

Centers for Disease Control and Prevention

National Center for Environmental Health

Environmental Health Services Support for Public Health Drinking Water Programs to Reduce Drinking Water Exposures

CDC-RFA-EH15-1507

Application Due Date: 06/22/2015

Environmental Health Services Support for Public Health Drinking Water Programs to Reduce Drinking Water Exposures

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Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-EH15-1507. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC)

B. Funding Opportunity Title:

Environmental Health Services Support for Public Health Drinking Water Programs to Reduce Drinking Water Exposures

C. Announcement Type: New - Type 1

This announcement is only for non-research domestic activities supported by CDC. If research is proposed, the application will not be considered Research for this purpose is defined at http://www.cdc. gov/od/ science / integrity/ docs/cdc- policy- distinguishing- public- health- research- nonresearch. pdf.

N/A

D. Agency Funding Opportunity Number:

CDC-RFA-EH15-1507

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

93.070

F. Dates:

1. Due Date for Letter of Intent (LOI):	**05/21/2015**
2. Due Date for Applications:	**06/22/2015**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.
3. Date for Informational Conference Call:	**N/A**

Due date for letter of intent changed from 6/17/2015 to thirty days before award closes 05/21/2015.

G. Executive Summary:

1. Summary Paragraph:

This FOA seeks applications from state and local health departments and U.S. Territories and Native American tribal public health agencies. Funding these initiatives will improve the recipients' ability to identify and address drinking water (DW) program performance gaps, improve efficiency and effectiveness of DW programs, and to identify and reduce exposures associated with drinking water contamination. The intended audiences of this FOA are communities and populations using small drinking-water systems (e.g., private wells, springs, cisterns, tankered water) that are not covered under the Federal Safe Drinking Water Act (SDWA). For example, approximately 13% of U.S. households, or about 43 million people, use private wells in the United States. CDC will fund as many as 20 awards to support DW programs to reduce exposure to waterborne contaminants that affect public health.

The purpose of this Amendment 1 is to provide clarification on the FOA submission of letter of intent LOI due date, and funding. The changes are on page 1 and 2 in the overview and eligibility section of the FOA.

a. Eligible Applicants:	Limited
b. FOA Type:	Cooperative Agreement
c. Approximate Number of Awards:	20

CDC anticipates funding 15-20 awards, the number of awards funded will be at the discretion of the government and based on the availability of funds.

Spelling correction for word discretion

d. Total Project Period Funding: $10,000,000

e. Average One Year Award Amount: $100,000

CDC anticipates an award range from 100,000 to 133,333 with an average award of 130,000.

f. Number of Years of Award: 5

g. Estimated Award Date: 09/30/2015

h. Cost Sharing and / or Matching Requirements: N

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this FOA 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

Drinking water programs across the United States demonstrate considerable variation in capacity, partnerships, policy environment, programmatic focus, efficiency, and effectiveness. This programmatic variability is influenced by the type of water resources, the size of the community being served, and the many point and non-point sources of pollution affecting the resource. A particular area of concern for many water programs are the numerous private wells and other small drinking-water systems that are not regulated under the Federal Environmental Protection Agency's (EPA) Safe Drinking Water Act (SDWA). State, tribal, local, and territorial (STLT) public health departments are usually the only agencies working to protect the health and well-being of community household members that rely on these systems. State laws and regulations for private wells vary widely and tend to focus only on licensing the entities that construct wells and the construction of those wells. More than half of states in the U.S. do not require testing of private wells after they are constructed. Where state testing requirements do exist, the testing is usually infrequent (e.g., wells must be tested as part of a real estate transaction). Most DW programs offering services (e.g., water testing from wells and other unregulated drinking water sources) are voluntary and require strong outreach by the STLT health departments to assure the delivery of services.

b. Statutory Authorities

This program is authorized under Section 317(k)(2) of the Public Health Service Act [42 U.S.C. Section 247b(k)(2)], as amended.

c. Healthy People 2020

This FOA supports four of the basic themes of the Environmental Health Topic Area: Surface and Ground Water Quality, Toxic Substances and Hazardous Wastes, Homes and Communities, and Infrastructure and Surveillance. Please refer to: http://www.healthypeople.gov/2020/default.aspx

d. Other National Public Health Priorities and Strategies

This program will be aligned with CDC's Vision, Mission, and Core Values, which are located on the CDC Web site at: http://www.cdc.gov/about/organization/mission.htm , This program also draws from the important public health framework described as the 10 Essential Public Health Services, http://www.cdc.gov/nphpsp/essentialservices.html that describe the important services activities that are defined by the core functions of public health.

e. Relevant Work

In 2010, CDC-NCEH initiated the Private Well Initiative (PWI), which launched the PWI National Workgroup with more than 120 participants, and the Funding Opportunity Announcement (FOA EH11-1108, Enhancing Capacity for Environmental and Public Health Surveillance for Unregulated Drinking Water, issued in September 2011). EH11-1108 funded seven states to begin accessing and assessing existing water quality data from multiple jurisdictions and entities across their states. In addition, the Environmental Health Specialist Network (EHS-Net) Water program has supported state and local activities through EH10-001, Revitalizing Core Environmental Health Programs through the Environmental Health Specialists Network (EHS-Net); and EH10-1001, Revitalizing Core Environmental Health Programs through the Environmental Health Specialists Network (EHS-Net): Delivering Environmental Health Services. EH10-001 and EH10-1001 have collected data and implemented evidence-based interventions that identifed environmental factors that cause foodborne and waterborne illnesses and thus, prevented outbreaks of these illnesses. In 2013, CDC-NCEH launched the Funding Opportunity Announcement FOA EH13-1301: Improving state and local capacity to assess and manage risks associated with private wells and other small drinking water systems by using the Environmental Health Specialist Network [EHS-Net]. EH13-1301 funded 11 state and local health departments to 1. Create a sustainable system to analyze unregulated drinking water system data; 2. Describe exposures to contaminants and their associated health risks; and 3. Implement interventions to address identified hazards and exposures.

For more information, see: http://www.cdc.gov/nceh/ehs/EHSNet/index.htm or http://www.cdc.gov/nceh/hsb/cwh/pwi.htm or http://www.cdc.gov/nceh/ehs/News/Features/2014/private-wells.html

2. CDC Project Description

a. Approach

CDC-RFA-EH15-1507 Logic Model: Environmental Health Services Support for Public Health Drinking Water Programs to Reduce Drinking Water Exposures*

Strategy/Activities	Short-term Outcomes	Medium-term Outcomes	Long-term Outcomes
• Identify and align project implementation activities with performance improvement areas based on program gaps* • Implement performance improvement activities • Reassess	**a) Increase in community stakeholder awareness of DW problems, hazards, exposures, illness, and performance gaps** **b) Increase in awareness and knowledge about the policies/regulations**	**e) Increase in DW programs and practices that have improved efficiency (time, effort, and cost)** f) Increase in the jurisdictions with enforecement of feasibile policies	**i) Decreased drinking water hazards** **j) Reduced exposure to waterborne contaminants** k) Decreased number of people in the U.S. drinking contaminated

• Reassess performance improvement activities as needed • Conduct process and outcome evaluations	**policies/regulations that affect DW** **c) Increase in the willingness of partner organizations to collaborate in evidence-based activities to reduce exposure to DW contaminants** d) Increase in customer satisfaction with DW services	feasible policies and regulations based on evidence and need **g) Increase in the reach of DW programs** **h) Increase in DW programs that have established a continual process to routinely close performance gaps to improve DW services**	water l) Improved health of Americans through better access to safe water
Bold indicates a project period outcome *(Note: A complete programmatic logic model that displays the 10 performance improvement areas (i.e., the performance improvement areas that align with the 10 essential environmental public health services) is available at: http://www.cdc.gov/nceh/ehs/envphps/dw-logic-model.htm)			

i. Purpose

EHSB's mission is to strengthen the role of local, state, tribal, and national environmental public health programs and professionals to better anticipate, identify, and respond to adverse environmental exposures and their consequences for human health. This FOA will facilitate EHSB's mission by improving the capacity of state and local health departments, U.S. Territories and Native American Tribal health agencies to identify, address, and close drinking water program performance gaps using performance improvement activities that align with the 10 Essential Environmental Public Health Services; improve efficiency and effectiveness of DW programs; and, to identify and reduce exposures from waterborne contaminants.

ii. Outcomes

Recipients of funds awarded through this Funding Opportunity Announcement (FOA) are expected to reach relevant outcomes as they relate to their implementation/intervention activities:

Short-Term:

a) Increase in community stakeholder awareness of DW problems, hazards, exposures, related illness, and performance gaps

b) Increase in awareness and knowledge about the policies/regulations that affect DW

c) Increase in the willingness of partner organizations to collaborate in evidence-based activities to reduce exposure to DW contaminants

Medium-term:

a) Increase in DW programs and practices that have improved efficiency (time, effort, and cost)

b) Increase in the reach of drinking water programs

c) Increase in DW programs that have established a continual process to routinely close performance gaps to improve DW services

Long-Term

a) Decreased drinking water hazards

b) Reduced exposure to waterborne contaminants

iii. Strategies and Activities

Specific strategies are:

1. Expect agencies intending to apply to the FOA to conduct a performance assessment of their drinking water program/activities using the 10 Essential Environmental Public Health Services to identify performance gaps, and develop quality improvement activities to close identified performance gaps.

More specifically, public health agencies that have previously conducted a performance assessment (http://www.cdc.gov/nceh/ehs/envphps/) of their DW program/activities using the 10 Essential Environmental Public Health Services are encouraged to apply for this FOA. The previously conducted assessment should have identified DW program performance gaps and also prioritized potential quality improvement activities to help close the DW program gaps.

2. Develop and implement interventions that align with performance improvement areas and based on quality improvement plans and other relevant data and evidence to close programmatic gaps

Agencies that apply to this FOA will use information gathered during the performance assessment to develop implementation and intervention activities to close their identified gaps. In particular, agencies will develop and align implementation/intervention activities along performance improvement areas associated with the 10 Essential Environmental Public Health Services. It is not anticipated that agencies will address all performance improvement areas simultaneously, but that they propose an approach that will ensure their DW programs reach the stated outcomes by closing their programmatic gaps.

Examples of performance improvement areas, which align with the 10 Essential Environmental Public Health Services are as follows:

Performance Improvement Area 1 - Monitor environmental and health status to identify and solve community environmental public health problems

- Organize DW quality, water system and health data in a format that aids clear communication and interpretation by the public and policy makers.
- Collect and use DW hazard, exposure, and health outcome data from a range of sources involved in environmental and public health protection (e.g. epidemiology, disease registries, tracking partners, local and state departments of environmental quality).

Performance Improvement Area 2 - Diagnose and investigate environmental public health problems and health hazards in the community

- Develop partnerships with epidemiologists, statisticians, laboratory professionals, toxicologists, hydrologists, and others needed to assist in analyzing DW program data (hazards, exposures, health outcomes).

Performance Improvement Area 3 - Inform, educate, and empower people about environmental public health issues

- Establish working environments/coalitions so that multiple partners (e.g., health department, planning and zoning, public works, building, environmental advocacy groups, and the media) have a forum to work together on DW education and promotion activities.

Performance Improvement Area 4 - Mobilize community partnerships and actions to identify and solve environmental health problems

- Develop partnerships among government agencies and the private sector to enhance DW program effectiveness.

Performance Improvement Area 5 - Develop policies and plans that support individual and community environmental public health efforts

- Promote prevention and protection policies for community members who bear a disproportionate burden of disease, or that are at greater risk of exposure to DW hazards.

Performance Improvement Area 6 - Enforce laws and regulations that protect environmental public health and ensure safety

- Organize the updating and/or modification of existing or new rules, regulations, and ordinances designed to assure and improve DW protection programs and DW quality

Performance Improvement Area 7 - Link people to needed environmental public health services and assure the provision of environmental public health services when otherwise unavailable

- Create and provide leadership for work groups of multiple agencies that have responsibility for assuring that DW program services delivery system is coordinated, timely and responsive to all community members.

Performance Improvement Area 8 - Assure a competent environmental public health workforce

- Communicate workforce gaps and needs to appropriate stakeholders (governing bodies, advisory groups, academic institutions, and public and private agencies) that have the capabilities to effect change.

Performance Improvement Area 9 - Evaluate effectiveness, accessibility, and quality of personal and population-based environmental public health services

- Develop an activity to assess and measure the satisfaction of stakeholders and residents with drinking water services programs that includes a process to provide increased quality of services.

Performance Improvement Area 10 - Essential Environmental Public Health Service 10: Find new insights and innovative solutions to environmental public health problems

- Develop partnerships with colleges, universities and organizations needed to assure implementation of evidence-based practices to improve program performance.

Water programs addressing private wells and small drinking water systems not covered by the SDWA vary in capacity, size, funding, partners, priorities, and target population. Likewise, the performance improvement necessary to reach intended program outcomes such as a reduction in hazards and exposure to waterborne contaminants are going to vary by program. Aligning programmatic interventions and activities with performance improvement areas is intended to close programmatic gaps that prevent DW programs from reaching the prioritized outcomes.

It is expected that the agencies awarded funding will close DW program performance gaps. Agencies need to consider new and innovative ways to protect public health by changing and/or enhancing the way they practice environmental health as it relates to their drinking water program.

3. Reassess, realign, and develop new programmatic interventions and activities with new performance improvement areas as needed

During the course of this 5-year FOA, it is anticipated that applicants will need to periodically reassess their program gaps and work in new performance improvement areas as needed.

4. Conduct evaluations considering process and outcome questions to determine if there were improvements to efficiency and effectiveness of programs

Funded agencies will also monitor the performance of their activities and interventions and conduct process and outcome evaluations of their activities to determine if they have reached outcomes associated with improved efficiency and effectiveness; and if not, what may have prevented them from achieving those outcomes.

5. Disseminate findings with relevant partners and stakeholders

FOA activities will help NCEH/EEHS/EHSB to identify DW programmatic services areas that need strengthening. The activities of this FOA will also aid NCEH/EEHS/EHSB in their understanding of the environmental factors that contribute to the presence of hazards and exposures causing disease and illness related to private wells and other small drinking water systems not covered by the EPA's SDWA.

1.Collaborations

Collaboration and partnership building is one of the essential environmental public health services. Applicants should describe existing partnerships and collaborations in light of their capacity for continuing work related to their water program/activities. If applicants identify a performance improvement activity around partnerships, they should also describe the importance of the new partnership or collaboration and why they are fundamental for improving DW program/activity efficiency and effectiveness. Particularly important will be descriptions of partnerships and coalitions that will empower DW programs to address potential health disparities, underserved populations and environmental justice issues related to using unregulated drinking water systems.

a. With CDC-funded programs:

Applicants may describe ongoing activities with CDC funded programs (e.g., Environmental Health Specialists Network (EHS-NET) - http://www.cdc.gov/nceh/ehs/ehsnet/index.htm, and Environmental Public Health Tracking -http://www.cdc.gov/nceh/tracking/); however, these collaborations are optional and not not a requirement.

b. With organizations external to CDC:

Collaborate with organizations that can help achieve the FOA initiatives. Please provide Letters of Support as evidence of your collaboration with partners. Examples of these organizations may include:

- business communities,
- nongovernment organizations,
- media organizations,
- environmental and social justice groups
- emergency management agencies
- nonprofit agencies,
- other federal, state, or local government agencies,and
- public health communities, and
- Tribes and/or tribal organizations.

2. Target Populations

This FOA will focus on households, individuals, and water systems not covered by the Safe Drinking Water Act (SDWA) and the programs that exist to serve them. Applicants should provide data and information that describe how segments of the target population may bear a disproportionate burden of health risk and how these segments of the target population may be described as a vulnerable population (i.e., a population at an increased risk for adverse health-related outcomes due to drinking water issues driven by racial, cultural, social, and economic conditions). Applicants should also consider how meaningful involvement of affected populations during performance improvement activities will be essential to addressing health and service inequities.

If possible applicants should describe barriers that have prevented reaching vulnerable populations and underserved communities and provide solutions for how these barriers can be overcome.
Another area of vulnerability cross-cutting all populations and leading to high risk are the influences of climatic changes. This includes the broad range of weather patterns affecting the hydrologic cycle, impact to watersheds, and impacts on the functional limits of existing water services infrastructure. Populations that have historically relied on stationarity of weather patterns to influence the design, management, and planning around water resource use, may be affected by changes in the volume, timing and quality of available water. Applicants should try to indicate areas within their target populations where water resource management and planning activities must adapt to the impacts of extreme weather events and how they should better accommodate the needs of the populations being served.

a. Inclusion

N/A

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

N/A

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

The purpose of this project is to support public health program capacity to identify, address, and close programmatic performance gaps; and, improve the efficiency and effectiveness of DW programs. The project is designed to also meet the diverse needs of DW programs to strengthen the core functions of their programmatic efforts. Awardees will provide process and outcome evaluations to measure the success of their project's initiatives. The process and outcome evaluations will enable awardees to: 1) identify and describe project strengths and weaknesses; 2) detect project areas that need improvement; and 3) determine whether project objectives and intended outcomes are being achieved and 4) identify barriers preventing the implementation of performance improvement efforts; and 5) identify new program gaps and initiate new interventions and activities aligned with the relevant performance improvement areas to close them. EHSB will aggregate data from awardees to determine overall program impact.

(1) Process Evaluation

Awardees will conduct process evaluations during each project year for the length of the award to determine specifically whether the project is being implemented as designed, is operating as intended, and is achieving expected outputs and moving towards outcomes. Process questions align with the strategies presented in the logic model and narrative. The process evaluation should answer the questions:

<u>Strategy: Identify and align project implementation activities with performance improvement areas based on program gaps</u>

1. Was a program gap analysis conducted?
2. Do the chosen program improvement areas align with the gaps?

3. Do the chosen project implementation activities align with the performance improvement areas?

Strategy: Implement performance improvement activities

1. Have all planned project activities been implemented?

Potential output measures depending on the selected performance improvement activity:

- Surveillance system established
- Number of DW samples and inspections processed in a timely manner
- Number of assessments completed to relate DW water problems to environmental factors
- Number of datasets made publicly available
- Number of culturally appropriate community meetings implemented
- Number of targeted educational activities delivered
- Plan developed to create/revise feasible policies/regulations/recommendations
- Evidence-based intervention plan developed to identify and remove hazards
- Number of partnerships developed

Note: Outputs from applicant activities are expected to vary depending on the activities and interventions chosen and as they align with the selected performance improvement areas. However, particularly important for the approach are the following output measures:

- Wells newly identified
- Wells newly tested
- Number of wells identifying hazards of concern
- Wells with hazards exceeding standards or health action limits, and
- Number of wells with hazards decreased and exposures prevented

2. Were project activities implemented on schedule?

- % of work plan activities completed on schedule
- Number of performance improvement activities and interventions completed
- Number of project completion dates met

Strategy: Reassess performance improvement activities as needed

1. What problems were encountered with project implementation?

- Qualitative description of the challenges encountered and the solutions to overcome challenges

2. What additional gaps were identified and what new implementation objectives were added as a result?

- Number of new performance improvement activities undertaken in the project period
- Number of performance assessments conducted in project period

Strategy: Conduct process and outcome evaluations

1. Number of performance assessments conducted in project period

2. Number of outcome evaluations conducted in project period

(2) Outcome Evaluation

Awardees will continually monitor performance and understand progress towards outcomes annually; and, a full outcome evaluation will be conducted on all activities by the end of Year 5 to assess changes that occurred as a result of their project, and determine whether proposed outcomes have been achieved. Outcome indicators measure the quantity and quality of the results achieved through implementing a project and its activities. To evaluate an outcome, awardees will have to compare baseline data with outcome data. CDC is recommending the following outcomes and measures as examples and guidance for this project.

Short-Term Outcomes

Variability is expected with short-term outcomes since these will align with selected performance improvement areas. Some possible examples include:

- Outcome: Increase in community stakeholder awareness of DW problems, hazards, exposures, illness, and performance gaps
    - Measure: Percent of the target audience aware of a prevention message at baseline and project or period end date
    - Measure: Percent of target audience that test well water at baseline and project period end date
    - Measure Number of households that have never tested their drinking water source that engage in testing based on new information
    - Measure: Number of private well/small water system customers counseled about a specific exposure control behavior at baseline and/or project period end date

- Outcome: Increase in awareness and knowledge about the policies/regulations that affect DW
    - Measure: comparison of the baseline values and end of project value of private well owners who comply with a new policy item or regulation.

- Outcome: Increase in the willingness of partner organizations to collaborate in evidence-based activities to reduce exposure to DW contaminants
    - Measure: comparison of the baseline number and end of project number of partnerships/collaborative efforts to implement evidence-based activities/interventions to reduce exposure to waterborne contaminants.

- Outcome: Increase in customer satisfaction with DW services
    - Measure: comparison of the percentage of customers that is positively satisfied with a DW service or package of services at project start and end.

Mid-term Outcomes:

- Outcome: Increase in DW program and practices that have improved efficiency:

  [Example: time]: Reduce the amount of time to complete a DW program process or activity

    - Measure: comparison of a baseline value of the time recorded for a specific process/service to the actual value after implementation of a performance improvement activity

  [Example: Cost of service]: Reduce the cost of DW program service

    - Measure: comparison of a baseline value of the cost for a specific service to the actual value after implementation of a performance improvement activity

  [Example: Cost of implementation]: Reduce the cost of DW program process implementation

    - Measure: comparison of a baseline value of the cost for DW program process implementation to the actual value after implementation of a performance improvement activity

  [Example: Effort]: Reduce the number of steps required to complete a DW process or service

    - Measure: comparison of a baseline value of the steps needed for DW program process

implementation to the actual value after implementation of a performance improvement activity

- Outcome: Increase the reach of the DW program [i.e., percentage of a target population that has been offered/received/engaged in programmatic service area]
    - Measure: Size of intervention population(s) being offered/receiving/engaging in a programmatic service at project start and end.

Long-term Outcomes:

- Outcome: Reduce hazards that threaten UDWS
    - Measure: Degree of contamination of local concern in drinking water comparison before and after implementation/intervention activities
- Outcome: Eliminate exposure to waterborne contaminants
    - Measure: number or percentage of households engaging in a personal protection activity/preventative behavior to control exposure

The awardee must report progress attained from their performance measures in their bi-annual reports.

ii. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an agency logic model, and evaluation and performance measurement plan that is consistent with the CDC strategies and represents the nuances of their approach. It is expected that the agency logic model will use similar or adapted medium- and long-term outcomes measures that might slightly vary in specificity based on contaminant(s) of concern. Variability is expected related to project inputs, strategies/activities, outputs and short-term outcomes. The variability of applicant's logic model and evaluation and performance measurement plans will reflect the results of their performance assessment and the alignment of project interventions and activities with applicable performance improvement areas.

At a minimum, the plan must:

- Describe how current key program partners and future partners will support the execution of activities to achieve outcomes of the applicant's project.
- Describe key evaluation questions to be answered.
- Describe process/performance and outcome measures to be used by the applicant as they mirror the suggested measures described by CDC/EHSB (see section i. CDC Evaluation & Performance Measurement Strategy). If there is specific information needed to describe "success" of the measure, it should be provided.
- Describe a data collection plan that specifies data sources and feasibility of collecting the appropriate data needed for the process/performance and outcome evaluation. The data use/collection plan should align evaluation questions with their corresponding indicators, data collection method, data source, frequency of data collection, and describe the responsible parties that will assure the data collection activity is implemented.
- Describe how process/performance and outcome findings will be used to assess program progress for closing performance gaps and identifying new interventions and activities that align with performance improvement areas to continuously improve program quality.

c. Organizational Capacity of Awardees to Execute the Approach

Applicants must be able to describe their capacity to execute the CDC program strategy and to conduct programmatic efforts and activities that align with their selected performance improvement areas. Additionally, this will require knowledge of the Environmental Public Health Performance Standards for completing a performance assessment and identifying performance improvement areas (http://www.cdc.gov/nceh/ehs/envphps/docs/envphpsv2.pdf); or, require knowledge of and capacity to use a similar process for identifying programmatic gaps and developing quality improvement activities. Additionally, the applicants have to demonstrate the ability to meet the project period outcomes as outlined in the FOA approach.

The applicant should also describe their organizational capacity and relevant experience to execute the award in each of the following areas: 1) Program planning; 2) Program evaluation; 3) Performance monitoring; 4) Financial reporting; 5) Budget management and administration, and 6)Personnel management. In the applicant description of each preceding area, emphasis should be placed on relevant experience and capacity that will ensure that prioritized outcomes will be addressed.

In specific regards to personnel management and staffing, applicants should include a clear description of the roles and responsibilities of project staff. Applicants should also clearly indicate the staff persons that have day-to-day responsibilities for key tasks as mentioned above (i.e., program planning, program evaluation, performance monitoring, financial reporting, and budget management and administration) and additionally describe communication responsibilities with CDC and other partners.

Applicants may consider describing their current status in applying for public health department accreditation or their evidence of accreditation. Information on accreditation is available at: http://www.phaboard.org.

d. Work Plan

All applicants are expected to accomplish the following types of activities:

Propose projects, evidence-based interventions, and/or activities that align with their identified performance improvement areas that are prioritized for closing programmatic gaps and for empowering programs to address and reach their stated outcomes as identified in their program logic model. The projects, evidence-based interventions and/or activities should be described in terms of the expected duration to implement for a period of up to five years. Applicants may also describe a process in their work plan whereby they indicate the need for subsequent performance assessments and how the results of these assessments would be incorporated into ongoing activities and implemented, and the duration of these new activities.

Included activities may be:

Performance Improvement Area 1 - Monitor environmental and health status to identify and solve community environmental public health problems

- Organize DW quality, water system and health data in a format that aids clear communication and interpretation by the public and policy makers (e.g., Use an existing dataset to identify geographical areas targeted for interventions).
- Collect and use DW hazard, exposure, and health outcome data from a range of sources involved in environmental and public health protection (e.g. epidemiology, disease registries, tracking partners, local and state departments of environmental quality).

Additional activities under performance improvement area 1 could include:

- Conduct a community environmental health assessment to identify drinking water issues.

- Determine drinking water quality trends by comparing analysis results to relevant benchmarks and historical data.
- Develop a drinking water profile for a geographical location/jurisdiction.
- Make drinking water quality data, health information and water system information easily available to individuals, community groups, and other organizations in a printed and web-based version.
- Identify appropriate tools, such as GIS, and other technology needed to support the monitoring of drinking water associated hazards, exposures and health outcomes (e.g., Develop a model to predict or assess the presence or movement of groundwater contaminants that may affect private wells or other UDWS).
- Identify drinking water system information and data gaps.
- Identify drinking water hazard, exposure and health outcome information and data gaps.

Performance Improvement Area 2 - Diagnose and investigate environmental public health problems and health hazards in the community

- Develop partnerships with epidemiologists, statisticians, laboratory professionals, toxicologists, hydrologists, and others needed to assist in analyzing DW program data (hazards, exposures, health outcomes).

Additional activities under performance improvement area 2 could include:

- Create a drinking water surveillance system that uses timely information from a variety of sources (e.g., Digitize data currently held in another, less accessible format).
- Develop protocols to investigate patterns and/or outbreaks of water-related illness, disease, hazards, and exposures.
- Enhance environmental health staff ability to apply epidemiologic and statistical methods.
- Roles and responsibilities of environmental health staff related to drinking water integrated into the all hazards emergency response plan.
- Develop protocols to guide investigation of and response to drinking water threats and emergencies.
- Develop a roster of personnel with technical expertise to respond to potential natural disasters, biological, chemical or radiological drinking water emergencies.
- Establish agreements and/or procurement processes to access (24 hours-per-day/7 days-per-week) approved laboratories capable of supporting investigations of drinking water problems, hazards and emergencies.
- Develop guidelines for the collection and handling of laboratory samples and reporting of results.

Performance Improvement Area 3 - Inform, educate, and empower people about environmental public health issues

- Establish working environments/coalitions so that multiple partners (e.g., health department, planning and zoning, public works, building, environmental advocacy groups, and the media) have a forum to work together on DW education and promotion activities.

Additional activities under performance improvement area 3 could include:

- Develop an environmental health communications plan that regularly provides the community (general public, policy makers, and public and private stakeholders) with EH information on drinking water to enable effective individual, community and policy action.
- Work with the community to identify health education needs and implement a plan for reaching different segments of the community.
- Develop appropriate drinking water messaging for vulnerable, sensitive, or disproportionately impacted segments of the community. Assure that existing drinking water communication plans provide guidance on creating messages and materials appropriate for different communication

channels (e.g. Internet, print, radio, and television, social media).
- Develop emergency communication plan(s) to share information among key responders and the public in the event of potentially serious environmental health threats, disease outbreaks and other emergencies around drinking water.

Performance Improvement Area 4 - Mobilize community partnerships and actions to identify and solve environmental health problems

- Develop partnerships among government agencies and the private sector to enhance DW program effectiveness.

Additional activities under performance improvement area 4 could include:

- Develop a directory of key constituents and stakeholders interested in drinking water protection.
- Implement a process that involves constituents in key decisions and development of drinking water policy.

Performance Improvement Area 5 - Develop policies and plans that support individual and community environmental public health efforts

- Promote prevention and protection policies for community members who bear a disproportionate burden of disease, or that are at greater risk of exposure to DW hazards.

Additional activities under performance improvement area 5 could include:

- Establish a community environmental health improvement process for the drinking water program to identify policy needs.
- Establish a process to review existing policies every two years for feasibility and effectiveness.
- Integrate community environmental health assessment findings and stakeholder input into a community drinking water improvement plans focusing on environmental health priorities, policies and resources.
- Develop a community all-hazards emergency preparedness and response plan for drinking water.

Performance Improvement Area 6 - Enforce laws and regulations that protect environmental public health and ensure safety

- Organize the updating and/or modification of existing, or new rules, regulations, and ordinances designed to assure and improve DW protection programs and DW quality

Additional activities under performance improvement area 6 could include:

- Conduct a revision of state and local laws, regulations, and ordinances periodically (at least once every five years) to assess their impact on the health of the community and determine whether they need updating.
- Identify and develop plans for closing gaps in public health and environmental laws, regulations, or ordinances related to drinking water.
- Develop a process to assure the drinking water program provides timely, consistent and equitable enforcement of environmental health protection laws, regulations, ordinances, and policies within all segments of the jurisdiction.
- Educate community members (e.g., individuals and businesses) that have to comply with environmental health laws, regulations and ordinances related to drinking water by providing information about their meaning and purpose.
- Assess the ability of community members to comply and be responsive with drinking water regulations.

Performance Improvement Area 7 - Link people to needed environmental public health services and assure

the provision of environmental public health services when otherwise unavailable

- Create and provide leadership for work groups of multiple agencies that have responsibility for assuring that DW program services delivery system is coordinated, timely and responsive to all community members.

Additional activities under performance improvement area 7 could include:

- Enhance the drinking water services being offered and received by target populations with a focus on those communities and members that have limited access or barriers to environmental public health services.
- Design an active outreach and referral mechanism to link community members to drinking water and public health and protection services.
- Build and define activities for drinking water coalitions by developing written agreements (memorandums of understanding) with stakeholders that have responsibility for protecting the environment and drinking water quality.

Performance Improvement Area 8 - Assure a competent environmental public health workforce

- Communicate workforce gaps and needs to appropriate stakeholders (governing bodies, advisory groups, academic institutions, and public and private agencies) that have the capabilities to effect change.

Additional activities under performance improvement area 8 could include:

- Develop a plan to identify and close workforce gaps to assure the timely delivery of drinking water services to the community members that receive them.
- Establish a program/process to assure that the environmental health workforce has the proper licensure, registration and certification for environmental public health drinking water services.
- Develop clear and targeted workforce plan that describes the positions, capacities, performance, and evaluation of performance required to run an efficient and effective drinking water program.
- Establish a process/plan to enhance competencies and leadership abilities of the environmental public health workforce to anticipate, address and solve drinking water program problems that includes incentives (improvements in pay, tuition reimbursement, time-off from work).

Performance Improvement Area 9 - Evaluate effectiveness, accessibility, and quality of personal and population-based environmental public health service

- Develop an activity to assess and measure the satisfaction of stakeholders and residents with drinking water services program that includes a process to provide increased quality of services.

Additional activities under performance improvement area 9 could include:

- Develop a process or series of action plans to establish an ongoing process to assess drinking water program performance and quality improvement.
- Promote the evaluation of how multiple agencies with responsibility in drinking water protection work together to coordinate and provide timely responses to all constituents.
- Evaluate an existing intervention designed to promote the safety of water from Unregulated Drinking Water System.

Performance Improvement Area 10 - Essential Environmental Public Health Service 10: Find new insights and innovative solutions to environmental public health problems

- Develop partnerships with colleges, universities and organizations needed to assure the implementation of evidence-based practice to improve program performance.

Additional activities under performance improvement area 10 could include:

- Work with partners to prioritize evidence base needed to improve drinking water services and conditions.

- Disseminate drinking water program best practices and innovations, and apply these practices to existing program.

Additional work plan activities should address the following:

Where possible, applicants that are aware of their state Performance Improvement Managers should work with them to develop quality improvement activities using available quality improvement tools for solving efficiency and effectiveness priorities as they align with their prioritized performance improvement areas. Applicants should include in their work plans a description of their availability for participating in Grantee discussions, Private Well Community of Practice Webinars, and collaborating with other private well and small drinking water system practice-based workgroups of importance to identify and address emerging UDWS-related priorities and focus areas.
How they share datasets or develop relevant indicators and measures for state Environmental Public Health Tracking (EPHT) portal (http://www.cdc.gov/nceh/tracking/) if applicable.

e. CDC Monitoring and Accountability Approach
Monitoring activities include routine and ongoing communication between CDC and awardees, site visits, and awardee 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 awardee progress in achieving the desired outcomes.
- Ensuring the adequacy of awardee 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:

- Ensuring that work plans are feasible based on the budget and consistent with the
- intent of the award.
- Ensuring that awardees are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with awardees 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.

Other activities deemed necessary to monitor the award, if applicable.

These activities may include 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 grantees.

Of particular importance will be how awardees adjust work plans based on achievement of outcomes, evaluation results, and changing budgets in light of how they use the results of their performance assessment or subsequent performance assessments to align new activities with performance improvement areas.

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

- Provide consultation, guidance, technical assistance and support for activities related to project development, design, planning, implementation, evaluation, data analysis, and reporting.
- Provide guidance and support in evaluating required activities through the commitment of personnel time and subject matter expertise.
- Provide review and approval for project work plans.
- Facilitate the exchange of information and coordinate interactions between and among Awardee

organizations by sharing information through CDC-supported Web sites, related stakeholders' meetings and websites, scheduled grantee meetings and direct communications.
Lead and organize Awardee meetings and encourage participation in related national workgroups covering topics of concern on unregulated drinking water systems and private wells; participate on teams and committees as requested and appropriate.

- Share information related to the cooperative agreement and its projects with awardees. Information may be related to improved practices, lessons learned, understanding barriers to project implementation and finding solutions to overcome barriers, performance measures and indicators, quality improvement tools and evaluation results. Information may be shared through grantee meetings, teleconferences with technical monitors and project officers, written and communicated guidance, material development, Webinars, stakeholder meetings, committees, conference calls, working groups, and social media.

B. Award Information

1. Funding Instrument Type:	Cooperative Agreement
	CDC's substantial involvement in this program appears in the CDC Program Support to Awardees Section.
2. Award Mechanism:	Cooperative Agr
3. Fiscal Year:	2015
Estimated Total Funding:	$2,000,000
4. Approximate Total Fiscal Year Funding:	$2,000,000
5. Approximate Project Period Funding:	$10,000,000
6. Total Project Period Length:	5 year(s)
7. Expected Number of Awards:	20

CDC anticipates funding 15-20 awards, the number of awards funded will be at the discretion of the government and based on the availability of funds.

Spelling correction for word discretion

8. Approximate Average Award: $100,000 Per Budget Period

CDC anticipates an award range from 100,000 to 133,333 with an average award of 130,000.

9. Award Ceiling: $134,000 Per Budget Period

During the project period CDC may elect to increase or decrease the budget period funding per applicant. The award amount is at the discretion of CDC and is subject to the avilability of funding. The program award ceiling for each budget period is none.

Award ceiling changed from 0 to 134,000

10. Award Floor: None

CDC has not established a minimum award funding threshold. The budget period amount requested is at the discretion of the applicant. The award amount is at the discretion of CDC and is subject to the availability of funding.

11. Estimated Award Date: 09/30/2015

Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the awardee (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (project period) will be shown in the "Notice of Award." This information does not constitute a commitment by the federal government to fund the entire period. The total project period 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 FOA.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:
State governments
County governments
Native American tribal governments (Federally recognized)

Government Organizations:

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

2. Additional Information on Eligibility

Limited-American Indian/Alaska Native tribal governments (federally recognized or state-recognized), American Indian/Alaska Native tribally designated organizations, Alaska Native health corporations, and state and local governments or their bona fide agents (this includes the District of Columbia, the Commonwealth of Puerto Rico, the U.S. 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). To ensure equal dispersion across the United States Geographic distribution will be considered.

The award ceiling for this FOA is $134,000. CDC will consider any application requesting an award higher than this amount as non- responsive and it will receive no further review. If a pre-application is required, then specify here and include it in the special eligibility requirements section. (http:// www.hhs.gov/ asfr/ ogapa/ aboutog/ hhsgps107.pdf)

3. Justification for Less than Maximum Competition

This FOA focuses on the agencies that serve small drinking water systems (e.g., private wells, springs, cisterns, tankered water) that are not regulated under the Safe Drinking Water Act. State laws and regulations for private wells vary widely and tend to focus only on licensing of entities who construct wells and the construction of those wells. However, where regulations exist, state and local departments of health, territorial and tribal health agencies, are the entities with the authority to collect and maintain data on private wells and other small systems for public health purposes.

The Environmental Health Services Branch (EHSB) focuses on strengthening the capacity of local, state, tribal, and national environmental health programs and practitioners to better anticipate, identify, and respond to adverse environmental exposures and their consequences for human health. Eligibility is being offered to state, local, territorial and tribal programs that rely on EHSB for the science and data to develop programs, evidence-based interventions, and policies and regulations that protect people from water

contaminants, provide safe water, and that can establish the necessary level of collaboration across multiple state and local agencies to accomplish the purpose and goals of EHSB. EHSB is focusing on state, local, territorial and tribal agencies because they are the environmental health services entities with responsibility and authority to govern, regulate, deliver and/or implement programs, evidence-based interventions, and policies for drinking water programs.

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this FOA 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/FinancialReferenceGuide.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-awardees, those sub-awardees 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 an awardee. 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 usually requires not more than five business days, and registration must be renewed annually. Additional information about registration procedures may be found at www.SAM.gov.

c. Grants.gov: The first step in submitting an application online is registering your organization through www.grants.gov, the official HHS E-grant website. Registration information is located at the "Get Registered" option at www.grants.gov.

All applicant organizations must register with www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants must start the registration process as early as possible.

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. If Internet access is not available, or if the online forms cannot be accessed, applicants may call the CDC PGO staff at 770-488-2700 or e-mail PGO PGOTIM@cdc.gov for assistance. Persons with hearing loss may access CDC telecommunications at TTY 1-888-232-6348.

4. Submission Dates and Times

If the application is not submitted by the deadline published in the FOA, it will not be processed. PGO 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 PGO.

a. Letter of Intent Deadline (must be emailed or postmarked by)

Due Date for Letter of Intent: **05/21/2015**

b. Application Deadline

Due Date for Applications: **06/22/2015**, 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.

Due date for letter of intent changed from 6/17/2015 to thirty days before award closes 05/21/2015.

5. CDC Assurances and Certifications

All applicants are required to sign and submit "Assurances and Certifications" documents indicated at http://www.cdc.gov/grants/interestedinapplying/applicationprocess.html.

- Complete the applicable assurances and certifications on an annual basis, name the file "Assurances and Certifications" and upload it as a PDF file 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.

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

An LOI for this announcement is requested but optional:

An LOI for this announcement is requested but optional, therefore, a pre-application is not required and will not undergo objective review. For this announcement the purpose of the LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications.

LOI must be sent via U.S. express mail, delivery service, to:

Connie Thomas

Department of Health and Human Services

Centers for Disease Control and Prevention

4770 Buford Highway, MS F-60, Chamblee, GA 30341

770-488-3631

8. Table of Contents

(No page limit and not included in Project Narrative limit): The applicant must provide, as a separate attachment, the "Table of Contents" for the entire submission package.

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

9. Project Abstract Summary

(Maximum 1 page)

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

10. Project Narrative

(Maximum of 20 pages, single spaced, Calibri 12 point, 1-inch margins, number all pages. Content beyond 20 pages will not be considered. The 20 page limit includes the work plan. For a multi-component FOA, maximum page limit is 25.)

The Project Narrative must include all of the bolded headings shown in this section. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire project period as identified in the CDC Project Description section. Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at www.grants.gov.

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 project period. 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 project period outcomes. Applicants must select existing evidence-based strategies that meet their needs, or describe in the Applicant Evaluation and Performance Measurement Plan, how these strategies will be evaluated over the course of the project period. (See 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.

2. Target Populations
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. Refer back to the CDC Project Description section – Approach: Target Population.

Refer to the target population description located in the CDC Project Description section

c. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an overall evaluation and performance measurement plan that is consistent with the CDC Evaluation and Performance Measurement Strategy section of the CDC Project Description of this FOA. Data collected must be used for ongoing monitoring of the award to evaluate its effectiveness, and for continuous program improvement.

The plan must:

- Affirm the ability to collect the performance measures and respond to the evaluation questions specified in the CDC strategy. (For guidance regarding the Paperwork Reduction Act, please visit http://www.hhs.gov/ocio/policy/collection/infocollectfaq.html)
- Describe how key program partners will participate in the evaluation and performance measurement planning processes.
- Describe how evaluation findings will be used for continuous program quality improvement.

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

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

Refer to the CDC Evaluation and Performance Measurement Strategy to align with process and outcome measures
1. **ii. Applicant Evaluation and Performance Measurement Plan:**
Applicants must provide an agency logic model, and evaluation and performance measurement plan that is consistent with the CDC strategies and represents the nuances of their approach. It is expected that the agency logic model will use similar or adapted medium- and long-term outcomes measures that might slightly vary in specificity based on contaminant(s) of concern. Variability is expected related to project inputs, strategies/activities, outputs and short-term outcomes. The variability of applicant's logic model and evaluation and performance measurement plans will reflect the results of their performance assessment and the alignment of project interventions and activities with applicable performance improvement areas. At a minimum, the plan must: • Describe how current key program partners and future partners will support the execution of activities to achieve outcomes of the applicant's project. • Describe key evaluation questions to be answered. • Describe process/performance and outcome measures to be used by the applicant as they mirror the suggested measures described by CDC/EHSB (see section *i. CDC Evaluation & Performance Measurement Strategy*). If there is specific information needed to describe "success" of the measure, it should be provided. • Describe a data collection plan that specifies data sources and feasibility of collecting the appropriate data needed for the process/performance and outcome evaluation. The data use/collection plan should align evaluation questions with their corresponding indicators, data collection method, data source, frequency of data collection, and describe the responsible parties that will assure the data collection activity is implemented. • Describe how process/performance and outcome findings will be used to assess program progress for closing performance gaps and identifying new interventions and activities that align with performance improvement areas to continuously improve program quality.

Awardees will be required to submit a more detailed evaluation and performance measurement plan within the first 6 months of the project, as outlined in the reporting section of the FOA.

d. Organizational Capacity of Applicants to Implement the Approach

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

Applicants must be able to describe their capacity to execute the CDC program strategy and to conduct programmatic efforts and activities that align with their selected performance improvement areas. Additionally, this will require knowledge of the Environmental Public Health Performance Standards for completing a performance assessment and identifying performance improvement areas (http://www.cdc.gov/nceh/ehs/envphps/docs/envphpsv2.pdf); or, require knowledge of and capacity to use a similar process for identifying programmatic gaps and developing quality improvement activities. Additionally, the applicants have to demonstrate the ability to meet the project period outcomes as outlined in the FOA approach.

The applicant should also describe their organizational capacity and relevant experience to execute the award in each of the following areas: 1) Program planning; 2) Program evaluation; 3) Performance monitoring; 4) Financial reporting; 5) Budget management and administration, and 6)Personnel management. In the applicant description of each preceding areas, emphasis should be placed on relevant experience and capacity that will ensure that prioritized outcomes will be addressed.

In specific regards to personnel management and staffing, applicants should include a clear description of the roles and responsibilities of project staff. Applicants should also clearly indicate the staff persons that have day-to-day responsibilities for key tasks as mentioned above (i.e., program planning, program evaluation, performance monitoring, financial reporting, and budget management and administration) and additionally describe communication responsibilities with CDC and other partners.

Applicants may consider describing their current status in applying for public health department accreditation or their evidence of accreditation. Information on accreditation is available at: http://www.phaboard.org.

11. Work Plan

(Included in the Project Narrative's 20 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 awardee plans to carry out achieving the project period outcomes, strategies and activities, evaluation and performance measurement.

Applicants must name this file "Work Plan" and upload it as a PDF file at www.grants.gov.

Work plans should include, the activity, intented outcome, timeframe for completing, staff and or partner with primary responsibility for the activity.

12. Budget Narrative

Applicants must submit an itemized budget narrative, which may be scored as part of the Organizational Capacity of Awardees to Execute the Approach. 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 will not be reimbursed under grants to foreign organizations, international organizations, and foreign components of grants to domestic organizations (does not affect indirect cost reimbursement to the domestic entity for domestic activities). The CDC will not reimburse indirect costs unless the recipient has an indirect cost rate covering the applicable activities and period.

For guidance on completing a detailed budget, see Budget Preparation Guidelines at:http://www.cdc.gov/grants/interestedinapplying/applicationresources.html .

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 FOA 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 FOA. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

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

Budgets must include travel from up to two staff members to travel to meeting and or conference as deemed necessary by CDC.

13. Tobacco and Nutrition Policies

Awardees are encouraged to implement tobacco and nutrition policies.

Unless otherwise explicitly permitted under the terms of a specific CDC award, no funds associated with this FOA may be used to implement the optional policies, and no applicants will be evaluated or scored on whether they choose to implement these optional policies.

CDC supports implementing evidence-based programs and policies to reduce tobacco use and secondhand smoke exposure, and to promote healthy nutrition. CDC encourages all awardees to implement the following optional recommended evidence-based tobacco and nutrition policies within their own organizations. The tobacco policies build upon the current federal commitment to reduce exposure to secondhand smoke, specifically The Pro-Children Act, 20 U.S.C. 7181-7184, that prohibits smoking in certain facilities that receive federal funds in which education, library, day care, health care,or early childhood development services are provided to children.

Tobacco Policies:

1. Tobacco-free indoors: Use of any tobacco products (including smokeless tobacco) or electronic cigarettes is not allowed in any indoor facilities under the control of the awardee.
2. Tobacco-free indoors and in adjacent outdoor areas: Use of any tobacco products or electronic cigarettes is not allowed in any indoor facilities, within 50 feet of doorways and air intake ducts, and in courtyards under the control of the awardee.
3. Tobacco-free campus: Use of any tobacco products or electronic cigarettes is not allowed in any indoor facilities or anywhere on grounds or in outdoor space under the control of the awardee.

Nutrition Policies:

1. Healthy food-service guidelines must, at a minimum, align with HHS and General Services Administration Health and Sustainability Guidelines for Federal Concessions and Vending Operations. These guidelines apply to cafeterias, snack bars, and vending machines in any facility under the control

of the awardee and in accordance with contractual obligations for these services (see: http://www.gsa.gov/ graphics/pbs/Guidelines_for__Federal__Concessions_and_Vending__Operations.pdf).

2. Resources that provide guidance for healthy eating and tobacco-free workplaces are:

http://www.cdc.gov/ nccdphp/dnpao/hwi/ toolkits/ tobacco/index.htm

http://www. thecommunityguide.org/ tobacco/index.html

http:// www.cdc.gov /obesity /strategies /food-serv-guide.html

14. Health Insurance Marketplaces

A healthier country is one in which Americans are able to access the care they need to prevent the onset of disease and manage disease when it is present. The Affordable Care Act, the health care law of 2010, creates new Health Insurance Marketplaces, also known as Exchanges, to offer millions of Americans affordable health insurance coverage. In addition, the law helps make prevention affordable and accessible for Americans by requiring health plans to cover certain recommended preventive services without cost sharing. Outreach efforts will help families and communities understand these new options and provide eligible individuals the assistance they need to secure and retain coverage as smoothly as possible. For more information on the Marketplaces and the health care law, visit: www.HealthCare.gov.

15. 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: http://www.whitehouse.gov/omb/grants_spoc/.

16. 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 CFR section 3.908 to the award and requires that grantees 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.

17. Funding Restrictions

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

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care.
- Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, awardees 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 is not allowed.
- 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 http:// www.cdc.gov /grants /additional requirements /index.htm l#ar12 for detailed guidance on this prohibition and http://www. cdc.gov/ grants /documents/Anti- Lobbying_Restrictions_for_CDC__

Grantees_July_2012.pdf

- 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.

Awardee may not use funds for any kind of impermissible lobbying activity designed to influence proposed or pending legislation, appropriations, regulations, administrative actions, or Executive Orders ("legislation and other orders"). These restrictions include grass roots lobbying efforts and direct lobbying. Certain activities within the normal and recognized executive-legislative relationships within the executive branch of that government are permissible. Additional Requirements (AR) 12 for further guidance on this prohibition.

The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider whi is ineligible.

18. Other Submission Requirements

a. Electronic Submission: Applications must be submitted electronically at www.grants.gov. The application package can be downloaded at www.grants.gov. Applicants can complete the application package off-line and submit the application by uploading it at www.grants.gov. All application attachments must be submitted using a PDF file format. Directions for creating PDF files can be found at www.grants.gov. File formats other than PDF may not be readable by PGO Technical Information Management Section (TIMS) staff.

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

If Internet access is not available or if the forms cannot be accessed online, applicants may contact the PGO TIMS staff at 770- 488-2700 or by e-mail at pgotim@cdc.gov, Monday through Friday, 7:30 a.m.–4:30 p.m., except federal holidays. Electronic applications will be considered successful if they are available to PGO TIMS staff for processing from www.grants.gov on the deadline date.

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

c. Validation Process: Application submission is not concluded until the validation process is completed successfully. After the application package is submitted, the applicant will receive a "submission receipt" e-mail generated by www.grants.gov. A second e-mail message to applicants will then be generated by www.grants.gov that will either validate or reject the submitted application package. This validation process may take as long as two business days. Applicants are strongly encouraged to check the status of their application to ensure that submission of their package has been completed and no submission errors have occurred. Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the FOA. 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 Applicant User Guide, Version 1.1, page 102.

http:// www.grants.gov /documents /19/18243 /Grantsgov ApplicantUserGuide .pdf /ce754626 -c2aa-44bc- b701 -30a75bf428c8

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@www.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@www.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 or call 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 postmarked 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, PGO 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 reviewed initially for completeness by CDC PGO staff and will be reviewed jointly for eligibility by the CDC NCEH and PGO. Incomplete applications and applications that do not meet the eligibility criteria will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility 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

Approach	**Maximum Points: 50**

The applicant should clearly describe a proposed approach for carrying out the activities listed under "Workplan" section of the CDC Project Description in the full text of this announcement. This approach should be clearly defined and should answer the following questions.

Approach (50 points):

- Is a plan to identify and describe proposed projects, evidence-based interventions, and/or activities that align with the applicant's identified performance improvement areas prioritized for closing

programmatic gaps? (10 points)
- Does the plan sufficiently describe how alignment with their prioritized performance improvement areas will empower their DW programs to address and reach their stated outcomes as identified in their program logic model? (5 points)
- Are the projects, evidence-based interventions and/or activities described in terms of the expected duration to implement for a period of up to five years? (5 points)
- Do applicants sufficiently describe a process in their work plan whereby they indicate the need for subsequent performance assessments and how the results of these assessments would be incorporated into ongoing activities and implemented, and the duration of these new activities? (5 points)
- Does the applicant use relevant DW quality, water system and health data or describe a process for obtaining relevant data to describe and prioritize hazards, exposures, and health effects related to the unregulated drinking water system in their jurisdiction? (5 points)
- Does that applicant use relevant data or describe a process for obtaining relevant data to describe and or identify communities prioritized in the "target population" section of the CDC Project Description? (6 points)
- Does the applicant describe the current and proposed collaborations with relevant organizations that will support their work in identified performance improvement areas and also describe why their participation is vital to obtaining outcomes? (4 points)
- Does the applicant provide evidence that the collaborative organizations are willing to support and be actively involved in the implementation of project activities and evidence-based interventions? (2 points)
- Does the applicant describe how State Performance Improvement Managers are able to support quality improvement activities using available quality improvement tools for solving efficiency and effectiveness priorities? (2 points)
- Does the applicant include a description of their availability for participating in Grantee discussions, Private Well Community of Practice Webinars, and collaborating with other private well and small drinking water system practice-based workgroups of importance to identify and address emerging UDWS-related priorities and focus areas? (4 points)
- Does the applicant describe how their work plan efforts share datasets or develop relevant indicators and measures for state Environmental Public Health Tracking (EPHT) portal (http://www.cdc.gov/nceh/tracking/) if applicable. (2 points)

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

Evaluation and Performance Measurement (25 points):

The applicant should include a plan to evaluate proposed DW program activities, evidence-based interventions, and strategies to monitor the efficiency and effectiveness of the project efforts in the selected performance improvement areas. This approach should be clearly defined and should answer the following questions:

- Did the applicant propose an evaluation plan with clearly stated purpose, evaluation questions (process and outcome), indicators and standards (what constitutes success of the measure)? (5 points)
- Is a table of indicators or measures included that align with the corresponding evaluation question and standards, and does it appear feasible? (4 points)
- Does the applicant's plan address the highlighted short-term, medium-term and long-term outcomes prioritized by CDC? (5 points)
- Is a data collection plan included that aligns the evaluation questions with indicators, data collection method, source of data, and frequency of data collection? (4 points)
- Is a logic model included that aligns with the CDC approach, but includes programmatic specific activities, outputs and outcomes? (4 points)

- Can health improvement in the served population be demonstrated? (3 points)

Applicants Organizational Capacity to Implement the Approach	Maximum Points: 25

Applicant's Organizational Capacity to Implement the Approach (25 points):

- Does the applicant describe their capacity to conduct their programmatic efforts as they align with their identified performance improvement areas? (4 points)
- Has the applicant demonstrated how they used the results from the environmental public health assessment to prioritize activities and implementation efforts around their priority performance improvement areas? (4 points)
- Has the applicant sufficiently described their capacity in each of the following areas: program planning, program evaluation, performance monitoring, fiscal reporting, budget management and administration, and personnel management? (5 points)
- Does the applicant describe the organizational structure of their agency, the proposed staff and day-to-day responsibilities for the key tasks of this cooperative agreement, and clearly indicate that the applicant is capable of carrying out this program and achieve the outcomes defined by the CDC? (5 points)
- Does the applicant include resumes or curriculum vitae included for key staff? (4 points)
- Does the applicant describe how they can expeditiously execute contracts or hire staff if staffing changes are needed? (3 points)

In adittion, the following factors may affect the funding decision:

- Geographic distribution to ensure representation across the United States
- Representation of underserved and underrepresented populations, such as federally recongized American Indian and Alaska Native governments

CDC will provide justification for a decision to fund out of rank order.

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.

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.

c. Phase III Review

Applications will be funded in order by score and rank, as determined by the objective review panel. In addition special consideration will be given to:

- *Accomplishing geographic diversity;*
- *Ensuring representation of underserved and underrepresented jurisdictions and populations, such as federally recognized Native American Indian tribes; and*
- *Reaching populations at greatest health risk due to unregulated drinking water systems.*

2. Announcement and Anticipated Award Dates

The anticipated award date is 120 days after the announcement has been posted to www.grants.gov

F. Award Administration Information

1. Award Notices

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

Any applicant awarded funds in response to this FOA 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

Awardees must comply with the administrative and public policy requirements outlined in 45 C.F.R. Part 74 or Part 92 and the HHS Grants Policy Statement, as appropriate.

Brief descriptions of relevant provisions are available at http://www.cdc.gov/grants/additionalrequirements/index.html

The HHS Grants Policy Statement is available at http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf.

*Note that 2 CFR 200 will supersede the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

The Paperwork Reduction Act of 1995 (PRA): Offerors should be advised that any activities involving information collection (i.e., posing similar questions or requirements via surveys, questionnaires, telephonic requests, focus groups, etc.) from 10 or more non-Federal entities/persons, including States, are subject to PRA requirements and may require CDC to coordinate an Office of Management and Budget (OMB) Information Collection Request clearance prior to the start of information collection activities. This would also include information sent to or obtained by CDC via forms, applications, reports, information systems, and any other means for requesting information from 10 or more persons; asking or requiring 10 or more entities/persons to keep or retain records; or asking or requiring 10 or more entities/persons to disclose information to a third-party or the general public.

For more information on the C.F.R. visit http://www.ecfr.gov/cgi-bin/ECFR?page=browse.

3. Reporting

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

- Helps target support to awardees;
- Provides CDC with periodic data to monitor awardee progress toward meeting the FOA outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the project period 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 FOA.

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 FOA copying the CDC Project Officer.

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

a. Awardee Evaluation and Performance Measurement Plan (required)
With support from CDC, awardees must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; awardees must submit the plan 6 months into the award.

This plan should provide additional detail on the following:

- The frequency that evaluation and performance data are to be collected.
- How data will be reported.
- How evaluation findings will be used for continuous quality and program improvement.
- How evaluation and performance measurement will yield findings to demonstrate the value of the FOA (e.g., improved public health outcomes, effectiveness of FOA, cost-effectiveness or cost benefit).
- Dissemination channels and audiences.
- Other information requested as determined by the CDC program.

b. Annual Performance Report (APR) (required)
The awardee must submit the APR via www.grants.gov 120 days before 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:** Awardees must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Awardees must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Awardees must update work plan each budget period to reflect any changes in project period outcomes, activities, timeline, etc.
- **Successes**
    - Awardees must report progress on completing activities and progress towards achieving the project period outcomes described in the logic model and work plan.

- Awardees must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
- Awardees must describe success stories.

- **Challenges**
  - Awardees must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the project period outcomes.
  - Awardees must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Awardees**
  - Awardees must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving project period 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.

For year 2 and beyond of the award awardees may request that as much as 75% of their estimated unobligated funds be carried over into the next budget period.

The carryover request must:

- Express a bona fide need for permission to use an unobligated balance;
- Include a signed, dated, and accurate Federal Financial Report (FFR) for the budget period from which funds will be transferred (as much as 75% of unobligated balances);
- and Include a list of proposed activities, an itemized budget, and a narrative justification for those activities.

The awardee must submit the Annual Performance Report via www.grants.gov 120 days before the end of the budget period.

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

d. Federal Financial Reporting (FFR) (required)
The annual FFR form (SF-425) is required and must be submitted through eRA Commons 90 days after the end of the calendar quarter in which the budget period ends. 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 PGO and include the date by which the Grants Officer will receive information.

Programs must submit and interim FFR with each narrative report. The interim FFR is with each narrative report and should display program obligated and unobligated expenditures todate. The final FFR is due 90 days after the end of each calendaer quarter. CDC Environmental Helath Services Branch may ask program for interim FFR as deemed necessary for the purpose of program management.

e. Final Performance and Financial Report (required)
This report is due 90 days after the end of the project period. CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire project period and can include information previously reported in APRs. At a minimum, this report must include the following:

- Performance Measures – Awardees must report final performance data for all process and outcome performance measures.
- Evaluation Results – Awardees must report final evaluation results for the project period for any evaluations conducted.
- Impact/Results/Success Stories – Awardees must use their performance measure results and their evaluation findings to describe the effects or results of the work completed over the project period, and can include some success stories.
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

Effects or results-Applicants should describe the effects or results of the work completed over the project period, including success stories

FFR (SF-425)

4. Federal Funding Accountability and Transparency Act of 2006 (FFATA)
The FFATA and Public Law 109-282, which amends the FFATA, require full disclosure of all entities and organizations that receive federal funds including awards, contracts, loans, other assistance, and payments. This information must be submitted through the single, publicly accessible website, www.USASpending.gov.

Compliance with these mandates is primarily the responsibility of the federal agency. However, two elements of these mandates require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through SAM; and 2) similar information on all sub-awards, subcontracts, or consortiums for greater than $25,000. For the full text of these requirements, see: http://www.gpo.gov /fdsys/browse/ collection.action?collectionCode= BILLS.

G. Agency Contacts

CDC encourages inquiries concerning this FOA.

Program Office Contact
For programmatic technical assistance, contact:

Connie Thomas, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
Atlanta, GA
Telephone: (770) 488-3631
Email: cbthomas@cdc.gov

Grants Staff Contact

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

Terrian Dixion, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
Atlanta, GA
Telephone: (770) 488-2774
Email: thd4@cdc.gov

For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.

Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

For all other **submission** questions, contact:
Technical Information Management Section
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700
E-mail: pgotim@cdc.gov

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
- Table of Contents for Entire Submission

Optional attachments, as determined by CDC programs:

- Resumes / CVs
- Position descriptions
- Letters of Support
- Memorandum of Agreement (MOA)
- Memorandum of Understanding (MOU)
- Bona Fide Agent status documentation, if applicable

I. Glossary

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

Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 74 and Part 92 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 FOA; awardees must comply with the ARs listed in the FOA. To view brief descriptions of relevant provisions, see http://www.cdc.gov/grants/additional requirements/index.html. Note that 2 CFR 200 will supersede the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.

Budget Period or Budget Year: The duration of each individual funding period within the project period.Traditionally, budget periods are 12 months or 1 year.

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

Catalog of Federal Domestic Assistance (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.

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

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 project period (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

awardees. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the awardee.

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 FOA evaluation plan is used to describe how the awardee 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.

Healthy People 2020: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.

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

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

Intergovernmental Review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list: http://www.whitehouse.gov/omb/ grants_spoc/.

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 activites; 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.

Plain Writing Act of 2010: Requires federal agencies to communicate with the public in plain language to make information more accessible and understandable by intended users, especially people with limited health literacy skills or limited English proficiency. The Plain Writing Act is available at www.plainlanguage.gov.

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 FOA; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.

Project Period Outcome: An outcome that will occur by the end of the FOA's funding period.

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.

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 project period 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.

Assessment: The core function of assessment relates to the essential services of1) Monitor environmental and health status to identify and solve community environmental health problems; and 2) Diagnose and investigate environmental health problems and health hazards in the community

Assurance: core function of environmental health to make sure that needed health services and functions are available.Assurance aligns with the following essential services: 1)Enforce laws and regulations that protect environmental health and ensure safety 2) Link people to needed environmental health services and assure the provision of environmental health services when otherwise unavailable 3) Assure a competent environmental health workforce 4) Evaluate effectiveness, accessibility, and quality of personal and population-based environmental health services 5) Research for new insights and innovative solutions to environmental health problems.

Environmental Health Services Branch: A designated unit within the Centers for Disease Control and Prevention responsible for strengthening the role of local, state, tribal, and national environmental health programs and professionals to better anticipate, identify, and respond to adverse environmental exposures and their consequences for human health. EHS.

Environmental Public Health Performance Standards: establish a set of standards that describe the level of performance and capacity to which all environmental health systems (EH System) and programs should aspire. The standards describe activities, actions, and processes an EH System or program should perform to optimally provide the Essential Environmental Public Health Services. Visit http://www.cdc.gov/nceh/ehs/envphps/Docs/EnvPHPSv2.pdf for more information.

Environmental Justice: The fair treatment and meaningful involvement of all people regardless of race, color, national origin, or income with respect to the development, implementation, and enforcement of environmental laws, regulations, and policies. Fair treatment means that no group of people, including racial, ethnic, or socioeconomic groups, should bear a disproportionate share of the negative environmental consequences resulting from industrial, municipal, and commercial operations or the execution of federal, state, local, and tribal environmental programs and policies.

Extreme weather: refers to weather phenomena that are at the extremes of the historical distribution and are rare for a particular place and/or time, especially severe or unseasonal weather. Such extremes include severe thunderstorms; severe snowstorms, ice storms, blizzards, flooding, hurricanes, and high winds, and heat waves.

Safe Drinking Water Act: is the main federal law that ensures the quality of Americans' drinking water. Under SDWA, EPA sets standards for drinking water quality and oversees the states, localities, and water suppliers who implement those standards.

Ten Essential Environmental Public Health Services: The 10 Essential Environmental Public Health Services, adapted from the 10 Essential Public Health Services, describe the public health activities that all communities should undertake and serve as the framework for the listed Performance improvement areas. More information is available at: http://www.cdc.gov/nceh/ehs/home/healthservice.htm and http://www.cdc.gov/nceh/ehs/Docs/Factsheets/EnvPHPerformanceStandards_factsheet.pdf

Vulnerable population: Any population that is at an increased risk for adverse health-related outcomes due to drinking water issues driven by racial, cultural, social, and economic conditions.