

Centers for Disease Control and Prevention

Agency for Toxic Substances and Disease Registry

ATSDR's Partnership to Promote Local Efforts To Reduce Environmental Exposure
CDC-RFA-TS20-2001
Application Due Date: 12/15/2019

ATSDR's Partnership to Promote Local Efforts To Reduce Environmental Exposure
CDC-RFA-TS20-2001
TABLE OF CONTENTS

Part I. Overview Information
- A. Federal Agency Name
- B. Funding Opportunity Title
- C. Announcement Type
- D. Agency Funding Opportunity Number
- E. Assistance Listings (CFDA) Number
- F. Dates
- G. Executive Summary

Part II. Full Text
- A. Funding Opportunity Description
- B. Award Information
- C. Eligibility Information
- D. Required Registrations
- E. Review and Selection Process
- F. Award Administration Information
- G. Agency Contacts
- H. Other Information
- I. Glossary

Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-TS20-2001. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Agency for Toxic Substances and Disease Registry (ATSDR)

B. Notice of Funding Opportunity (NOFO) Title:

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

C. Announcement Type: New - Type 1

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

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-TS20-2001

E. Assistance Listings (CFDA) Number:

93.136

F. Dates:

1. Due Date for Letter of Intent (LOI):	**11/01/2019**
Is a LOI:	Recommended but not Required
2. Due Date for Applications:	**12/15/2019**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.
3. Date for Informational Conference Call:	**09/18/2019**

Call-in details for the Informational Conference Call will be posted to https://www.atsdr.cdc.gov/states/ no later than **September 11, 2019**. This website will be updated periodically with additional information and/or materials.

G. Executive Summary:

1. Summary Paragraph:

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

health outcome data to evaluate potential links between site contaminants and community health outcomes. APPLETREE facilitates the implementation of state-level programs to ensure that potential early care and education facilities are located in areas free from harmful environmental exposures. It also encourages recipients in the innovation of public health interventions that prevent exposures to environmental contamination. Because of APPLETREE recipients' local connections and partnerships, community engagement and implementation of public health recommendations by the recipient through the health assessment process is improved.

a. Eligible Applicants: Open Competition
b. NOFO Type: Cooperative Agreement
c. Approximate Number of Awards: 25

- Component 1: 25
- Component 2: 5 - 10

d. Total Period of Performance Funding: $41,250,000
e. Average One Year Award Amount: $550,000

This announcement contains two separate components. Applicants must submit an application for Component 1: Core Activities and may apply for Component 2: Capacity Development and Applied Prevention Science; however, applicants must be approved with a minimum score of 60 and funded for Component 1 to be eligible for Component 2.

- Component 1: $450,000
- Component 2: $100,000 - $300,000

f. Number of Years of Award: 3
g. Estimated Award Date: 04/01/2020
h. Cost Sharing and / or Matching Requirements: N

No. Cost sharing or matching funds are not required for this program.

Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

In 1980, Congress created the Agency for Toxic Substances and Disease Registry (ATSDR) to implement the health-related sections of laws that protect the public from hazardous wastes and environmental spills of hazardous substances. The Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA), commonly known as the "Superfund" Act, provided the Congressional mandate to remove or clean up abandoned and inactive hazardous waste sites and to provide federal assistance in toxic emergencies. As the lead

Agency within the Public Health Service for implementing the health-related provisions of CERCLA, ATSDR is charged to assess the presence and nature of health hazards at specific Superfund sites, to help prevent or reduce further exposure and the illnesses that result from such exposures, and to expand the knowledge base about health effects from exposure to hazardous substances.

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

This NOFO builds on ATSDR's increased integration of prevention based efforts. In 2017, ATSDR launched the Choose Safe Places for Early Care and Education (CSPECE) effort with CDC-RFA-TS17-1701, to prevent harmful exposures among children before they occur. Newly licensed ECE programs might inadvertently open in places where children and staff could be exposed to environmental contamination. CSPECE helps prevent new ECE locations being sited in potentially harmful locations through licensing landscape assessment, partnership building, data gathering, screening, education, and response actions. Several state programs have demonstrated CSPECE is effective at preventing ECEs from being located at sites that risk exposure to environmental contamination, and further evidence-base has been built through pilot programs. This NOFO builds on previous efforts of developing CSPECE programs where there were none, and expanding existing programs.

In 2019, ATSDR's Office of Capacity Development and Applied Prevention Science established the priority to build capabilities by translating science into tools and actions that individuals, communities, and organizations apply to identify, reduce, or prevent health effects from exposures to hazardous substances. Under CDC-RFA-TS17-1701, ATSDR discovered that innovative, non-site-specific activities were already occurring informally in states. This NOFO seeks to formalize and evaluate these activities to contribute to ATSDR's capacity and prevention mission. Such efforts can increase the efficiency of activities and expand reach to more communities, thereby increasing public health impact.

The primary purposes of this NOFO are to: 1) Decrease or eliminate exposures to hazardous substances through site-related health assessments and 2) Prevent exposures to hazardous substances through proactive programs that inform knowledge, behavior, process, and policy changes through dissemination of best practices.

This NOFO has one required component, Component 1, consisting of public health assessment, community engagement, and CSPECE activities, as well as an optional component, Component 2, which is focused on capacity building and prevention-based interventions. Both components are described in detail below.

b. Statutory Authorities

This program is authorized under Section 104(i)(15) of the Comprehensive Environmental Response, Compensation and Liability Act (CERCLA) of 1980, as amended by the Superfund

Amendments and Reauthorization Act (SARA) of 1986 [42 U.S.C. §9604(i)(15)].

c. Healthy People 2030

This cooperative agreement addresses components of the "Healthy People 2020" focus area of Environmental Health (http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=12).

d. Other National Public Health Priorities and Strategies

In addition to addressing the Healthy People 2020 focus area, the purpose and goals of the funding are consistent with the mission of ATSDR to serve the public by using the best science, taking responsive public health actions, and providing trusted health information to prevent harmful exposures and disease related to toxic substances (http://www.atsdr.cdc.gov/).

Program outcomes will be aligned with one (or more) of the following performance goal(s) for the National Center for Environmental Health (NCEH)/ATSDR:

- Protect the public from environmental hazards and toxic exposures; prevent adverse health outcomes associated with exposure to environmental hazards
- Promote healthy environments;
- Advance the science of environmental public health;
- Support environmental public health practice;
- Educate communities, partners, and policy makers about environmental health risks and protective measures;
- Promote environmental justice and reduce health disparities associated with environmental exposures; and
- Provide unique scientific and technical expertise to advance public health science and practice.

e. Relevant Work

Under TS17-1701 APPLETREE, ATSDR included a new prevention strategy, Choose Safe Places for Early Care and Education (CSPECE), in which state health departments are developing pilot programs in their state for safe siting of child care facilities. This new funding cycle builds off of ATSDR's past program activities and state health department successes and innovations to implement additional activities that contribute to preventing environmental exposures.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

Component 1: Core Activities			
Strategies and Activities	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes

<table>
<tr><td colspan="3"><u>Strategy A) Site Assessment and Community/Stakeholder Engagement</u></td><td rowspan="5">Decreased, eliminated, or prevented exposures to hazardous chemicals.

Decreased, eliminated, or prevented exposure-related health effects.

Increased collection of evidence on effective practices, policies, and processes for preventing exposure.

Increased capacity of individuals, communities, and organization to identify, reduce, and eliminate exposure.

Established infrastructure and</td></tr>
<tr><td>Conduct site-specific assessments that evaluate possible harm to the public’s health.

Identify, develop and maintain partner and stakeholder relationships to support activities.

Educate community, stakeholders, and health professionals on site-related risks and recommendations.</td><td>Timely dissemination of site-specific findings to partners, stakeholders, and community members.

Increased partner buy-in and acceptance of recommendations.

Increased community, stakeholder, and health professional knowledge of site-related risks and recommendations</td><td>Increased implementation of recipient recommendations to reduce, eliminate, or prevent exposures by regulatory agencies, and/or individuals.

Increased actions by community members to protect themselves from site-related hazards.

Decreased or eliminated site-related exposures.</td></tr>
<tr><td colspan="3">Strategy B) <u>Choose Safe Places for Early Care and Education (CSPECE), for programs NOT previously funded under TS17-1701</u></td></tr>
<tr><td>Define childcare landscape

Assess needs

Form partnerships to support program development and implementation

Create strategic program plan

Pilot and systematically evaluate plan</td><td>Buy in and support from broad array of partners.

Increased stakeholder/partner knowledge of ECE siting issues and recommendations to prevent exposure.

Increased understanding of barriers and facilitators for safe siting.</td><td>Increased stakeholder practices to reduce hazardous exposure among children.

Increased process, systems, and policy changes to support exposure prevention.

Increased understanding of actions to enhance and/or expand program.</td></tr>
<tr><td colspan="3"><u>Strategy B) Choose Safe Places for Early Care and Education (CSPECE), for programs previously funded under TS17-1701</u></td></tr>
</table>

Enhance and/or expand program using pilot evaluation results Educate target populations about choosing safe ECE locations and environmental risks Engage and maintain multi-sector partnerships Screen ECEs for environmental hazards Respond to screening results Implement process, systems, or policy changes Create a sustainability plan	**Enhanced and/or expanded CSPECE programs.** **Increased stakeholder /partner knowledge of ECE siting issues and recommendations to prevent exposure.** Increased partner commitment to CSPECE program. **Enhanced infrastructure among partners to sustain CSPECE program.**	Improved efficiency and quality of programs. **Increased stakeholder practices to prevent hazardous exposure among children.** **Increased systems and policy changes to support exposure prevention.** **Increased practices of partners to manage CSPECE program independently.**	capacity for sustainability of programs.
Component 2: Capacity Development and Applied Prevention Science			
Build local and state capabilities to identify, reduce, or prevent health effects from exposures to hazardous substances.	**Increased knowledge among target audience to identify, reduce, or prevent health effects from exposure to hazardous substances.**	**Increased actions among target audience to identify, reduce, or prevent health effects from exposure to hazardous substances.**	Increased capacity of individuals, communities, and organization to identify, reduce, and eliminate exposure. Established

			infrastructure and capacity for sustainability of programs.

i. Purpose

The purpose of this program is to **increase recipient capacity** to: 1) identify pathways of human exposure to hazardous substances in the environment, 2) implement and sustain ATSDR's Choose Safe Places for Early Care and Education (CSPECE) program in the recipient's jurisdiction, and 3) innovate proactive strategies to prevent harmful exposures from occurring.

ii. Outcomes

Programs are expected to demonstrate measurable progress in short-, intermediate-, and long-term outcomes listed in **bold** on the logic model. Expected program outcomes listed below are required for Component 1, and are required for Component 2 only if the applicant is awarded for Component 2.

Short-Term Outcomes:

- Timely dissemination of site-specific findings to partners, stakeholders, and community members. (Component 1: Strategy A)
- 1.2 Increased partner buy-in and acceptance of recommendations. (Component 1: Strategy A)
- 1.3 Buy in and support from broad array of partners. (Component 1: Strategy B, NOT funded under TS17-1701)
- 1.4 Increased stakeholder/partners knowledge of ECE siting issues and recommendations to prevent exposure. (Component 1: Strategy B, NOT funded under TS17-1701)
- 1.5 Increased understanding of barriers and facilitators for safe siting. (Component 1: Strategy B, NOT funded under TS17-1701)
- 1.6 Enhanced and/or expanded CSPECE programs. (Component 1: Strategy B, funded under TS17-1701)
- 1.7 Increased stakeholder /partner knowledge of ECE siting issues and recommendations to prevent exposure. (Component 1: Strategy B, funded under TS17-1701)
- 1.8 Enhanced infrastructure among partners to sustain CSPECE program. (Component 1: Strategy B, funded under TS17-1701)
- 1.9 Increased knowledge among target audience to identify, reduce, or prevent health effects from exposure to hazardous substances. (Component 2)

Intermediate Outcomes:

- 2.1 Increased implementation of recommendations by regulatory agencies, policy makers, and/or individuals. (Component 1: Strategy A)
- 2.2 Decreased or eliminated site-related exposures. (Component 1: Strategy A)
- 2.3 Increased stakeholder practices to reduce hazardous exposure among children.

(Component 1: Strategy B, NOT funded under TS17-1701)

- 2.4 Increased process, systems, and policy changes to support prevented exposures. (Component 1: Strategy B, NOT funded under TS17-1701)
- 2.5 Increased stakeholder practices to prevent hazardous exposure among children. (Component 1: Strategy B, funded under TS17-1701)
- 2.6 Increased systems and policy changes to support prevented exposures. (Component 1: Strategy B, funded under TS17-1701)
- 2.7 Increased practices of partners to manage CSPECE program independently. (Component 1: Strategy B, funded under TS17-1701)
- 2.8 Increased actions among target audience to identify, reduce, or prevent health effects from exposure to hazardous substances. (Component 2)

Long-Term Outcomes:

- 3.1 Decreased, eliminated, or prevented exposures to hazardous chemicals. (Component 1: Strategies A, B, and Component 2)
- 3.2 Improved evidence base on effective practices, policies, and processes for preventing exposure. (Component 1: Strategy B, and Component 2)

iii. Strategies and Activities

COMPONENT 1: Core Activities (required)

The Core Activities Component of the program supports two strategies: (A) Site Assessment and Community/Stakeholder Engagement, or "Strategy A"; and (B) Choose Safe Places for Early Care and Education (CSPECE), or "Strategy B". **Applicants are required to propose activities under BOTH Strategies in this Component**.

Strategy A (required): Site Assessment and Community/Stakeholder Engagement

1. Conduct site-specific health assessments and provide recommendations to prevent, reduce, or eliminate harmful exposures. In order to achieve the outcomes listed above, recipients must conduct environmental health assessment activities at National Priorities List (NPL) sites, petition sites, Comprehensive Environmental Response, Compensation, and Liability Information System (CERCLIS) or other state-identified sites, RCRA sites, Brownfields and other redevelopment sites, and facilities or releases within the recipient's jurisdiction. Environmental health assessment reports are focused responses to a specific question or specific request for information about health risks posed by a specific site, chemical release, hazardous material, or emergency response actions. Recipients must conduct environmental health assessments in a public health assessment/health consultation/exposure investigation/technical assistance format, and appropriate health education activities at sites on their annual work plan. Environmental health assessments shall include environmental data, demographic characterizations, health status indicators, community health concerns, and health outcome data reviews. **Recipients should prioritize work at NPL sites, petition sites, sites of greatest public health significance, and sites deemed a priority by ATSDR. In the assessment of hazardous exposures, recipients are *required* to follow ATSDR policy and guidance, including, but not limited to, the ATSDR Public Health Assessment Guidance Manual. Additionally, recipients are required to utilize ATSDR's Public Health Assessment**

Screening Tool (PHAST) which contains ATSDR's health-based comparison values (CVs) and health guidelines in all documents in which specific exposures are evaluated. State-derived comparison values may be used if they are more conservative, or more protective of public health.

Recipients will respond promptly to ATSDR's requests for information about the program, including information needed for congressional inquiries/testimony, program evaluation, and other reporting.

ATSDR periodically receives petitions from community members which request that ATSDR investigate a particular site. Recipients will provide any available data to assist ATSDR in deciding how to respond to petitions. Recipients will review existing information including environmental data pertaining to a site or release identified in a petition. Recipients are expected to conduct public health assessment activities (in consultation with ATSDR) at ATSDR-accepted petition sites.

Exposure Investigations (EIs) may be conducted as part of the public health assessment process to fill data gaps and better define site-specific human exposures. EIs may include the collection of environmental and biological data. EIs require approval from ATSDR's Technical Project Team and EI Program staff. For the purposes of this program, EIs must also be designated "non-research" by the state or ATSDR human research subject's protection official. Recipients are encouraged to work with state environmental labs when conducting exposure investigations.

2. Educate community, stakeholders, and health professionals on site-specific environmental exposures and risk to human health. Health education activities should focus on ensuring that community members understand findings of health assessments and where applicable, adopt behavioral changes that will prevent and reduce exposure to hazardous chemicals. Applicants are expected to ensure that all prepared health education and community involvement materials are accessible and inclusive of people with disabilities. Health education materials to healthcare providers should focus on ensuring that environmental exposure-related etiology is considered in patient care. Recipients are required to participate in local, state, and federal health and environmental workshops and community meetings to discuss and respond to questions concerning a particular site's impact on public health. Recipients are expected to consider conducting SoilSHOPs, as appropriate, as part of their health education efforts in communities where lead in soil is a potential health concern. SoilSHOPs are described here: https://www.atsdr.cdc.gov/soilshop/index.html.

3. Identify, develop, and maintain partner and stakeholder relationships to support these activities. Details of expected collaborative efforts are outlined in **Collaborations** section, below.

Major Activities	Recommended Sub-Activities
Activities specified within the logic model to support overall strategy	Below ATSDR has listed some recommended sub-activities applicants may engage in to advance strategies. Some sub-activities are standard practices for an activity, but many are not required and only suggestions. Applicants may propose actions that are not listed below if they advance

	the strategy and make progress toward achieving logic model outcomes. *Evidence should be provided to justify how actions support the overall strategy.*
Conduct site-specific assessments that determine harm to the public's health	Develop Annual Plan of Work based on state landscape of National Priorities List (NPL) sites, petition sites, Comprehensive Environmental Response, Compensation, and Liability Information System (CERCLIS) or other state-identified sites, RCRA sites, Brownfields and other redevelopment sites, and facilities or releases within the recipient's jurisdiction.
	Work with Technical Project Officers to prioritize sites. Recipients should prioritize work at NPL sites, petition sites, sites of greatest public health significance as identified by ATSDR, and sites deemed a priority by ATSDR.
	Identify/assess site needs and match needs to a plan of activities.
	Evaluate exposure pathways.
	Evaluate exposures and human health effects.
	Identify appropriate interventions or recommendations, and follow-up on all recommendations provided to policy makers, regulatory agencies, and individuals whose actions impact multiple community members, within one year of provision.
	Engage in capacity building opportunities to improve quality and efficiency, such as participating in relevant training and skill building opportunities
	Participate in peer review network for health assessments with other Cooperative Agreement Partners
Identify, develop, and maintain partner and stakeholder relationships to support activities.	Identify relevant environmental, regulatory, policy, and other partners to support and advance activities.
	Foster commitment with partners to support activities
	Proactively engage in consistent communication to maintain and strengthen partnerships.
	Engage in collaborative activities with partners that meet common goals.
Educate community, stakeholders, and health professionals on site-related risks and	Assess community site-specific education needs and applicable educational strategies to meet needs.
	Participate in local, state, and federal health and environmental workshops and community meetings to discuss and respond to questions concerning a particular site's impact on public health.

recommendations.	Provide other direct education concerning a particular site's impact on public health (e.g. one-on-one or group education such as phone calls, emails, Community Advisory Group meetings, web-based or conference call education, site visits, or other education involving direct instruction).
	Create and provide indirect educational materials through outlets such as paper material distribution (e.g. flyers, brochures, fact sheets), web-based material distribution (e.g. blog posts, social media, webpage posts), or television, radio, or newspaper.
	Utilize ATSDR's Communication Toolkit (https://www.atsdr.cdc.gov/communications-toolkit/index.html) to promote evidence-based communication strategies.
	Host soilSHOPs when lead in soil is a potential health concern.
	Respond to written or verbal requests for environmental public health technical and/or educational information and document response in a written form. *Technical assistance should not draw a public health conclusion or comment on another entity's health conclusion.*

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

Applicants must select *either* 1 or 2 and must clearly indicate in their application which option they are choosing.

1. For programs previously funded under TS17-1701:

Building upon pilot programs developed under the previous cooperative agreement, provide a 3-year plan for full-scale implementation and long-term sustainability. In this plan, applicants are expected to describe what activities they intend to implement based on evaluation results from the pilot year, including activities such as screening, education, response actions, process or policy change, and any other innovative activities that support the goals of CSPECE. Applicants should also include a sustainability section in their plan that describes how states will maintain their program long-term, including key partnerships with roles and commitments, infrastructure and resources, capacity building activities, and potential adaptations or changes. The plan should include year 1, year 2, and year 3 measureable milestones to achieve full integration of the CSPECE program. By the end of the period of performance, recipients should be able to provide MOUs, MOAs, or letters of support from appropriate stakeholders and entities indicating long-term commitment to CSPECE.

2. For programs NOT previously funded under TS17-1701:

Recipients will participate in ATSDR's CSPECE program. This participation shall include determining a systematic way to work with child care licensing authorities to evaluate prospective child care locations. These activities shall be conducted with ATSDR training and guidance in stages throughout the three year award period.

- March 2020-December 2020: Define the landscape for safe siting of child care centers within the applicant's boundaries and form partnerships, including non-federal advisory

committees.

- January 2021-December 2021: Develop a program plan for safe siting of child care centers that includes operation, training, data, and evaluation needs, as well as roles and responsibilities.
- January 2022-December 2022: Implement a pilot program that tests the feasibility and scalability of the program plan. Collect applicable evaluation data throughout pilot process.
- January 2023-March 2023: Complete evaluation of pilot program.

Major Activities	**Recommended Sub-Activities**
Activities specified within the logic model to support overall strategy	Below ATSDR has listed some recommended sub-activities applicants may engaged in to advance strategies. Some sub-activities are standard practices for an activity, but many are not required and only suggestions. Applicants may propose actions that are not listed below if they advanced the strategy and make progress toward achieving logic model outcomes. *Evidence should be provided to justify how actions support the overall strategy.*
Define childcare landscape	Quantify Early Care and Education (ECE) programs and populations in the state.
	Identify state ECE licensing process and policies.
	Identify state intersection of ECE licensing and environmental health.
	Identify governmental and non-governmental stakeholders of ECE licensing programs and how they could be involved in ECE licensing.
	Identify data sources that could be used to foster a CSPECE program.
Assess needs	Based on defined childcare landscape, determine gaps and needs.
Form partnerships to support program development and implementation	Identify relevant childcare, licensing, environmental, health, academic, zoning, planning, non-governmental, and other partners to support and advance activities.
	Foster commitment with partners to support activities.
	Proactively engage in consistent communication to maintain and strengthen partnerships.
	Engage in collaborative activities with partners that meet common goals.
	Engage in activities that foster sustainability such as building partner capacity.
Create strategic program plan	Establish overall goals and SMART goals for your program.
	Describe how the state program will operate.

	Describe education and training the program will conduct.
	Describe the data and processes the program will use to identify proposed ECEs that have potential harmful environmental exposure.
	Describe partnerships the program will support.
	Describe data the program will collect.
	Describe how the program will be evaluated.
Pilot and systematically evaluate plan	Implement pilot plan.
	Based on evaluation plan, evaluate and report pilot results.

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

ATSDR's Office of Capacity Development and Applied Prevention Science builds capabilities by translating science into tools and actions that individuals, communities, and organizations apply to identify, reduce, or prevent health effects from exposures to hazardous substances. Proposals made under this Component should promote the OCDAPS mission. Proposals should address one, or more, of the following Focus Areas:

1. Development of best practices, tools, and innovative strategies for engaging with communities, and providing community engagement consultation
2. Informing and promoting integration of environmental health content within academic programs and environmental medicine practice (e.g., major and minor coursework, clinical rotations, and primary care residence programs)
3. Identify and cultivate partnerships with academic and professional organizations to encourage uptake of environmental public health awareness curricula and career tracks
4. Develop community/population intervention initiatives to reduce risk factors associated with environmental exposures and develop and test metrics that could be used for evaluation of intervention effectiveness
5. Partner with relevant internal and external stakeholders to incorporate prevention strategies into existing programs, policies, and practices

1. Collaborations

Applicants are expected to include no fewer than five letters of support dated between July 1, 2019 and December 31, 2019 from environmental regulatory agencies, communities, state environmental labs, or federal/state/local agencies that detail the applicant's role and success with reducing exposure to hazardous chemicals in the environment. **These letters should be saved as one PDF, named "Letters of Support", uploaded into www.grants.gov.**

Specific required letters of support, as well as any MOUs or MOAs are further described in sub-sections a) and b) below.

Applicants must file the MOUs and/or MOAs in one PDF file and name the file "MOUs-MOAs", and upload it at www.grants.gov

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

Recipients are required to collaborate with other CDC and ATSDR Cooperative Agreement and/or Grant programs to identify common needs, promote resource and information sharing to assure review of documents in order to advance ATSDR goals, and facilitate public health actions to improve the health of communities. Applicants are required to explain how existing or potential collaborations with other CDC-funded programs and organizations could assist the recipient in implementing activities and achieving the NOFO outcomes. The applicant must obtain information on the following funded programs in their state and explain existing or potential, areas of collaboration: Pediatric Environmental Health Specialty Units (PEHSU), Safe Water for Community Health (Safe WATCH), National Environmental Public Health Tracking Program, ATSDR's PFAS Exposure Assessments and Multi-site Studies, and Childhood Lead Poisoning Prevention Program. Other relevant CDC funded programs could also be used with appropriate explanation, including CDC Disability and Health Programs.

A letter of intent from the Secretary/Director or equivalent head of the applicant's agency confirming that partnerships exist, or will be developed, across appropriate organizational units within the agency/department is required to accompany the application. If available, please provide the cover sheet of any memorandum of understandings/memorandums of agreement (MOUs/MOAs) that demonstrate existing collaborations.

b. With organizations not funded by CDC:

For site-specific work, recipients are required to collaborate with the U.S. Environmental Protection Agency, the appropriate state agencies, appropriate local health departments, state environmental laboratories, and community groups to identify common needs, promote resource and information sharing to advance ATSDR goals, and facilitate public health actions to improve the health of communities. If available, please provide the cover sheet of any MOUs/MOAs that demonstrate existing collaborations.

For non-site specific work and health education, recipients are required to collaborate with appropriate state agencies, local health departments, non-profit organizations, and community groups to identify common needs, promote resource and information sharing to advance ATSDR goals, and facilitate public health actions to improve the health of communities. Applicants should explain collaborations with other groups that could assist them in implementing health education activities, such as soilSHOPs and the Brownfields/Land Reuse Action Model. If available, please provide the cover sheet of any MOUs/MOAs that demonstrate existing collaborations.

Recipients funded under TS17-1701 should have developed partnerships and relationships with entities involved in childcare licensing, GIS, children's environmental health, and others through CSPECE activities performed under the previous announcement. Applicants for Strategy B1, should provide letters of support, or the cover sheets of any MOUs/MOAs, that demonstrate existing collaborations. Additionally, applicants should seek to build both internal and external partnerships to ensure the sustainability of CSPECE in their jurisdiction beyond this period of performance.

2. Target Populations

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

a. Health Disparities

Applicants must consider under-served populations such as tribes, people with disabilities, rural populations, and populations where English is a second language when conducting activities described in this NOFO.

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

This announcement contains two separate components. Applicants must submit an application for the Core Activities Component (Component 1) and may apply for the advanced Capacity Development and Applied Prevention Sciences component (Component 2); however, applicants must be approved with a minimum score of 60 points and funded for Component 1 to be eligible for review and funding under Component 2.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

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

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

Targets for performance measures may vary by program and can be established in the 6-month period following the award. However, **all recipients are expected to meet or exceed the target of completing at least 80% of the activities specified in their work plan each year**. Modifications to the work plan should be discussed with Technical Project Officers and all changes should be finalized at least 3 months prior to submission of Annual Performance Reports.

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

Process Performance Measures

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

COMPONENT 1:	
Strategy	Example Process Performance Measures
A: Site Assessment and Community/ Stakeholder Engagement	· Proportion of site-specific assessments completed from workplan · Proportion of requests for technical assists provided a written response · Number of internal and/or external capacity building opportunities engaged to expedite release of assessments and educational products · Identification of barriers, facilitators, and improvements to the site assessment process annually
B: Choose Safe Places for Early Care and Education, NOT funded under TS17-1701	· Assessment that defines the childcare landscape and identifies needs · Number of partnerships identified to help prevent exposures · Choose Safe Places for Early Care and Education pilot plan
B: Choose Safe Places for Early Care and Education, funded under TS17-1701	· Number of MOUs and/or letters of intent from partners demonstrating long-term commitment to program · Sustainability plan
COMPONENT 2:	

Build local and state capabilities to identify, reduce, or prevent health effects from exposures to hazardous substances	May vary significantly based on proposal, but may generally include: · Identification of key implementation barriers, facilitators, and lessons learned from pilot process

Outcome Performance Measures

Short-term Outcomes	
1.1 Timely dissemination of site-specific findings to partners, stakeholders, and community members. (Strategy A)	· Proportion of site-specific assessments disseminated from workplan within one year from the date adequate data was received. · Number of health education and/or community involvement activities completed to disseminate information to partners, stakeholders, and community members
1.2 Increased partner buy-in and acceptance of public health recommendations made by recipients. (Strategy A)	· Percentage of public health recommendations made by recipients accepted by regulatory agencies or policy makers within one year
1.4 Buy in and support from broad array of partners. (Strategy B, NOT funded under TS17-1701)	· Number of partners indicating commitment to help prevent exposures
1.5 Increased stakeholder/partners knowledge of ECE siting issues and public health recommendations made by recipients to prevent exposure. (Strategy B, NOT funded under TS17-1701)	· Number of stakeholders/partners reached through direct education (duplicated counts acceptable) · Percentage of stakeholders/partners indicating understanding public health recommendations made by recipients to prevent exposure at ECEs
1.6 Increased understanding of barriers and facilitators for safe siting. (Strategy B, NOT funded under TS17-1701)	· Written interpretation of barriers and facilitators for safe siting

1.7 Enhanced and/or expanded CSPECE programs. (Strategy B, funded under TS17-1701)	· Execution of enhanced and/or expanded CSPECE program
1.8 Increased stakeholder /partner knowledge of ECE siting issues and public health recommendations made by recipients to prevent exposure. (Strategy B, funded under TS17-1701)	· Number of MOUs and/or letters of intent from partners demonstrating commitment to program annually
1.9 Enhanced infrastructure among partners to sustain CSPECE program. (Strategy B, funded under TS17-1701)	· Number of resources/tools provided to partners · Percentage of partners indicating increased knowledge, skills, and abilities around CSPECE concepts
1.10 Increased knowledge among target audience to identify, reduce, or prevent health effects from exposure to hazardous substances. (Strategy C)	· Percentage of target audience (educational target audience may vary and include inspectors, zoning and planner officials, providers, and other ECE stakeholders) indicating increased knowledge to identify, reduce, or prevent health effects from exposure to hazardous substances
Intermediate-Term Outcomes:	
2.1 Increased implementation by regulatory agencies, and/or individuals of public health recommendations made by recipients. (Strategy A)	· Percentage of public health recommendations made by recipients implemented by regulatory agencies within one year
2.2 Decreased or eliminated site-related exposures. (Strategy A)	· Percentage of sites with decreased or eliminated exposures based on public health recommendations made by recipients implemented by regulatory agencies or policy makers within the period of performance
2.3 Increased stakeholder practices to reduce hazardous exposure among children. (Strategy B, NOT funded under TS17-1701)	· Percentage of ECE programs referred to the program that make changes because of identified issues
2.4 Implemented process, systems, and policy changes to support	· Number of policy, systems, environment changes to support prevented exposures

prevented exposures. (Strategy B, NOT funded under TS17-1701)	
2.5 Increased stakeholder practices to prevent hazardous exposure among children. (Strategy B, funded under TS17-1701)	· Percentage of ECE programs referred to the program that make changes because of identified issues
2.6 Implemented systems and policy changes to support prevented exposures. (Strategy B, funded under TS17-1701)	· Number of policy, systems, environment to support prevented exposures
2.7 Increased practices of partners to manage CSPECE program independently. (Strategy B, funded under TS17-1701)	· Percentage of partners that are actively engaging in behaviors to manage their respective component of the CSPECE program independently
2.8 Increased actions among target audience to identify, reduce, or prevent health effects from exposure to hazardous substances. (Strategy C)	Will vary based on applicant proposals.
Long-Term Outcomes	
3.1 Decreased, eliminated, or prevented exposures to hazardous chemicals. (Strategies A, B, and C)	· Percentage of sites with decreased or eliminated exposures based on public health recommendations made by recipients implemented by regulatory agencies or policy makers within the period of performance · Number of individuals protected at sites in which public health recommendations made by recipients are implemented by regulatory agencies or policy makers within the period of performance
3.2. Increased collection of evidence on effective practices, policies, and processes for preventing exposure.	· Description of effective practices, policies, and processes for preventing exposure.

Many performance measures will be available through required data collection forms, or equivalent collection processes, including:

- Site Impact Assessment (SIA): Required to complete SIA submission for each health assessment (Public Health Assessment, Health Consultation, Letter Health Consultation)
- Health Education Activity Tracking (HEAT): Required to complete for indirect and direct educational activities. It is suggested to submit entries on a quarterly basis.
- Technical Assist (TA): Required to complete for each TA. It is suggested to submit entries on a quarterly basis.
- Success stories: Required to complete one per quarter.
- soilSHOP: Required to complete soilSHOP reporting for each soilSHOP held each year.
- Annual Performance Report: Required per CDC; recipients will be notified by CDC with directions and due dates annually.
- Final Performance Report: Required to complete at the end of the period of performance.

Quantitative and qualitative data (including all required quantitative metrics, success stories, and narrative reports) may be used without prior notification to produce summary reports, reports on project accomplishments, fact sheets, and other monitoring and evaluation reports. Findings may be reported at national conferences, online, in peer-reviewed journals, and in other public forums independently by ATSDR (for aggregate data), or in collaboration with recipients where site-specific data are to be presented. ATSDR will finalize evaluation and performance measures in collaboration with recipients within six months of the project start date.

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.

Applicants must provide an Evaluation and Performance Measurement Plan (EPMP) that is consistent with the CDC Evaluation and Performance Measurement Strategy and Project Description sections of this NOFO. Data collected must be used for ongoing monitoring of activities to evaluate effectiveness and contribute to continuous program improvement. All recipients must develop a draft Evaluation and Performance Measurement Plan for all strategies in the application. Applicants should provide a description of performance measurement and evaluation qualifications and experience for staff responsible for evaluation activities (i.e. education, training, and/or relevant practical experience).

The Evaluation and Performance Measurement Plan must describe:

- How the applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement
- How key program partners will participate in the evaluation and performance measurement planning processes
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information
- Describe the type of evaluation, key evaluation questions, indicators, and data sources

Recipients will be required to submit a more detailed Evaluation and Performance Measurement Plan within the first six months of award. Applicants are encouraged to use the CDC Evaluation Framework (https://www.cdc.gov/eval/framework/index.htm) to assist in developing their plan. This more detailed plan should be developed by the recipient with support from ATSDR within the first six months of award as part of first year activities and should build on the elements in the initial evaluation plan described in this proposal. The more detailed plan should:

- Be no more than 10 pages, excluding tables and diagrams
- Be organized around Strategies A (required), B (required), and C (optional)
- Specify performance measures, how applicant will collect measures (methods), and where applicant will obtain measures (data source)
- Describe the type of evaluation(s) to be conducted (i.e. process, outcome, or both)
- Describe how key program partners will participant in the evaluation and performance measurement planning process

- Describe the key evaluation questions to be addressed by the evaluation(s)
- Describe indicators and data sources
- Describe the availability and feasibility of collecting evaluation and performance measurement data
- Describe how evaluation findings will be used, including how findings will be used for continuous program quality improvement
- Describe dissemination channels and audiences for performance measure and evaluation findings.
- Affirm ability to collect performance measures and respond to evaluation questions.

Applicants are encouraged, but are not required, to use the ATSDR Evaluation and Performance Measurement Plan template and guidance available in the Application Kit.

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

c. Organizational Capacity of Recipients to Implement the Approach

Applicants must fully demonstrate sufficient existing or planned staff capacity to accomplish the goals and objectives of this program. Specifically, applicants should demonstrate their qualifications, experience, and ability to:

- Develop and maintain an integrated health team consisting of, at a minimum, a health scientist/toxicologist, and either a health educator or community involvement specialist.
- Identify the public health needs at each site based on completed exposure pathways or other identified public health issues.
- Evaluate pathways of exposure to environmental contaminants; assess public health implications of these exposures; identify, coordinate, and implement appropriate public interventions to reduce exposures; and educate health professionals and communities.
- Work collaboratively with communities, local, state, and federal agencies, and national organizations to respond to specific public health issues related to harmful environmental exposures to hazardous substances, including the safe siting of ECE facilities in the applicant's jurisdiction.

Applicants should demonstrate how existing or planned staffing resources will be leveraged to achieve outcomes associated with these activities. While Component 1, Strategy A activities should be prioritized, applicants are encouraged to balance the need for scientific staff against the need for programmatic and evaluation staff resources and adjust their budget request accordingly. It is acceptable and encouraged for applicants to demonstrate required expertise through in-kind support, contracts, or external partnerships. Applicants should include information about any contractual organization(s) that will have a significant role(s) in implementing program strategies and achieving project outcomes. They should specify who would have day-to-day responsibility for key tasks such as: leadership of project; monitoring the project's on-going progress; preparation of reports; program evaluation; and communication with other partners and ATSDR; qualifications, experience, leadership ability, description of how staff will be used to accomplish the work, and percentage of time the project staff will

commit to the project.

The organizational capacity statement should describe how the applicant agency (or the particular division of a larger agency with responsibility for this project) is organized, the nature and scope of its work and/or the capabilities it possesses. Applicants may include a detailed description of the entity's experience, program management components, the entity's readiness to establish contracts in a timely manner, and a plan for long-term sustainability of the project. The applicant should indicate the extent to which their organizational leadership supports, and garners support for, long-term commitment to the activities in Component 1: Strategies A & B.

The statement should also describe the applicant's capability to carry out the proposed project, suitability of facilities, equipment available or to be purchased for the project, and ability to develop an integrated program focusing on coordinating site activities with stakeholders such as EPA, tribal governments, state and local health and environmental offices and agencies, and communities, etc.

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

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

Applicants must name this file "CVs/Resumes" or "Organizational Charts" and upload it at www.grants.gov.

d. Work Plan

The work plan integrates and delineates more specifically how the recipient plans to carry out achieving the period of performance outcomes, strategies and activities, and evaluation and performance measurement. Applicants are required to provide a work plan that provides both a high-level overview of the entire 3-year period of performance (for Strategies A & B) and a detailed description of the first year of the award. If funded, ATSDR will provide feedback and technical assistance to help finalize the work plan post-award.

The high-level 3-year work plan should include a table for each Strategy (or individual activity under Component 2) with the following columns and headings:

Component 1: Strategy A					
Activity Description	*Related output(s) from logic model*	*Performance measure (from Evaluation and Performance Measurement Plan)*	*Person(s) responsible*	*Projected Start Date*	*Project Completion Date*

The work plan should, at a minimum, include:

- Specific outcomes for the 12-month period
- Description of strategies and activities to be support achieving each outcome
- Specific process measure for the strategies and activities
- Potential barriers and facilitators to reach each outcome
- Approximate timeline for projected start and completion date for each activity

Specific Annual Work Plan Guidance:

COMPONENT 1:

Strategy A1: Each recipient is expected to focus on high-priority sites including ATSDR-approved petition sites, and sites on the Environmental Protection Agency's (EPA) National Priorities List (NPL). Other sites of high public health impact, Congressional (State or Federal) interest, community or media interest, and sites otherwise deemed high-priority by ATSDR should also receive high priority. Applicants should indicate on their workplan the priority-level of each Strategy A activity (high, or low) and include justification for this classification. **For certain high-priority sites, ATSDR may choose to "certify" the health assessment or health consultation document. Certification means that the health assessment or health consultation will be cleared through ATSDR's internal review and clearance process and will be released with an ATSDR cover page. The determination whether or not to certify a document will depend on factors identified by ATSDR. These factors are subject to change throughout the period of performance and applied as determined by ATSDR for each recipient.** Through the TPT, ATSDR will communicate criteria for certified documents to each recipient. Certified health assessments and health consultations will be posted to ATSDR's website no later than 60 days after final clearance by ATSDR.

Strategy A2: For sites where environmental health assessments are conducted, recipients must engage the community and assess the needs and resources of the target audience. Recipients are expected to lead health education and outreach efforts for certified sites unless specified otherwise by ATSDR.

Effective community involvement activities will incorporate the nine principles outlined in the CDC/ATSDR Principles of Community Engagement manual. For more information, see the CDC/ATSDR Committee on Community Engagement (*Principles of Community Engagement* 1997, Public Health Practice Program Office, Centers for Disease Control and Prevention, Atlanta, GA); (https://www.atsdr.cdc.gov/communityengagement/). Recipients are expected to follow the Public Health Assessment Guidance Manual to evaluate sites and involve communities in the health assessment process. When appropriate, recipients may consider using additional strategies for engaging communities, including the ATSDR Action Model and the National Association of County and City Health Officials/CDC Protocol for Assessing Community Excellence in Environmental Health (PACE EH).

Strategy B1: Applicants who were previously funded under TS17-1701 should provide a **narrative plan** on how they anticipate full-scale implementation of their established pilot

programs. The plan should include strategies, outcomes, year-by-year milestones, and measureable indicators of success. Activities conducted under this Strategy should culminate in a fully-supported CSPECE program within the state by the end of year 3.

Strategy B2: Applicants should provide a **narrative plan** on how they will begin to implement ATSDR's Choose Safe Places for Early Care and Education program. This plan shall include activities to identify to work with child care licensing authorities to evaluate prospective child care locations, training by the recipient of licensing authorities, and work to evaluate existing child care locations.

COMPONENT 2:

Applicants must include a detailed workplan for the chosen Focus Area(s) being advanced and the activities selected. The workplan, at a minimum, should:

- Define period-of-performance outcomes and describe strategies and activities to be conducted to meet each outcome.
- Provide the specific process measure for the strategies and activities.
- Describe possible barriers to, or facilitators for, reaching each outcome.
- Provide a timeline that identifies key activities and assigns approximate dates for inception and completion.
- Describe the multi-sector collaboration that will be formed to assist in carrying out the proposed activities.
- Describe staff and administrative roles and functions to support implementation of the award, including evaluation functions.

e. CDC Monitoring and Accountability Approach

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

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

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

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that recipients are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with recipients on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.

- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

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

ATSDR will actively monitor recipient compliance with ATSDR's policies and procedures through monthly calls, annual audits and formal assessments - which may include collaboration with the technical project team (TPT). The TPT includes, subject matter experts, Associate Directors of Science, Regional Representatives, and the recipient jurisdiction's Project Officer. ATSDR will require recipients to actively participate in routine TPT conference calls.

ATSDR will monitor how funds are allocated and expended at the recipient level through fiscal tracking tools and annual budget reviews. Progress toward achieving specific project outputs and outcomes will also be assessed through annual progress reports.

Based on review of process measures and recipient reporting during project implementation, if a recipient is not conducting required activities, or failing to adhere to required protocols, ATSDR will initiate technical and/or capacity building assistance for program improvement. ATSDR may require additional monitoring or recipient reporting during a defined time frame (up to six months). Recipients performing at a less than acceptable level beyond the agreed-upon time frame will be required to work with ATSDR to identify factors negatively affecting performance, develop a formal action plan for program improvement, and to use that plan to guide the work until the recipient is meeting performance standards. During such periods, more extensive and frequent engagement between the recipient and ATSDR is to be expected. **In subsequent budget periods, funding may be contingent on meeting performance expectations.**

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

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

The TPT also reviews environmental health assessment reports and community involvement and health education and promotion plans and materials for technical/scientific accuracy, comprehensiveness, clarity, and adherence to ATSDR policy. The TPT will monitor and evaluate the performance of recipients. In addition, ATSDR regional staff are available to provide support and coordination for recipients, especially for sites with strong community

interest, or where liaison with EPA is specifically needed.

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

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

B. Award Information

1. Funding Instrument Type: Cooperative Agreement

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

2. Award Mechanism: U61

U61 - Preventive Health Activities Regarding Hazardous Substances

3. Fiscal Year: 2020

Estimated Total Funding: $41,250,000

4. Approximate Total Fiscal Year Funding: $13,750,000

This amount is subject to the availability of funds.

5. Approximate Period of Performance Funding: $41,250,000

6. Total Period of Performance Length: 3

7. Expected Number of Awards: 25

- Component 1: 25
- Component 2: 5 - 10

8. Approximate Average Award: $550,000 Per Budget Period

This announcement contains two separate components. Applicants must submit an application for Component 1: Core Activities and may apply for Component 2: Capacity Development and Applied Prevention Science; however, applicants must be approved with a minimum score of 60 and funded for Component 1 to be eligible for Component 2.

- Component 1: $450,000
- Component 2: $100,000 - $300,000

This amount is subject to the availability of funds.

9. Award Ceiling: $0 Per Project Period

10. Award Floor: $0 Per Project Period

11. Estimated Award Date: 04/01/2020

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:

State governments
County governments
City or township governments
Special district governments
Public and State controlled institutions of higher education
Native American tribal governments (Federally recognized)
Native American tribal organizations (other than Federally recognized tribal governments)

Additional Eligibility Category:

Government Organizations:

State (includes the District of Columbia)

Local governments or their bona fide agents
Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.
State controlled institutions of higher education
American Indian or Alaska Native tribal governments (federally recognized or state-recognized)

Non-government Organizations:

American Indian or Alaska native tribally designated organizations

2. Additional Information on Eligibility

Eligibility for funding under this announcement is limited by statute to ***States, or political subdivisions thereof****.*

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

No. Cost sharing or matching funds are not required for this program.

Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

5. Maintenance of Effort

Maintenance of effort is not required for this program

D. Required Registrations

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	1. Retrieve organizations	3-5 Business Days but up	For SAM Customer

	Award Management (SAM) formerly Central Contractor Registration (CCR)	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)	to 2 weeks and must be renewed once a year	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: **11/01/2019**

b. Application Deadline

Due Date for Applications: **12/15/2019** , 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Date for Informational Conference Call: 09/18/2019

Call-in details for the Informational Conference Call will be posted to https://www.atsdr.cdc.gov/states/ no later than **September 11, 2019**. This website will be updated periodically with additional information and/or materials.

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: Recommended but not Required

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

Descriptive title of proposed project:

- Name, address, telephone number, and email address of the Principal Investigator/Project Director
- Name, address, telephone number, and email address of the primary contact for writing

and submitting this application
- Number and title of this funding opportunity
- Names of other key personnel
- Participating institutions

If you chose to submit a LOI, it should be received via express mail, delivery service, or email to:

Trent D. LeCoultre, MSEH, REHS, CPH

ATSDR, Office of Capacity Development and Applied Prevention Science

1600 Clifton Road, N.E. (MS F-59)

Atlanta, GA 30333

Telephone number: 770-488-3799

Email address: TLeCoultre@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.

***Please refer back to the *Evaluation and Performance Measurement* section under *Part II.A. Funding Opportunity Description* for more detail.

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.

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

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

13. 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/2017/11/Intergovernmental_-Review-_SPOC_01_2018_OFFM.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).

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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.

i. Approach - COMPONENT 1: Core Activities Maximum Points: 50

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

Strategy A (35 pts):

- Does the applicant demonstrate a clear public health burden related to potential, or actual, exposures to hazardous substances in the environment? Indicators of burden should include:
    - Five (5) or more NPL sites, and/or sites with significant community, media, or Congressional interest. (10 pts)
    - *Applicants will be scored based on a percentage of people living near hazardous waste sites. ATSDR will determine this through database analysis and GIS mapping to give an indication of the number of people potentially benefiting from this award through reduction, elimination, or prevention of health effects from exposure to hazardous substances. A detailed description of this process, including specific databases used, will be made available during the informational call to be held prior to the application due date. Based on this analysis, applicants will be stratified and those with the highest burden will receive the maximum points.* Applicants do not need to provide any documentation or materials in support of this criterion. (10 pts)
- Does the application include a description of specific examples where partnerships and collaborations between the applicant and environmental regulatory agencies and communities were successful in achieving the desired outcome of reducing exposure to hazardous chemicals in the environment? Such interactions demonstrate effective

communications in getting the environmental regulatory agencies and communities to accept public health recommendations from the applicant. Specific outcomes achieved should be included. (10 pts)
- Does the applicant include five letters of support (dated between July 1, 2019 and December 31, 2019) from environmental regulatory agencies, communities, state environmental labs, or federal/state/local agencies that detail the applicant's role and success with reducing exposure to hazardous chemicals in the environment? These letters should be included in an appendix to the application. (5 pts)

Strategy B (15 pts):

- Does the applicant demonstrate organizational commitment to the process and objectives of the CSPECE program? (8 pts)
    - Does the applicant include letters of support or MOUs from the state's childcare licensing agency, environmental regulatory agencies, applicable state-specific childcare partners, non-profits, or other federal/state/local agencies that demonstrate support for the CSPECE program?
    - Does the applicant emphasize dedicated staff time for this Strategy?
- Does the applicant present a clear proposal of activities that support outcomes? (7 points)
    - Background: Does the applicant provide a description of relevant background information, including the state-specific context of the problem and target audience?
    - Purpose: Does the applicant provide a 2-3 sentence purpose/goal for their program?
    - Strategies and activities: Does the applicant provide a clear and concise description of the strategies and activities they will use to achieve the period-of-performance outcomes?
    - Outcomes: Does the applicant clearly identify outcomes expected to be achieved by the end of the period of performance and year-to-year benchmarks?
    - Sustainability (only for applicants previously funded under TS17-1701): Does the applicant clearly identify strategies that contribute to program sustainability?

ii. Evaluation and Performance Measurement - COMPONENT 1: Core Activities — Maximum Points: 25

Applicants will be scored on the extent to which their evaluation and performance measurement plan addresses:

1. Inclusion of clearly proposed process measures of implementation and outcome measures of effectiveness. Measures should be consistent with the strategies/activities and outcomes in the work plan and should measures performance related to the NOFO's logic model and goals. (8 points)
2. Clear description of the type of evaluation, key evaluation questions, methods and data sources applicant will use to collect measures. Evaluation questions should relate to logic model activities and goals. Methods and data sources should be feasible and any limitations to data quality or barriers in collecting data should be clearly articulated. (10

points)
3. Clear description of how the applicant will use evaluation findings for continuous program improvement. (4 points)
4. Identification of person or persons that will conduct performance measurement and evaluation activities and description of respective experience with planning, implementing, and evaluating programs. Relevant education, trainings, and practical experience should be detailed. (3 points)

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

Program Personnel (15 points)

Personnel (10 pts):

- Does the applicant demonstrate a commitment to maintain a technical staff proficient in conducting health assessment, community engagement, and health education?
- Does the applicant describe how they can expeditiously execute contracts or hire staff if staffing changes are needed?
- Does the applicant demonstrate appropriate qualifications, experience, leadership ability, and percentage of time the Project Manager and/or Principle Investigator will commit to the project?
- Does the applicant demonstrate a percentage of time that will be spent on Community Involvement and Health Promotion/Education?
- Curriculum vitae for all staff must be provided.

Personnel development (5 pts):

- Does the applicant demonstrate commitment to participate in ATSDR-sponsored trainings, seminars, workshops, technical workgroups, teleconferences, and in-person meetings with ATSDR staff?

Capability (10 points)

Does the applicant demonstrate the ability to carry out the proposed project, suitability of facilities, and ability to develop an integrated program focusing on coordinating site activities with stakeholders such as EPA, tribal governments, state and local health and environmental offices and agencies, state environmental labs, child care licensing boards, and communities? This should include the ability to respond to specific public health issues that occur as a result of actual or potential human exposure to a hazardous substance, including, methods to evaluate pathways of exposure and to analyze toxicological data, community health concerns, and environmental health data. This also includes the ability to conduct Exposure Investigations including analysis and reporting of data. **Specific examples of conducting these activities must be provided.** (10 points)

Budget - COMPONENT 1: Core Activities — Maximum Points: 0

Presentation of a reasonable budget that is consistent with the stated objectives and planned

program activities. **Budget will be reviewed but not scored.**

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

1. Purpose, Outcomes, Strategies and Activities, and Target Populations (20 points):

- **Background**: Applicants must identify the Focus Area(s) advanced by the proposal. Each applicant must provide a description of relevant background information that includes the context of the issue being addressed, nationally and in the applicant's jurisdiction. (2 points)
- **Purpose**: Applicants must describe, in 2-3 sentences, specifically how their application will address the Focus Area(s) for which activities are being proposed. (2 points)
- **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). (6 points)
- **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. (8 points)
- **Target Populations**: Applicants must describe how the interventions to be improved or evaluated target high-risk groups to achieve the greatest health impact, as described in the "Target Populations" section of this NOFO. (2 points)

2. Work Plan (30 points):

Applicants will be scored on their preparation of a work plan consistent with this NOFO's "Work Plan" section. It must include a detailed first-year work plan and a high-level plan for subsequent years. This is the applicant's opportunity to clearly show what it will do with the funding. After reading the work plan, reviewers should be able to understand how the applicant plans to carry out achieving the period-of-performance outcomes, strategies, and activities.

- Are the goals and objectives SMART (Specific, Measurable, Achievable, Relevant, Time-framed)? (10 points)
- Does the applicant outline the activities necessary to accomplish the purpose of the proposal? (15 points)
- Does the applicant provide a reasonable and complete timeline for implementing and completing all activities and objectives? (5 points)

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

Applicants will be scored on the extent to which the applicant:

- Shows/affirms the ability to collect data on the process and outcome performance measures presented by the applicant in their approach. (10 points)
- Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities. (10 points)

- Describes how performance measurement and evaluation findings will be reported, and used to demonstrate the outcomes of the NOFO and for continuous program quality improvement. (5 points)

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

- Prior knowledge and experience working in the Focus Area(s) selected. (10 points)
- Proven ability to collect data at the targeted population and use data to demonstrate impact. (10 points)
- Provides a staffing plan and project management structure sufficient to achieve the proposed project outcomes that clearly defines staff roles and sufficient workload for the additional activities selected. (5 points)

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

Presentation of a reasonable budget that is consistent with the stated objectives and planned program activities. **Budget will be reviewed but not scored.**

c. Phase III Review

An Objective Review will be performed on eligible applications; applications will be ranked based on application scores and funding awarded in rank order. The following factors also may affect the final funding decision:

- The need for geographic diversity
- The importance of including largest populations with the highest environmental health burden

ATSDR will provide justification for any decision to fund out of rank order.

Review of risk posed by applicants.

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

In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Recipient Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or

procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.
CDC's framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this Notice of Funding Opportunity.
In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:
(1) Financial stability;
(2) Quality of management systems and ability to meet the management standards prescribed in this part;
(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and
(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.
CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

Notification of selection will occur in March 2020. Recipients are expected to receive awards to start on April 1, 2020.

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.

2. Administrative and National Policy Requirements

Recipients must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.
Brief descriptions of relevant provisions are available at http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17.
The HHS Grants Policy Statement is available at http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf.

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

3. Reporting

Reporting provides continuous program monitoring and identifies successes and challenges that recipients encounter throughout the 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 (EPMP), including Data Management Plan (DMP)	6 months into award	Yes
Annual Performance Report	No later than 120 days before	Yes

(APR)	end of budget period. Serves as yearly continuation application.	
Final Period of Performance Report	March 31, 2023	Yes
Federal Financial Reporting Forms	90 days after end of calendar quarter in which budget period ends	Yes
Final Performance and Financial Report	90 days after end of period of performance.	Yes
Payment Management System (PMS) Reporting	Quarterly reports due July 30, 2020; October 30, 2020; January 30, 2021; April 30, 2021; July 30, 2021; October 30, 2021; January 30, 2022; April 30, 2022; July 30, 2022; October 30, 2022; January 30, 2023	Yes

Cost Recovery: CERCLA, as amended by SARA, provides for the recovery of costs incurred for response actions at each Superfund site from potentially responsible parties. The grant recipient will maintain an accounting system that will keep an accurate, complete, and current accounting of all financial transactions on a site-specific basis, i.e., individual time, travel, and associated costs including indirect cost, as appropriate for the site. The recipient will also maintain documentation that describes the site-specific response actions taken with respect to the site, e.g., contracts, work assignments (e.g., environmental health assessment reports, community involvement, health promotion, etc.), progress reports, and other documents that describe the work performed at a site. The recipient will provide the site-specific costs and description of each response action taken with the supporting documentation upon request by ATSDR. The recipient will retain the documents and records to support these financial transactions and documentation of work performed, for possible use in a cost recovery case, for a minimum of ten years after submission of a final financial status report, unless there is litigation, claim, negotiation, audit or other action involving the specific site; then the records will be maintained until resolution of all issues on the specific site.

a. Recipient Evaluation and Performance Measurement Plan (required)
With support from CDC, recipients must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; recipients must

submit the plan 6 months into the award. HHS/CDC will review and approve the recipient's monitoring and evaluation plan to ensure that it is appropriate for the activities to be undertaken as part of the agreement, for compliance with the monitoring and evaluation guidance established by HHS/CDC, or other guidance otherwise applicable to this Agreement.

Recipient Evaluation and Performance Measurement Plan (required): This plan should provide additional detail on the following:
Performance Measurement
• Performance measures and targets
• The frequency that performance data are to be collected.
• How performance data will be reported.
• How quality of performance data will be assured.
• How performance measurement will yield findings to demonstrate progress towards achieving NOFO goals (e.g., reaching target populations or achieving expected outcomes).
• Dissemination channels and audiences.
• Other information requested as determined by the CDC program.

Evaluation
• The types of evaluations to be conducted (e.g. process or outcome evaluations).
• The frequency that evaluations will be conducted.
• How evaluation reports will be published on a publically available website.
• How evaluation findings will be used to ensure continuous quality and program improvement.
• How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).
• Dissemination channels and audiences.
HHS/CDC or its designee will also undertake monitoring and evaluation of the defined activities within the agreement. The recipient must ensure reasonable access by HHS/CDC or its designee to all necessary sites, documentation, individuals and information to monitor, evaluate and verify the appropriate implementation the activities and use of HHS/CDC funding under this Agreement.

b. Annual Performance Report (APR) (required)
The recipient must submit the APR via www.Grantsolutions.gov 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.

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

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

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

d. Federal Financial Reporting (FFR) (required)
The annual FFR form (SF-425) is required and must be submitted 90 days after the end of the budget period. 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.

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).

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

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

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, http://www.USASpending.gov. Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.
For the full text of the requirements under the FFATA and HHS guidelines, go to:

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

G. Agency Contacts

CDC encourages inquiries concerning this NOFO.

Program Office Contact

For programmatic technical assistance, contact:

Trent LeCoultre, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
4770 Buford Hwy NE
MS-S102-1
Atlanta, GA 30341-3717
Telephone: (770) 488-3799
Email: tll7@cdc.gov

Grants Management Office Information

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

Jenise Yawn, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
2939 Flowers Rd.
MS-TV-2
Atlanta, GA 30341
Telephone: (770) 488-2720
Email: koy5@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

Optional attachments, as determined by CDC programs:

- Resumes / CVs
- Position descriptions
- Letters of Support
- Organization Charts
- Indirect Cost Rate, if applicable
- Memorandum of Agreement (MOA)
- Memorandum of Understanding (MOU)

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.