed below should be presented within the applicant's work plan, including process and outcome evaluation strategies, quarterly summary reporting; and ATSDR required annual reports identified in other sections of this announcement.

- **PM-1 -** Resources and Tools Development: Increase availability and use of authoritative pediatric and reproductive environmental health promotion resources for lay and health professional audiences. This includes authoritative content on environmental hazards and tools for environmental exposure assessment and risk reduction guidance. Educational content and guidance on environmental hazards and risk reduction should be developed using evidence-based content and educational design that includes learner objectives and knowledge or competency evaluation that documents mastery of the learning

o **Performance Target –1:** Prepare or update at least **50** resources annually that present authoritative educational content on pediatric and/or reproductive

environmental hazards and tools that assess environmental exposure and provide risk reduction guidance. The following types of resources should contribute to reaching this performance target:

- "Presentations Developed or Revised": Presentations on environmental health developed for use with community or health professional audiences should include instructor led face-to-face education as well as distance learning (e.g., grand rounds, webinars, and short e-learning modules.) All presentations must include specific learner objectives, content supporting each learning objective, and a method to assess knowledge competencies of the
- "Short Informational Documents Prepared": Short information documents are designed to deliver actionable information for a designated audience such as a lay person or health professional. The short informational document could be a fact sheet, newsletter article, blog, public service announcement, commentary or other short informational materials. These materials will contribute to outreach measures that may or may not have a feedback loop for assessing individual or population- level action encouraged by the informational
- "Articles and Book Chapters Prepared": Articles or book chapters published within the popular media, professional peer-reviewed journals, and educational text books offer an alternative educational format for the learner. The use of articles and book chapters can contribute to either outreach numbers or the number educated. To contribute to the number of individuals educated, information would need to be gathered from a continuing education provider who awards educational credits for reading

the material. If such a feedback loop is not available an outreach number could be determined by taking a percent of the journal's circulation, such as 20%, or the number of books sold

Performance Target – 2.1: "Health Professionals Educated": For health professionals educated, the measure will count those learners participating in a planned educational event that provides content that addresses specific learner objectives. Additionally, there should be a strategy to assess knowledge competencies of the learner participating. The target for health professionals educated is **26,000.**

- **Performance Target – 2.2:** "Demonstrated Knowledge Competency": End of course testing should occur with **50 percent** or more of health professionals receiving PEHSU education. The 50 percent target related to the number educated in performance target 2.1. The learners must score 80 percent or greater on their posttests to demonstrate knowledge competency. (The competency level is set at 80 percent because post tests are generally a short set of three to ten questions related to the presentation's learning objectives. This requires the learner to answer all but one or two post test questions correctly to demonstrate knowledge competency).
- **Performance Target – 2.3:** "Application of Education in Clinical Practice": Building on the knowledge competency measure (performance target 2.2) resulting from PEHSU educational activities, additional outcomes associated with PEHSU educational need to be identified. As an example, a clinician's **adoption** and use of information/guidance within his or her clinical practice demonstrates an important short-term outcome. This adoption is essential to achieving interim and long-tern outcomes for PEHSU work. Along the outcome continuum, the next outcome to understand is how the health care provider's clinical adoption of PEHSU guidance benefits patients. The expectation is that the clinical care or risk reduction counsel (provided by the clinician following the PEHSU education) results in improvement of the patient's status. Applicants for this cooperative agreement are encouraged to collaborate with ATSDR and determine how to undertake assessing and reporting outcomes resulting from adoption of PEHSU environmental risk reduction guidance they provide or promote to clinicians (i.e., patient assessment, patient care and risk reduction counseling).
- **Performance Target – 2.4:** "Community Members Educated": Community members educated, will be determined by the number of community members participating in a planned educational event that provides environmental health content addressing specific learning objectives. If the educational event allows, there should be a way to assess the knowledge and understanding the community member has at the close of the educational The for community members educated is 26,000

Organizations and Individuals" is a count of initial consultations provided annually to lay /non-clinical audiences on pediatric and reproductive environmental medicine concerns. The annual target, based on past PEHSU

history, is 800 consultations delivered.

- **Performance Target – 3.3**: "Application of Consultative Guidance": Application of consultative guidance is an important short-term outcome measure. It should provide both insight on use of the PEHSU guidance and the result achieved when the guidance was acted upon by those receiving or benefiting from the guidance. Using an example of a clinician receiving guidance on assessing and caring for a child exposed to elemental mercury, there are three types of outcomes that could result. First, the clinician follows the PEHSU guidance and the child's health improves. Second, the clinician develops the ability to care for other elemental mercury exposures. Third, an organizational or systems level outcome occurs when, for example, elemental mercury exposure sources are identified and action taken to prevent future exposures. Some outcomes are observable and can be documented. Others may require follow up to identify what did or did not happen following the consultation. Applicants for this cooperative agreement are encouraged to collaborate with ATSDR and determine how to undertake assessing and reporting outcomes resulting from PEHSU

- **PM-4 – "**Outreach": Develop and maintain communication channels and outreach activities with local, state and national organizations that enhance the capacity of the PEHSU Program to build pediatric and reproductive environmental medicine guidance and reach audiences that need PEHSU
    - **Performance Target – 4.1:** "Outreach to Health Professionals": Outreach to health care professionals occurs through traditional media channels, professional membership organizations and events, professional journals, and social media platforms. The primary objectives of outreach within the PEHSU Program are to raise awareness, stimulate service utilization, and encourage actions among health professionals to learn more about addressing environmental health hazards in their work. The numbers reported under outreach must reflect quantifiable data sources (such as those found in On-line Analytics) drawn from the outreach channels used. For social media this may include unique visitors, impressions, sessions, page views and downloads or subscription or syndication numbers. Traditional media delivery channels should have data on circulation, viewership, or listeners reached during the time frame the outreach was delivered. It may be based on the weekday for the publication or day and time of a broadcast. Year one of the cooperative agreement will establish a media outreach baseline for the PEHSU Program.
    - **Performance Target – 4.2:** "Outreach to Communities": Outreach to community members occurs through traditional media channels, community organizations and events, and social media platforms. The primary objectives of outreach within the PEHSU Program are to raise awareness, stimulate service utilization, and promote

understanding of environmental health hazards so that communities and individuals are able to prevent or reduce environmental exposure risks. The

numbers reported under media outreach must reflect quantifiable data sources (such as those found in On-line Analytics) drawn from the outreach channels used. For social media this may include unique visitors, impressions, sessions, page views and downloads or subscription or syndication numbers. Traditional media delivery channels should have data on circulation, viewership, or listeners reached during the time frame the outreach was delivered. It may be based on the weekday for the publication or day and time of a broadcast.**PM-2 -** Workforce and Capacity Development/Health Promotion and Education: Increase the ability of communities and health professionals to prevent or mitigate the health effects of exposures to hazardous substances in the environment. Accomplished this by delivering pediatric and reproductive environmental health content and clinical guidance on environmental expose issues, exposure assessment, and risk reduction using resources developed within PM-1. Four annual performance targets are associated with this PM-2.:**PM-3 –** "Consultative Services Delivery": The PEHSU Program receives and responds to requests from clinicians, state and federal officials, local organizations and officials, as well as parents and expectant mothers who need guidance requiring a clinical perspective on environmental health concerns. This service is largely responsive in nature and of great value to those needing specialized guidance on environmental medicine issues. The level of outreach undertaken by the PEHSU will influence the demand for consultation services and the achievement of targets below. Additionally, this measure focuses on the outcome of these

- **Performance Target – 3.1**: The number of "Consultations provided to health and health care professionals" is a count of initial consultations provided annually to health professional audiences on pediatric and reproductive environmental medicine concerns. The annual target, based on past PEHSU history, is 800 consultations
- **Performance Target – 3.2**: "The number of "Consultations provided Community

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 recipient must have organizational authority and capacity to undertake management and implementation of relevant strategies and activities within the PEHSU logic model. Further, the recipient must demonstrate experience in managing a national environmental health education and consultation program. The recipient must also show experience in successfully addressing the educational and consultative needs of clinicians and the public in their understanding of human health effects arising from exposure to hazardous substances in the environment. These should be addressed within the work plan as the recipient will describe how it will address the listed work plan activities.

d. Work Plan

Period of Performance Outcome:	**Outcome Measure:**
[from Outcomes section and/or logic model]	*[from Evaluation and Performance*

		Measurement section]		
Strategies and Activities	**Process Measure** *[from Evaluation and Performance Measurement section]*	**Responsible Position / Party**	**Start Date**	**Completion Date**
1.				
2.				
3.				
4.				
5.				
6				

e. CDC Monitoring and Accountability Approach

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

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

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

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

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

This Notice of Funding Opportunity (NOFO) seeks to monitor the award to ensure mutual success of ATSDR and the recipient in achieving the NOFO performance outputs and associated short-term and intermediate-term outcomes in the most efficient and cost effective manner for both parties.

Monitoring through ongoing communications:

1. ATSDR and the recipient will communicate monthly via conference call or more often if needed.
2. The recipient and ATSDR designated federal partners will communicate on an as needed basis,
3. Communications between the recipient's national program office and the established PEHSU Program regional offices monthly
4. Recipient will report requests for pediatric and reproductive environmental education and/or pediatric and reproductive medical consultation from local, state, and tribal governments, clinicians, and others involved in protecting pregnant women and children from environmental threats (requests and ongoing support for initiated requests are documented and reported quarterly),
5. Communications as a matter of program outreach to collaborative partners funded or non-funded (documented and reported quarterly).
6. Communicate requests for PEHSU to aid and assist in natural disasters emergency preparedness and response actions where the health of children and their families are impacted by environmental contaminant exposures resulting from emergency events (report in the manner requested, monthly, or as needed during the post-event follow-on time period). [AR-18 may apply]
7. Communicating through in-person meeting opportunities that allows the recipient an opportunity to address key matters of importance, to fine tune select production concepts that have been deemed compatible with ATSDR's program support services; and to experience training opportunities, for key recipient regional and national staff.

Monitor through quarterly reported documentation:

1. Quarterly reports summarize progress and provide insights, highlights, and accomplishments covering the recipient activities cited in this NOFO. These reports will also highlight additional accomplishments gained through ongoing partnerships and formalized collaborations. These reports provide the recipient an opportunity to reflect on progress related to annual work plan goals and objectives, describe which objectives have been met, summarize ongoing activities (yet to be met), and then, if needed, propose rationale for work plan modifications.
2. Quarterly reports should include national and regional impact-stories resulting from PEHSU actions, data on performance measurement achievement, and program evaluation planning, methods of assessment and outcome findings. ATSDR will present and discuss, with the recipient, the documentation types and format included in the quarterly summary reports.
3. Prepared quarterly by each Regional PEHSU and transmitted electronically to the PEHSU National Program Office (recipient national office).
4. The ten (10) regional reports will be consolidated by the NPO as part of the National

PEHSU Program Quarterly Report. The National PEHSU Program Quarterly Report is due 30 days after the close of each fiscal year quarter. An electronic copy of this report will be emailed to the ATSDR project officer and partners providing funds; two hard copies will be mailed to the Office of Financial Resources for the official record.

Other activities deemed necessary to monitor the award:

1. All resource materials must be presented to the ATSDR Project Officer for review before the materials are used and disseminated, including meeting agendas, course notebooks, PowerPoint presentations, eLearning modules, fact sheets and other documents developed with cooperative agreement funding. (This may vary based on other stipulated guidelines elsewhere in the NOFO work plan) ATSDR will return draft materials with comments within two weeks of receipt. All materials developed under cooperative agreement funding will not be copyrighted and will remain in the public domain to encourage wider distribution. ATSDR will receive final editable copies of all materials developed by recipient with cooperative agreement funding.
2. Ensuring the adequacy of recipient systems that underlie and generate data and reports
3. Creating an environment that fosters integrity in program performance and results
4. Ensuring that work plans are feasible based on the budget and consistent with the intent of the award

Note: ATSDR will work with recipient on adjusting annual work plan based on achievement of objectives and changing budgets.

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

ATSDR activities for this program are as follows:

- Provide technical assistance in identifying collaborative opportunities available through federal programs that align with the PEHSU Program goals and objectives.
- Provide technical assistance in identifying needs for pediatric and reproductive environmental health education targeting health care providers, environmental health professionals, families, teachers, and the public.
- Provide information, instructional resources, technical assistance and collaboration support needed to effectively work with health care providers, environmental health professionals, families, and the public to improve understanding of health effects of known and emerging contaminants of concern.
- Assist in the development of evaluation plans that examine program effectiveness and identifies outcomes of the PEHSU Program.
- Provide assistance in establishing communication and resource networks that include partners such as other Federal agencies, State and local health departments, tribal governments, environmental and health professionals, non-governmental organizations, and academic, medical centers, and clinical associations.
- Provide technical assistance and collaboration in development and dissemination of resource materials including guidance in distance learning methods, CDC eLearning

standards, outreach consultation, and educational design noted in the "recipient work plan" section.

- Provide technical assistance and collaborative support to Ad Hoc peer-review related evaluations on educational presentation/modules and preparing and submitting CDC Continuing Education Packets supporting PEHSU education and outreach efforts, including those slated for inclusion on the "PEHSU Program National eLearning Classroom maintained by the recipient.
- Review and approve/disapprove of recipient requests for Regional Satellite operations establishment. New regional satellite operations requests are submitted with the annual continuation application (due six (6) months after the start of each budget year). This request should cover proposed start date, satellite operational responsibilities and regional work plan linkages; proposed regional directorship management of satellite operations, work plan tangibles, and a detailed budget with justifications. If approved, the recipient's annual continuation application funding will provide support for the new satellite operations.
- ATSDR review and approval of recipient requests for Regional Satellite operations continuation. Regional Satellite operations continuation is based on availability of federal funds; derived benefits and achievements of its previous year of operation; and adherence to contractual obligations and reporting requirements issued by the NPO. Continuation requests for regional satellite operations should be incorporated as part of the recipient's annual report/continuation application.
- Provide technical assistance to the PEHSU personnel working at sites where ATSDR/EPA request PEHSU clinical guidance to address health concerns of individuals, families, and communities threatened by exposures to hazardous substances at locations where ATSDR performs regional site work. Technical assistance could include collaboration with ATSDR partners to:
    - determine relevant clinical and/or community guidelines of practice for environmental health medical screening and health care referral,
    - assist in developing screening criteria, and
    - provide expert opinions on hazardous chemicals of concern relevant to the ATSDR/EPA site work proposed.
- Additionally, ATSDR could seek support, as appropriate, to activate screening and other services, including advanced clinical guidelines development for environmental health conditions that may arise during public health emergencies declared pursuant to Section 10323 of the Patient Protection and Affordable Care Act.

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: Cooperative Agreement	U61
3. Fiscal Year:	2020

Estimated Total Funding: $1,915,000
4. Approximate Total Fiscal Year Funding: $1,915,000

This amount is subject to the availability of funds.
5. Approximate Period of Performance Funding: $1,915,000

6. Total Period of Performance Length: 1

7. Expected Number of Awards: 1

8. Approximate Average Award: $1,915,000 Per Budget Period

This amount is subject to the availability of funds.
9. Award Ceiling: $1,915,000 Per Budget Period

10. Award Floor: $1,915,000 Per Budget Period

11. Estimated Award Date: 07/01/2020

Throughout the period of performance, 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 (period of performance) will be shown in the "Notice of Award." This information does not constitute a commitment by the federal government to fund the entire period. The total period of performance comprises the initial competitive segment and any subsequent non-competitive continuation award(s).
12. Budget Period Length: 12 month(s)

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

C. Eligibility Information

1. Eligible Applicants

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

Additional Eligibility Category:

2. Additional Information on Eligibility

1. **Eligible Applicants: This funding opportunity is only available to organizations that received funding under CDC-RFA-TS19-1901, Pediatric Environmental Health Specialty Units (PEHSU)**

3. Justification for Less than Maximum Competition

Eligibility: Under the Cares Act of 2020, the Pediatric Environmental Health Specialties Units were named to receive funding to provide guidance and outreach on safe practices for home, school, and day care facilities disinfection for facilities that have experienced or want to prevent coronavirus and other emerging infectious disease cases. Thus eligibility is limited to the recipient currently funded under the Notice of Funding Opportunity TS19-1901 because PEHSU have expertise in health effects arising from exposure to disinfectant chemicals as well as safe use of disinfectants.

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

Cost sharing or matching funds are not required for this program

5. Maintenance of Effort

D. Required Registrations

Additional materials that may be helpful to applicants: http://www.cdc.gov/ od/ pgo/ funding/ docs/ Financial ReferenceGuide.pdf.

1. Required Registrations

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

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

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

If funds are awarded to an applicant organization that includes sub-recipients, those sub-

recipients must provide their DUNS numbers before accepting any funds.
b. System for Award Management (SAM): The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a recipient. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at https://www.sam.gov/SAM/.
c. Grants.gov: The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Applicant Registration" option at www.grants.gov.
All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants should start the registration process as early as possible.

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

3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the Account is set up the E_BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit the 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 to grants.gov)	Register early! Log into Grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

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

3. Application Package

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

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: **06/17/2020** , 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.

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

Is a LOI: Not Applicable

The purpose of an LOI is to allow ATSDR program staff to estimate the number of applicants and plan for the review of submitted applications.

LOI Not Applicable

Keishel Moffett

Division of Toxicology and Human Health Sciences
Agency for Toxic Substances and Disease Registry
4770 Buford Highway, NE (Mail Stop S102-1)
Atlanta, GA 30341-3724

FLB5@cdc.gov

8. Table of Contents

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

9. Project Abstract Summary

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

10. Project Narrative

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

Text should be single spaced, 12 point font, 1-inch margins, and number all pages.

Page limits include work plan; content beyond specified limits may not be reviewed. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity Announcement. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

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

2. Target Populations and Health Disparities
Applicants must describe the specific target population(s) in their jurisdiction and explain how such a target will achieve the goals of the award and/or alleviate health disparities. The applicants must also address how they will include specific populations that can benefit from the program that is described in the Approach section. Applicants must address the Target Populations and Health Disparities requirements as described in the CDC Project Description.

c. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

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

12. Budget Narrative

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

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

Indirect costs could include the cost of collecting, managing, sharing and preserving data.
Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.
If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national

standards or seek health department accreditation through the Public Health Accreditation Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.
Vital records data, including births and deaths, are used to inform public health program and policy decisions. If applicable and consistent with the cited statutory authority for this NOFO, applicant entities are encouraged to collaborate with and support their jurisdiction's vital records office (VRO) to improve vital records data timeliness, quality and access, and to advance public health goals. Recipients may, for example, use funds to support efforts to build VRO capacity through partnerships; provide technical and/or financial assistance to improve vital records timeliness, quality or access; or support vital records improvement efforts, as approved by CDC.
Applicants must name this file "Budget Narrative" and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Recipients under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

An itemized budget narrative is required as part of an applicant's submission and may be scored as part of the Organizational Capacity of Awardees to Execute the Approach. When developing the budget narrative, applicants should consider whether the proposed budget is reasonable and consistent with the purpose, outcomes and program strategy outlined in the project narrative. The budget must include the following headers:

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

Contractual Cost Category should be subdivided to reflect National PEHSU Program contracted activities and the contractual requirements to fund ten (10) Regional PEHSU Program Offices, key staff, operational costs, and their sub-contractual expectations. Please provide this information as part of your budget and justifications. Applicants should name files "Budget Narrative" and "Regional budget Narrative" and upload to www.grants.gov.

For guidance on completing a detailed budget, visit: http://www.cdc.gov/od/pgo/funding/budgetguide.htm.

State and local governments or their Bona Fide Agents (this includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), political subdivisions of States (in consultation with States), Federally recognized or state-recognized American Indian/Alaska Native tribal governments, and American Indian/Alaska native tribally designated organizations may, if consistent with statutory authority, use funds for activities, as they relate to the intent of this NOFO, to meet national standards and/or seek health department accreditation through the Public Health Accreditation Board (http://phaboard.org). This includes activities 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 should focus on achieving one or more national standards that support the intent of this FOA. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

Applicants should name this "Budget Narrative" and upload as a PDF file to www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost rate agreement is required. If the indirect cost rate is a provisional rate, the agreement should be less than 12 months of age. Applicants should name this file "Indirect Cost Rate" and upload to www.grants.gov .

13. 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/wp-content/uploads/2020/01/spoc_1_16_2020.pdf.

14. Pilot Program for Enhancement of Employee Whistleblower Protections

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

14a. 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.

14b. 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.

14c. 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.

14d. 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

15. 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).

1. Restrictions, which must be taken into account while planning the programs and writing the budget, are as follows:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care.
- Recipients may only expend funds for reasonable program purposes, including

personnel, travel, supplies, and services, such as contractual.

- In most cases, recipients may not use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs is not allowed.
- Recipients may not use funds for any kind of impermissible lobbying activity designed to influence proposed or pending legislation, appropriations, regulations, administrative actions, or Executive Orders ("legislation and other orders"). These restrictions include grass roots lobbying efforts and direct lobbying. Certain activities within the normal and recognized executive-legislative relationships within the executive branch of that government are permissible. See Additional Requirement (AR) 12 for further guidance on this prohibition.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Recipients may not use funds for construction.

16. Other Submission Requirements

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

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

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

If you do not receive a "validation" e-mail within two business days of application submission,

please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User Guide.
https://www.grants.gov/ help/html/help/ index.htm? callingApp=custom#t=
Get_Started%2FGet_Started. htm

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

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

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

E. Review and Selection Process

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

a. Phase I Review
All applications will be initially reviewed for eligibility and completeness by the Office of Grants Services. Complete applications will be reviewed for responsiveness by Grants Management Officials and Program Officials. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

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

i. Approach ii. Evaluation and Performance Measurement iii. Applicant's Organizational Capacity to Implement the Approach
Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements.

Approach	Maximum Points: 40

Purpose [5 points]:

Criteria for this section addresses the applicant's recent experience conducting activities below.

1. Demonstrate a clear understanding of background issues of reproductive and pediatric environmental medicine practice. Clearly presenting the relationship between strategies and the outcomes intended.
2. Providing medical information about human health impacts from exposure to hazardous substances in the environment and its experience in providing information on reducing those exposure risks for community and patient populations.
3. Managing and delivering consultative guidance that addresses known or suspected exposure to hazardous substances in the environment for the following groups:
    - Primary care providers,
    - Local officials and child care providers (e.g., day care centers, etc.), and
    - Parents.
4. Developing and delivering clinical education at all training levels for physicians, nurses, and others that includes content on health impacts associated with reproductive and pediatric exposure to hazardous substances.
5. Developing and delivering community health education addressing reproductive and pediatric health impacts arising from exposure to hazardous substances in the environment and how to reduce environmental exposure risks to individuals and populations.

Implementation: [12 points]

Applicant will clearly describe how it will address activities below.

1. Delivering clinical care consultation for environmentally exposed patients and guiding counseling to reduce environmental exposure risks.

2. Translate research into clinical education to build environmental medicine practice needed to conduct reproductive and pediatric exposure assessment, provide risk reduction guidance, and integrate this practice guidance within clinical care systems.

Outcomes [8 points]:

Criteria for this section addresses how the applicant describes the accomplishment of short-term outcomes and how those lead to achieving intermediate-term outcomes, including any additional outcome seen as beneficial to the PEHSU work.

1. The clarity, quality, and feasible operational approach to achieving short and intermediate-term outcomes across the project period of the NOFO.

2. The clarity between proposed strategies, activities, and their appropriateness to achieve the targeted short and intermediate-term outcomes.

iii. Strategy and Activities [15 points]:

Criteria for this section addresses the applicant's experience, capability, and plans to undertake the identified strategies and activity groups as well as any additional strategies and activities seen as beneficial to the PEHSU work. This section will be evaluated on the clarity of how the applicant will undertake the activities below.

1. Align the work plan with the strategies, activities, outcomes, and performance measures that are consistent with the content and format proposed by ATSDR.
2. Undertake activities associated with resources and tools development strategy.
3. Undertake activities associated with clinical workforce development strategy.
4. Undertake activities associated with health promotion and education strategy.
5. Undertake activities associated with technical consultative support strategy.
6. Undertake activities associated with system change strategy.
7. Undertakes Other Activities that address organizational functions for national program office leadership and operations.

Evaluation and Performance Measurement Maximum Points: 25

This Notice of Funding Opportunity (NOFO) requires tracking of performance output and outcome associated with achieving PEHSU short-term and intermediate outcomes presented in the logic model for this NOFO. These measures allow ATSDR to evaluate the effectiveness of regional and national services delivered in reaching lay audiences (up to 40 percent level of effort) and professional audiences (a minimum of 60 percent level of effort). The activities within the logic model and their associated performance measures (PM) listed below include process and outcome measures for evaluation and quarterly summary reporting. Other measures for determine outcomes achieved should be presented. Criteria for the evaluation and performance measures are the clarity, quality, and feasibility of the applicants work plans for the activities below.

1. Include key partners in the evaluation and measures planning processes.
2. Collaboratively undertake actions to meet the performance measure targets.
3. Develop a continuous quality improvement process to guide program improvements.
4. Develop an evaluation approach that identifies potential evaluation questions to measure outcomes achieved through clinician application of knowledge and guidance received following PEHSU education and guidance.

5. Develop and/or maintain a data collection and reporting structure approach for the identified performance measures and reporting requirements.
6. Establish the required data management plan.

Organizational Capacity to Implement the Approach	Maximum Points: 35

The criteria for this section is demonstration that authority and capability to carry out the management and administrative requirement, provide operational support, and conduct monitoring and evaluation requirements, including appropriate staffing and budget support for plans submitted.

1. Authority and experience within their organization to undertake national and multi-regional work addressing environmental reproductive and pediatric health issues.
2. Experience and plans to apply the leadership servant model in managing the PEHSU network.
3. Organizational capacity to establish and manage the regional PEHSU network.
4. Experience and capability in guiding clinical education, developing environmental medicine guidance for conducting exposure assessment and providing risk reduction guidance.
5. Relevant experience and capacity to implement its work plan, manage the activities, and achieve the project outcomes, including:
    - managing and achieving performance expectations of the program,
    - providing contractual and administrative support,
    - establishing innovative or special project funding and opportunity,
    - providing technical guidance associated with implementing program strategies and activities. That improves and expands clinical environmental medicine practice for reproductive and pediatric care.
6. Experience and capacity to plan, implement and measure output and outcome in the evaluation plan.
7. Capability in developing an appropriate staffing plan (clearly defining staff roles) and project management/organizational structure that is sufficient to achieve the project outcomes.
8. Capacity to establish a national contact center and consultative services within the PEHSU network.
9. Capability to facilitate establishment of regionally based competency driven reproductive or pediatric fellowships in environmental health.
10. Capacity to develop clinically focused environmental medicine courses delivered through the National Classroom.
11. Demonstrated national reach and collaborations with clinical organization and health care delivery structures to improve environmental exposure assessment and risk reduction guidance.

Budget: [0 points]:

Criteria for the budget examines justification of funds and appropriate levels of support. The recipient will:

1. Present a budget narrative and justification of all budget line items proposed, including staffing, operational expenses, special projects, and contractual expenditures.
2. Present a budget plan that aligns with the proposed work plan and is appropriate for the level of work described.

c. Phase III Review

Review of risk posed by applicants.

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

In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal 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

7/1/20

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 NOFO 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.

1. Recipients will receive an electronic copy of the Notice of Award (NOFO) from the CDC OGS. The NOFO shall be the only binding, authorizing document between the recipient and CDC. The NOFO will be signed by an authorized GMO and emailed to the recipient program director.

- Any application awarded in response to this NOFO 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 the results of the application review by email with delivery receipt or by 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.

Recipients must comply with the administrative requirements outlined in 45 Code of Federal Regulations (CFR) Part 74 or Part 92, as appropriate. To view brief descriptions of relevant provisions visit the CDC website at: http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm

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 period of performance. 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 NOFO outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the period of performance and to determine applicability of evidence-based approaches to different populations, settings, and contexts; and
- Enables CDC to assess the overall effectiveness and influence of the NOFO.

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

Report	When?	Required?
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Data on Performance Measures	CDC program determines. Only if program wants more frequent performance measure reporting	Yes

	than annually in APR.	
Federal Financial Reporting Forms	90 days after the end of the budget period.	Yes
Final Performance and Financial Report	90 days after end of period of performance.	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30; April 30; July 30; and October 30.	Yes

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

1. Reporting allows for continuous program monitoring and identifies successes and challenges that recipients encounter throughout the award. Reporting is also necessary for recipients to apply for yearly continuation of funding. In addition, reporting is helpful to CDC and recipients because it:

- Helps target support to recipients, particularly for cooperative agreements;
- Provides CDC with periodic data to monitor recipient progress towards meeting the NOFO outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous program improvement throughout the project period and to determine applicability of evidence-based approaches to different populations, settings, and contexts;
- Enables the assessment of the overall effectiveness and impact of the NOFO

As described below, recipients must submit one report per year; ongoing performance measures data, administrative reports, and a final performance and financial report.

As stated section 10(b)(iv) work plan and section 10(c) organizational capacity of recipients to execute approach, "Summary Reports" and "Performance Measures data" are reported to ATSDR on a quarterly basis. Please review these NOFO sections for specific reporting details.

Below are the specific reporting requirements:

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 120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but weblinks are allowed.
This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**
    - Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.
    - Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
    - Recipients must describe success stories.
- **Challenges**
    - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.

    - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Recipients**
    - Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.
- **Administrative Reporting** (No page limit)
    - SF-424A Budget Information-Non-Construction Programs.
    - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
    - Indirect Cost Rate Agreement.

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

1. **Annual Performance Report** (due 120 days before the end of the budget period and serves as a continuation application). This report must not exceed 35 pages excluding work plan and administrative reporting. Attachments are not permitted when submitting this report. Recipients may insert web links in this report.
2. This report must include the following:

    - **Performance Measures (including outcomes)** – 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 any outcome data).
    - **Work Plan (Maximum of 25 pages)** – Recipients should update work plan each budget period.

- **Successes**
    - Recipients must report progress on completing activities outlined in the 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 should describe any challenges that hinder achievement of both annual and project period outcomes, performance measures, or their ability to complete the activities in the work plan.
    - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.

- **ATSDR Program Support to recipients**
    - Recipients should describe how CDC could assist them in overcoming any challenges to achieve both annual and project period outcomes and performance

measures, and complete activities outlined in the work plan.

- **Administrative Reporting** (not subject to page limits)
  - SF-424A Budget Information-Non-Construction Programs.
  - Budget Narrative – Must use the format outlined in Section IV. Content and Form of Application Submission, Budget Narrative Section.
  - Indirect Cost Rate Agreement.

- Each work plan activity should incorporate a reporting of Regional PEHSU Program Office's as well as National PEHSU Program Office efforts to achieve overall work plan activity/sub-activity outputs and outcome accomplishments. Incorporate collaborative partnerships and/or Satellite Operations (funded or non-funded) played a significant role in achieving relevant outputs and/or outcomes; then summarize their work efforts.
- Work plan Successes should accord enough detail to identify contributors (Regional PEHSUs, collaborative partnerships, satellite operations, and national PEHSU Program National Program Office's involvement); target audiences, actions taken/delivered, and impact realized.
- Work plan Challenges should accord enough detail to determine which parts of the work plan activity/sub-activity where completed; has this become an "ongoing" action due to staff time allocations, resource allocation delays, requires greater expertise then initially planned, unforeseen urgent/emergency response actions required tabling of select activities and a shift in staff and resources to address urgent/emergency response requirement. Challenge statements should also describe ways to recover delayed or under-resourced activities.
- ATSDR Program Support to recipient discussions or requests should accord enough detail to describe activities requiring ATSDR support, work plan activity time lines detailing insertion points were ATSDR support could be beneficial, and other insights that can be helpful to determine staffing and resource needs.

The carryover request must:

- Express a bonafide need for permission to use an un-obligated balance.
- A time line document is required and is submitted as part of the carryover package. The time line should clearly articulate activities with proposed start and ends; collaborative partner responsibilities, if any; and a listing of outputs/deliverable expected at the completion of each activity.
- A detailed budget and justifications document should be included as part of the carryover package. The detailed budget justifications should accord the assurance that all carryover funds will be expended by the end of current budget period.
- Include a signed, dated, and accurate FFR for the budget period from which the fund will be transferred (can request up to 75% un-obligated balances).
- Include a list of proposed activities, an itemized budget, and a narrative justification of those activities.

The recipient must submit the Annual Performance Report via www.grants.gov 120 days before

the end of the budget period.

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

1. As stated section 10(b)(iv) work plan and section 10(c) organizational capacity of recipients to execute approach, "Summary Reports" and "Performance Measures data" are reported to ATSDR on a quarterly basis. Please review these NOFO sections for specific reporting details.

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, awardees are required to submit a letter of explanation to OGS and include the date by which the Grants Officer will receive information.

1. The Annual Federal Financial Report (FFR) SF 425 is required and must be submitted through eRA Commons [1]within 90 days after the end of each budget period. The FFR should only include those funds authorized and disbursed during the time frame covered by the report. The final FFR must indicate the exact balance of un-obligated funds and may not reflect any un-liquidated 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 in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to submit a letter explaining the reason and date by which the Grants Management Officer will receive the information.

[1]https://commons.era.nih.gov/commons/

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 period of performance, and can include some success stories.
- A final Data Management Plan that includes the location of the data collected during the funded period, for example, repository name and link data set(s)
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

1. At the end of the project period, recipients should submit a final report to include a final financial and performance report. This report is due 90 days after the end of the project period. The page limit for this report is 40 pages.

- At a minimum, this report must include the following:

Performance Measures (including outcomes) – Recipients should report final performance data for all performance measures for the project period

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.

G. Agency Contacts

CDC encourages inquiries concerning this NOFO.

Program Office Contact

For programmatic technical assistance, contact:

Keishel Moffett, Project Officer

Department of Health and Human Services
Centers for Disease Control and Prevention
Telephone: 770.488.0643
Email: flb5@cdc.gov

Grants Management Office Information

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

Julie Davis, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
Telephone: (770) 488-22936
Email: XXG6@cdc.gov

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

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

H. Other Information

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

- Project Abstract
- Project Narrative
- Budget Narrative
- 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

I. Glossary

Activities: The actual events or actions that take place as a part of the program.
Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see http:// www.cdc.gov/ grants/ additional requirements/ index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).
Approved but Unfunded: Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.
Assistance Listings (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 period of performance. Traditionally, budget periods are 12 months or 1 year.
Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.
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 2030: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.

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

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

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.