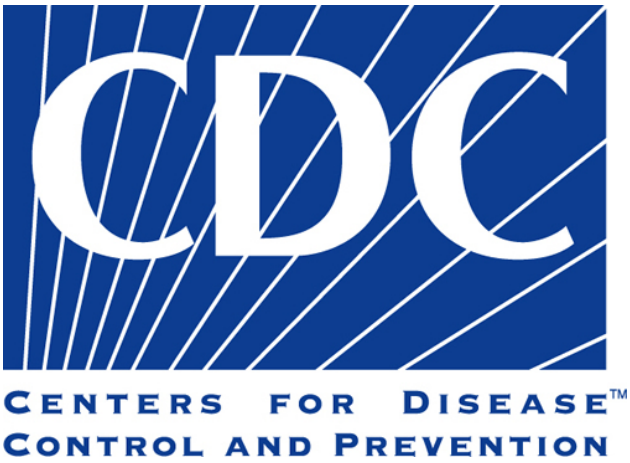


Centers for Disease Control and Prevention

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

Pediatric Environmental Health Specialty Units (PEHSU)

CDC-RFA-TS-24-0005

05/07/2024

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Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-TS-24-0005. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

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

B. Notice of Funding Opportunity (NOFO) Title:

Pediatric Environmental Health Specialty Units (PEHSU)

C. Announcement Type: New - Type 1:

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For purposes of this NOFO, research is defined as set forth in 45 CFR 75.2 and, for further clarity, as set forth in 42 CFR 52.2 (see eCFR :: 45 CFR 75.2 -- Definitions and *https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf*. In addition, for purposes of research involving human subjects and available exceptions for public health activities, please see 45 CFR 46.102(l) (*https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-46/subpart-A/section-46.102#p-46.102(l)*).

New

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-TS-24-0005

E. Assistance Listings Number:

93.161

F. Dates:

1. Due Date for Letter of Intent (LOI):

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

2. Due Date for Applications:

05/07/2024

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

3. Due Date for Informational Conference Call:

To Be Determined

G. Executive Summary:

1. Summary Paragraph

The Agency for Toxic Substances and Disease Registry (ATSDR)’s mission is to protect communities from harmful health effects related to hazardous environmental exposures. Environmental exposures during preconception and critical developmental stages in fetal, childhood, and adolescent development can have lifelong adverse consequences, and it is especially important that outreach and education efforts address these vulnerable life periods. Providing outreach and education to communities on health risks associated with exposures to harmful environmental substances contaminants and ways to reduce such exposures can help prevent adverse health outcomes. Building capacity of primary care clinicians to recognize environmental exposures, and to provide appropriate management and counseling to patients with environmental exposures can further mitigate these risks. Partnering with other health professionals and organizations can increase community awareness of exposure reduction behaviors. These activities comprise a key part of ATSDR’s efforts in meeting its goal of reducing morbidity and mortality from environmental exposures.

a. Eligible Applicants:

Open Competition

b. Funding Instrument Type:

CA (Cooperative Agreement)

c. Approximate Number of Awards

1

d. Total Period of Performance Funding:

$14,000,000

e. Average One Year Award Amount:

$3,000,000
Between $2,500,0000-$3,5000,000. Varies based on funding for special projects.

f. Total Period of Performance Length:
3 year(s)

g. Estimated Award Date:
August 02, 2024

h. Cost Sharing and / or Matching Requirements:
No
Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview
CDC/ATSDR aims to prevent health effects from hazardous environmental substances by translating science into actionable tools for health professionals, individuals, communities, and organizations. Since 1998, CDC/ATSDR has supported the Pediatric Environmental Health Specialty Units (PEHSU) in their work to prevent or mitigate hazardous environmental exposures during fetal childhood, and adolescent development as well as during the preconception period. Exposure to environmental substances during these critical stages of development may lead to lifelong adverse health effects, and under-resourced communities may face a disproportionate risk of exposure to hazardous substances in the environment. The specific outcome targeted by this NOFO is the continued support and enhancement of the PEHSU.

The approach undertaken by PEHSU involves the integration of environmental health into clinical care and public health. They routinely work in under-resourced communities, advancing equity in reproductive and children's environmental health. PEHSU collaborate with various stakeholders, including health professionals; community organizations; federal, state, and local and tribal officials; families; schools; and others interested in children's environmental health. As a national network, PEHSU provide services to health professionals and communities including outreach, environmental health education, consultations, and referrals.

PEHSU's track record includes educating almost 600,000 health professionals and over 400,000 community members. With over 20,000 consultations and the publication of over 1300 works on children's environmental health, PEHSU has become a trusted source of scientific information on the prevention, diagnosis, and management of environmental health issues that affect reproductive and children's health. This NOFO seeks to build on this foundation by evaluating the reach, impact, and effectiveness of PEHSU's outreach, educational, and consultative activities. The NOFO also seeks to effectively communicate its return on investments, improve financial processes, obtain additional funding and partners, and maximize internal collaboration.

The lessons learned from prior PEHSU initiatives will be thoroughly examined and incorporated into the ongoing efforts outlined in this NOFO.

b. Statutory Authorities

This program is authorized under section 104(i)(14) of the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) of 1980, as amended by the Superfund Amendments and Reauthorization Act (SARA) of 1986; [42 U.S.C. §9604(i)(14)]

c. Healthy People 2030

This NOFO supports Healthy People 2030 topic areas including Environmental Health (EH 01, 04, 05, 07, 08, 09, 10, and D01); Health Care Access and Quality (C-R02); and Schools (ECBP-D09, 10, and 11) https://health.gov/healthypeople/objectives-and-data/browse-objectives

d. Other National Public Health Priorities and Strategies

This NOFO supports the following National Public Health Priorities and Strategies:

- Summary of Executive Order 13045 - Protection of Children From Environmental Health Risks and Safety Risks | US EPA (https://www.epa.gov/laws-regulations/summary-executive-order-13045-protection-children-environmental-health-risks-and)
- President's Task Force on Environmental Health Risks and Safety Risks to Children (https://ptfcehs.niehs.nih.gov/)
- Federal Action Plan to Reduce Childhood Lead Exposures and Associated Health Impacts (https://www.epa.gov/sites/default/files/2018-12/documents/fedactionplan_lead_final.pdf)
- Federal Government's Justice 40 Goal (https://www.whitehouse.gov/environmentaljustice/justice40/)
- CDC - National Health Initiatives, Strategies, and Action Plans - STLT Gateway (https://www.cdc.gov/publichealthgateway/strategy/index.html)
- ATSDR Mission, Vision, Impact, and Core Values (https://www.atsdr.cdc.gov/about/mission_vision_goals.html)
- NCEH/ATSDR Strategic Plan and Priorities | National Center for Environmental Health | CDC (https://www.cdc.gov/nceh/information/mission_vision_goals.htm)

e. Relevant Work

ATSDR supports PEHSU with an interagency agreement with U.S. Environmental Protection Agency (EPA) and a cooperative agreement through this NOFO with a National Program Office that manages PEHSU program activities. PEHSU activities align with and support ATSDR activities around translation of science for health professionals and communities. Further details are here:

Core Funding:

CDC-RFA-TS19-1901

- Pediatric Environmental Health Specialty Units (PEHSU)
- https://www.grants.gov/web/grants/view-opportunity.html?oppId=315179

CDC-RFA-TS14-1402

- Pediatric Environmental Health Specialty Unit (PEHSU) Program
- https://www.grants.gov/web/grants/view-opportunity.html?oppId=252294

CDC-RFA-TS09-901

- Pediatric Environmental Health Specialty Unit (PEHSU) Program
- https://www.grants.gov/web/grants/view-opportunity.html?oppId=47704

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-TS-24-0005 Logic Model: Pediatric Environmental Health Specialty Units (PEHSU)

Bold indicates period of performance outcome

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes
Education of health professionals Provide pre-service and in-service clinical education Mentor health professionals on environmental health practices Provide clinical and scientific information on specific environmental hazardous exposures Provide robust web presence with national resources for health professionals Develop tools translating and	**Increased integration of environmental health content within clinical curriculum** **Increased opportunities for health professionals to develop and enhance their knowledge on hazardous environmental exposures** **Increased primary care awareness of environmental medicine practices** **Increased recognition by healthcare professionals of the importance of and competency in taking**	**Increased recognition of individuals impacted by environmental exposures** Improved clinical care for patients impacted by hazardous environmental exposures Improved delivery of appropriate exposure reduction counseling Increased incorporation of environmental medicine into routine primary clinical care **Increased community awareness of**	Increased early exposure detection and mitigation Reduced risk of geographic and age-specific environmental exposures within children and persons of reproductive potential More timely prevention or mitigation of hazardous environmental exposures during critical developmental stages in fetal, childhood, and adolescent development

communicating environmental health research into clinical practice Evaluate effectiveness of environmental health training Identify and close knowledge gaps in training or tools Coordinate communication between the program office and PEHSUs Provide support and assistance to regional PEHSU to deliver training and education to health professionals Educate healthcare professionals on the importance and practice of taking exposure histories in clinical care Promote and evaluate the integration of exposure assessment and exposure reduction guidance into clinical delivery systems (e.g., Bright Futures, e-health records and clinical support systems)	**an environmental history as part of clinical care** **Increase in access to knowledge about exposure risks and mitigation strategies among community members** Improved access to experts who understand environmental exposures Better coordination with state and local health departments **Better recognition of PEHSU's role and what resources they offer**	**environmental risk reduction behaviors** Decreased risk among communities that are disproportionately affected by hazardous environmental exposures **Increased capacity of health professionals to provide timely and appropriate mitigation strategies to individuals impacted by hazardous environmental exposures** Increased rapport between communities and PEHSU	

Education of and outreach to communities Conduct community outreach and education on hazardous substances in the environment and prioritize those communities disproportionately affected by exposures Promote actionable skills within populations to reduce risks to environmental hazards Use available resources to identify priority environmental justice communities Establish outreach plans for priority communities disproportionately affected by exposure to hazardous substances Develop and tailor outreach materials and training for lay community audiences Provide support and assistance to regional PEHSU to deliver training and education to communities Consultations			

Provide consultations to health professionals and communities on environmental exposures Provide guidance on environmental hazard mitigation/reduction strategies to health professionals and communities Develop communication and outreach channels with health professional and community audiences Provide support to streamline responses to inquiries (e.g., develop and maintain library of responses to common inquiries; support partnerships with poison control centers) Connect community members to local resources <u>Referrals</u> Provide specialty clinical and nonclinical resources to community members Provide resources to health professionals			

Partnerships Identify and develop partnerships that promote and support the PEHSU mission Manage and support partnerships between PEHSU and other organizations to help better achieve the PEHSU mission Partner with communities to expand reach of regional PEHSU Build rapport and trust with communities			

i. Purpose

The purpose of the PEHSU is to lead the way in enhancing reproductive and children's health by incorporating environmental health into clinical care and public health, while also supporting communities. This funding opportunity will support initiatives aimed at educating health professionals, conducting outreach and education to communities, providing consultative services, offering referral resources, and collaborating with stakeholders to prevent or minimize hazardous environmental exposures during fetal, childhood, and adolescent development as well as the preconception period.

ii. Outcomes

Outcomes to achieve by the end of the period of performance:

Short-term

1. Increased integration of environmental health content within clinical curriculum

2. Increased opportunities for practicing health professionals to develop and enhance their knowledge on hazardous environmental exposures

3. Increased primary care awareness of environmental medicine practices

4. Increased recognition by healthcare professionals of the importance of and competency in taking an environmental history as part of clinical care

5. Increase in access to knowledge about exposure risks and mitigation among community members

6. Better recognition of PEHSU's role and what resources they offer

Intermediate

7. Increased recognition of individuals impacted by environmental exposures

8. Increased community awareness of environmental risk reduction behaviors

9. Increased capacity of health professionals to provide timely and appropriate mitigation strategies to individuals impacted by hazardous environmental exposures

iii. Strategies and Activities

Recipient activities and expectations for the PEHSU program are consistent with the logic model.

The work of the recipient is to serve as the PEHSU National Program Office (NPO). The recipient/NPO is encouraged to apply principles of "servant leadership" in the operations and relationship the NPO builds with regional PEHSU personnel. These collaborative efforts should ensure efficient delivery of services and effective representation of PEHSU performance within each PEHSU region and across the PEHSU network, including NPO activities that support national and regional PEHSU operations.

<u>Education of health professionals</u>

- Provide pre-service and in-service clinical education
- Mentor health professionals on environmental health practices
- Provide clinical and scientific information on specific environmental hazardous exposures
- Provide robust web presence with national resources for health professionals
- Develop tools translating and communicating environmental health research into clinical practice
- Evaluate effectiveness of environmental health training
- Identify and close knowledge gaps in training or tools
- Coordinate communication between the program office and PEHSU
- Provide support and assistance to regional PEHSU to deliver training and education to health professionals
- Educate healthcare professionals on the importance and practice of taking exposure histories in clinical care
- Promote and evaluate the integration of exposure assessment and risk reduction guidance into clinical delivery systems (e.g., Bright Futures, e-health records and clinical support systems)

<u>Education of and outreach to communities</u>

- Conduct community outreach and education on hazardous substances in the environment and prioritize those communities disproportionately affected by exposures
- Promote actionable skills within populations to reduce risks to environmental hazards
- Use available resources to identify priority environmental justice communities
- Establish outreach plans for priority communities disproportionately affected by exposure to hazardous substances
- Develop and tailor outreach materials and training for lay community audiences
- Provide support and assistance to regional PEHSU to deliver training and education to communities

Consultations

- Provide consultations to health professionals and communities on environmental exposures
- Provide guidance on environmental hazard mitigation/reduction strategies to health professionals and communities
- Develop communication and outreach channels with health professional and community audiences
- Provide support to streamline responses to inquiries (e.g., develop and maintain library of responses to common inquiries; support partnerships with poison control centers)
- Connect community members to non-clinical local resources

Referrals

- Provide specialty clinical and nonclinical referral resources to community members
- Provide specialty clinical and nonclinical referral resources to health professionals

Partnerships

- Identify and develop partnerships that promote and support the PEHSU mission
- Manage and support partnerships between PEHSU and other organizations to help better achieve the PEHSU mission
- Partner with communities to expand reach of regional PEHSU
- Build rapport and trust with communities

Specifically, recipient as NPO will:

- Support regional PEHSU (established in each of the 10 federal regions), through timely execution of contractual agreements (i.e., fully executed contracts within 60 days of the beginning of the project period) with each of the academic medical and nursing schools that sponsor PEHSU.
- Assure adequate time of critical staffing in the NPO, including a minimum of two full time employees (FTEs) for day to day program management and financial support with additional part or full time support for other needs including communications/promotions, contract management, cooperative agreement/grant support, and other needs.

- Assure critical clinical expertise in reproductive and pediatric environmental medicine is maintained in each regional PEHSU. This expertise could be derived from a variety of disciplines including, but not limited to pediatrics or family medicine, maternal fetal medicine or obstetrics/gynecology, occupational and environmental medicine, or medical toxicology.
- Establish and maintain transparency through timely, clear, concise communication with funders and regional units. Communications should be responsive to needs, timely, and relevant for all operations including but not limited to contracts, performance across the network, best performance practices, performance challenges, status of NPO support activities, and important news and updates.
- Establish annually the performance targets that each regional PEHSU will contribute to achieve overall performance expectation and outcome measures. Workload distribution should consider different strengths among the regional PEHSU and their expected level of performance across all measures, taking into account that measures divided by 10 may not optimally leverage regional strengths.
- Identify needs/interest from unit(s) in expanding geographic reach through satellite units, with final decision on adding satellite unit and staffing of that unit made in collaboration with ATSDR. New regional satellite operations requests are submitted with the annual continuation application (due six [6] months after the start of each budget year). This request should cover proposed start date, satellite operational responsibilities, regional work plan linkages, proposed regional director management of satellite operations, work plan tangibles, and a detailed budget with justifications. If approved, the recipient's annual continuation application funding will provide support for the new satellite operations.
- Facilitate and support identification of appropriate leadership for regional units when needed, with final decision on staffing made in collaboration with ATSDR.
- Prepare plans annually for development or updates of PEHSU resources and tools considering gaps in educational resources and current needs. These resources and tools should focus on exposure reduction activities that build capacity in health professionals to advise exposed individuals, empower communities with environmental health information, and connect health professionals and communities with environmental health resources for children and families. Efforts should be made to engage federal funders, regional PEHSU directors, and others as appropriate to identify resource needs and support collaborative work on these resources.
- Provide technical guidance associated with implementing program strategies and activities that improve reproductive and pediatric environmental health.
- Provide emergency response support and assist regional PEHSU in developing and/or delivering training and educational resources for communities to address natural or technological disasters. These disasters may include flooding, wildfires, hurricanes, earthquakes, and extreme heat events as well as hazardous substance spills or releases.
- Coordinate timely internal peer review of national PEHSU products.
- Facilitate technical reviews from subject-matter experts for PEHSU products and coordinate timely submission of continuing education packages for products.

- Maintain and expand a national learning management system and the course work available within it. Promote its use in clinical pre-service, residency, and in-service training and evaluate the impact of training provided.
- Support the steering committee monthly meetings for regional PEHSU directors as a forum for them to collectively:
    - Provide input to the NPO and funders on challenges and successes
    - Give feedback on network operational processes and support needed from NPO and funders
    - Share best practices that advance program outcomes
    - Exchange important and relevant information between regions
    - Discuss strategic direction of the PEHSU network; and
    - Develop national initiatives to achieve outcomes of the PEHSU program, leveraging strengths of regional units.
- Facilitate selection of PEHSU strategic director by steering committee members and meet monthly with strategic director and funders to discuss important network-wide issues, strategies for growth and development of the network, and other topics.
- Create steering committee meeting agendas with PEHSU strategic director and funders to be reflective of timely and relevant topics for the entire network. Make agenda for each meeting available for PEHSU directors and funders at least 24 hours before meeting. Take meeting minutes and make these available to PEHSU directors and funders within 24 hours of each meeting.
- Using the logic model, collaborate with ATSDR to define outcome measures presented in the "PEHSU Performance Measures" section and identify sources of data needed for ongoing evaluation to monitor achievement of outcomes in the logic model.
- Develop a simplified data management system for data collection, data quality, data inquiry, and data integration (with secondary data sources). This system should inform program management of tracking output and outcome measures and allow analytical analysis and robust reporting on program achievements.
- Meet monthly with each region to review program data, including but not limited to progress toward achieving program measures and outcomes, spend down/finances, challenges to accomplishing work, and important achievements/impactful activities.
- Identify quality improvement opportunities and develop a continuous quality improvement plan with input from regional directors to guide program refinements.
- Provide quarterly reports to ATSDR program staff and grants management system electronically within 30 days of the end of each quarter that include:
    - Information on progress by the network toward meeting performance measures and outcomes
    - Challenges and needs with recommendations on how to address them
    - Impact stories that demonstrate breadth and depth of PEHSU activities
    - Comprehensive financial tracking of spend down by NPO and units and other relevant financial information
    - Summary of collaborations with external partners (funded or non-funded); if funded include relevant details of financial tracking and spend down through the partnership(s)

    - Summary of assistance provided by the PEHSU for emergency preparedness and response for natural/technological disasters
    - Recommendations for improving effectiveness of PEHSU program

- Include with each quarterly report a snapshot of the information contained within not to exceed 2 pages that can be shared with other federal funders, partners, and agency leadership.
- Plan and host an annual meeting of the PEHSU network and funders for the purpose of strengthening collaborations and promoting professional and organizational development in pediatric and reproductive environmental medicine. If appropriate, hold annual PEHSU meeting in conjunction with other federal partner meetings when such collaboration can strengthen partnerships, expand the reach of the PEHSU program, and contribute to reaching program outcomes. Incorporate input from the PEHSU network in planning and executing this annual meeting.
- Collaborate with network and funders to identify possible funding options that build PEHSU performance capacity and improve its current and future financial sustainability.
- Maintain and continually improve the PEHSU website (https://www.pehsu.net/), incorporating best practices for website design; updating and refreshing content regularly; incorporating social media; employing innovative design features, including from regional PEHSU sites; highlighting PEHSU events and products; and streamlining search capabilities.
- Establish and maintain a repository of PEHSU activities with links when appropriate, organized by topic and type of activity and readily accessible to funders and the network. The contents of the repository should be determined in collaboration with the network and funders and include but not be limited to
    - Factsheets
    - Webinars, ECHO programs, other trainings
    - Videos, comics, booklets, other visual materials
    - Articles, book chapters, other published works
    - Media featuring PEHSU
    - List of federal, state, local, and nongovernmental organizations and committees with PEHSU participation

- Ensure that all materials developed under cooperative agreement funding will not be copyrighted and will remain in the public domain to encourage wider distribution.
- Build communication channels and routinely promote PEHSU products, services, and accomplishments among local, state, tribal, and national organizations serving healthcare professionals, environmental health organizations, community organizations and health centers, other health care providers (e.g., HMOs, health insurance providers, etc.), and public health agencies.
- Review annually a promotional communication plan with regional directors and federal partners, including plans to reach priority audiences. Review effectiveness of promotional plans annually, and in collaboration with federal partners and regional directors, identify steps to improve reach with these efforts.

- Establish and maintain a PEHSU speaker's bureau and facilitate involvement of speakers for media, environmental health organizations, schools, federal programs, and other organizations both proactively and in response to speaker requests.
- Facilitate development and promotion of academic training opportunities in reproductive and/or pediatric environmental medicine and nursing across the PEHSU network.
- Identify and explore opportunities to create a pediatric and reproductive environmental health specialty for physicians and nurses.
- Assess annually PEHSU satisfaction with NPO support and share results with ATSDR.

Recipient will also ensure clinical academic centers serving as regional PEHSU will:

- Dedicate 20 percent of an FTE by regional directors to the activities of their PEHSU. The regional director will participate in and contribute to monthly steering committee meetings (see details above). Regional directors cannot delegate authority to regional sub-units/satellites, or to a regional sub-contract.
- Commit a minimum of 60% effort to delivering regional and national services that reach health professional audiences and up to 40% effort to lay audiences.
- Maintain the necessary clinical disciplines to staff the regional PEHSU, support regional activities, and ensure delivery of PEHSU services.
- Submit quarterly reports electronically to the NPO that include:
    - Information on progress toward meeting performance measures and outcomes
    - Challenges and needs with suggestions on how to address these
    - Impact stories that demonstrate breadth and depth of activities
    - Financial tracking of spend down and other relevant financial information
    - Summary of collaborations with external partners (funded or non-funded); if funded include relevant details of financial tracking of spend down through the partnership(s); and
    - Summary of assistance provided for emergency preparedness and response for natural/technological disasters.
- Participate in and contribute to annual PEHSU meeting.
- Identify opportunities for collaboration across the network, developing programs that leverage specific individual and regional technical expertise to meet program outcomes and foster professional development.
- Participate in monthly meetings with NPO to discuss progress toward achieving program measures and outcomes, spend down/finances, challenges to accomplishing work, and important achievements/impactful activities, as well as share timely updates from the region.
- Participate in workgroups as needed to advance national initiatives, development of educational resources, or support other program activities.
- Provide a setting for mentorship, rotations, internships, scholar programs, and other learning opportunities to increase awareness of reproductive and pediatric environmental health.
- Develop regionally and nationally oriented environmental health educational materials using evidenced-based risk communication messaging for health professionals and community audiences.

- Develop partnerships with state and local health departments and other federal agencies, schools, community organizations, tribal and other organizations interested in pediatric and reproductive health to plan and deliver relevant environmental health education and outreach. These efforts may include assistance to communities, families, and health care providers to address environmental health threats at sites where ATSDR and EPA have ongoing health risk evaluation and remediation activities.
- Provide technical and consultative assistance to health professionals responding to concerns about reproductive and pediatric exposures to environmental health hazards.
- Provide expert consultative advice to families and connect them to specialty clinical care as needed, as well as to other resources that can assist in mitigating reproductive and childhood environmental health risks.
- Provide expert pediatric and reproductive environmental medicine consultations and technical support for emergency preparedness and response actions. These actions may be needed during natural and/or technological disasters where families are threatened with exposure or illness from hazardous substance spills or releases during these events.

1. Collaborations

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

The PEHSU Program has a long history and expertise in addressing reproductive and children's environmental health issues as well as collaborating on a variety of initiatives throughout the agency. In order to continue these efforts, the recipient (NPO) is encouraged to facilitate PEHSU collaborations with other CDC and ATSDR cooperative agreement and/or grant programs to identify common needs, promote resource and information sharing, and collaborate on educational efforts. These optional collaborative efforts should align with ATSDR goals and facilitate public health actions to improve the health of communities and support PEHSU efforts in implementing activities and achieving the NOFO period of performance outcomes.

The recipient (NPO) is encouraged to describe how existing or potential collaborations with other CDC-funded programs and organizations could assist with implementing activities and achieving the NOFO outcomes. These programs include, but are not limited to:

- ATSDR APPLETREE program (https://www.atsdr.cdc.gov/states/index.html) Support community and local health professional education on potential health effects related to site contamination
- Childhood Lead Poisoning Prevention Program | CDC (https://www.cdc.gov/nceh/lead/default.htm) Share resources and collaborate on educational efforts
- National Asthma Control Program | CDC (https://www.cdc.gov/asthma/nacp.htm) Share resources and collaborate on educational efforts
- ATSDR Environmental Justice Index (EJI) (https://www.atsdr.cdc.gov/placeandhealth/eji/index.html) Use tool to work with communities disproportionately affected by environmental contamination; promote dissemination of tool with other partners

Memorandums of understanding, and/or memorandums of agreement (MOUs/MOAs) as well as letters of support are optional, and not required. If submitted, upload as a PDF file titled "MOUs/MOAs" and/or "Letters of Support" to www.grants.gov..

b. With organizations not funded by CDC:
The recipient (NPO) is encouraged to support PEHSU collaborations with organizations not funded by CDC. These optional collaborations with organizations could include but are not limited to nonprofits, schools, community organizations, government agencies, tribal organizations, and others that can support PEHSU efforts in implementing activities and achieving the NOFO period of performance outcomes.

The PEHSU program potential partners are those with the capability to support the PEHSU in

- Translating environmental health research into public health intervention programs to improve reproductive and children's environmental health
- Providing medical/nursing education on environmental health topics, and
- Providing education on environmental health topics to families/communities.

Memorandums of understanding, and/or memorandums of agreement (MOUs/MOAs) as well as letters of support are optional, and not required. If submitted, upload as a PDF file titled "MOUs/MOAs" and/or "Letters of Support" to www.grants.gov.

2. Population(s) of Focus
The PEHSU Program serves health professionals, community members and organizations, schools, families, governmental and tribal officials and entities, and others having an interest in environmental exposures that influence reproductive and pediatric health. This could also include any public health entity, national organization, academic institution, medical system, or non-profit organization that aims to increase the capacity of state, local, tribal, or territorial health agencies in environmental health education and preventing harmful environmental exposures during critical developmental stages.

The regional structure of the PEHSU enables each unit to develop a thorough understanding of local concerns and tailor education and outreach to meet community needs. PEHSU employ available tools and resources (e.g., ATSDR Environmental Justice Index and EPA EJScreen) to help identify populations with disproportionate risks, where PEHSU services can increase health equity. Through partnerships with trusted community organizations, PEHSU increase capacity in communities to address environmental concerns and empower individuals to make choices to protect their families from environmental hazards. Education of health professionals, particularly in areas with environmental exposure concerns, increases their capacity to provide appropriate exposure risk mitigation strategies and develop programs that decrease environmental exposures during the critical stages of development.

This NOFO, including funding and eligibility, is not limited based on, and does not discriminate on the basis of race, color, national origin, disability, age, sex (including gender identity, sexual orientation, and pregnancy) or other constitutionally protected statuses.

a. Health Disparities
The goal of health equity is for everyone to have a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical

and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities.

Broadly defined, social determinants of health are non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces (e.g., racism, climate) and systems include economic policies and systems, development agendas, social norms, social policies, and political systems. See content below and in other sections (e.g., Approach, Collaborations, Populations of Focus) for information on how this specific NOFO affects social determinants of health.

A health disparity is a preventable difference in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by populations that have been socially, economically, geographically, and environmentally disadvantaged. Health disparities are inextricably linked to a complex blend of social determinants that influence which populations are most disproportionately affected by these diseases and conditions.

This NOFO supports efforts to improve the health of children disproportionately affected by harmful environmental exposures. In developing educational materials and conducting training and outreach activities, the recipient must ensure that under-served populations such as tribal nations, people with disabilities, rural populations, sexual and gender minorities, non-English speaking populations and those for whom English is a second language are considered. The recipient will ensure that data, indices, and geospatial tools (e.g., CDC's Social Vulnerability Index or Environmental Justice Dashboard; ATSDR's Environmental Justice Index; and EPA's MyEnvironment and EJScreen) are used to better understand community characteristics. Examples of considerations include access to quality health care, healthy food choices, and presence of significant environmental pollution sources in locations where children live, play, and attend school, as well as where people of reproductive potential live, work, and play. This information can help plan effective community outreach strategies, build or strengthen collaborations, and develop appropriate educational and counseling materials for populations which historically may have been overlooked.

iv. Funding Strategy

N/A

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

The purpose of evaluation and performance measurement is to help ATSDR and the recipient monitor the extent to which activities planned were successfully completed, demonstrate how PEHSU activities contribute towards program outcomes and inform decisions about future programming that drive continuous program improvement for more efficient and effective program performance.

ATSDR will assess the degree to which strategies in the logic model have been implemented and outcomes have been achieved through submitted quantitative and qualitative reporting. The assessment will occur on an ongoing basis through the evaluation of submitted products, training, and technical assistance delivered. The recipient is expected to develop an evaluation plan, submit quarterly and annual progress reports, and an additional final project report at the

conclusion of the period of performance summarizing achievements, challenges, lessons learned, and next steps. Optional templates may be provided to guide the evaluation and performance measurement plan development and the final project reporting.

This section presents example measures that ATSDR will use to track the implementation of strategies and activities (process evaluation) and progress on achieving period-of-performance outcomes (outcome evaluation). The measures below are not comprehensive or final, and ATSDR will finalize evaluation and performance measures in collaboration with the recipient within six (6) months of the project start date. ATSDR will work with the recipient on cadence of reporting of each measure quarterly and/or annually. The recipient should include key partners in the evaluation and measures planning process and ensure that information collected will be limited to data that can be analyzed and used for program improvement.

Process Evaluation

Education of health professionals

- Environmental health topics covered in the development of educational resources and tools
- Types of health professional trainings offered
- Website engagement with educational materials by health professionals

Education of and outreach to communities

- How community educational outreach activities reach populations disproportionally affected by environmental exposures
- Types of technical support provided in federal responses for natural and technological disasters
- Website engagement with educational materials by communities

Consultations

- Monitoring most frequent consultation topics for health professionals and communities

Referrals

- Effective referrals for community members, health professionals, state, local, and/or tribal public health officials, and others

Partnerships

- How new/existing partnerships are supported
- How existing organizational structure is leveraged to enhance partnerships
- Degree of PEHSU satisfaction with NPO support

Outcome Evaluation

- How PEHSU are increasing integration of environmental health content in clinical curricula (Short-term Outcome 1, page 17)
- Number of educational resources and tools developed (Short-term Outcome 2, page 17)

- Average number of hours training provided per week (Short-term Outcome 2, page 17)
- Examples of trainings that were particularly impactful and why (Short-term Outcome 3, page 17)
- Percentage of new clinical training materials that emphasize importance of taking an exposure history as part of clinical care (Short-term Outcome 4, page 17)
- Expansion of collaboration with community health workers, promotoras, and other community partners (Short-term Outcome 5, page 17)
- Monitoring website engagement (Short-term Outcome 6, page 17)
- Promotion of PEHSU program by NPO (Short-term Outcome 6, page 17)
- Number of health professionals who were trained by PEHSU (Intermediate Outcome 7, page 17)
- Effective information dissemination to communities (Intermediate Outcome 8, page 17)
- Most frequent consultation topics each quarter, providing at least 3 and not more than 5 topics (Intermediate Outcome 9, page 17)

When evaluating a program or project, relying solely on performance measures has limitations. Measures often fail to represent the true picture of how well or poorly a program/project or recipient is doing and may not be able to consider contextual factors. Therefore, it is important to have other ways of collecting program/project information, such as success stories, to fully demonstrate performance.

The recipient will be required to submit a detailed evaluation and performance measurement plan, including a Data Management and Access Plan within the first 6 months of award. Data collected is for ongoing monitoring of the award to evaluate its effectiveness, and for continuous program improvement.

Data Management Plan

An overall Data Management Plan (DMP) is required by the recipient and should address general data management practices regarding public health data across the cooperative agreement. A DMP is required if the NOFO involves the collection or generation of public health data. The goal of the policy is to ensure public access to federally funded public health data. This specifically requires the development of a DMP for PEHSU activities that includes collection of public health data. DMPs should be as complete as possible but ATSDR can work jointly with the recipient within the first six (6) months after award to finalize the plan.

DMPs can be updated as appropriate throughout the life cycle of the data and should include a brief description of the following:

- Data that will be collected, including type of data collected or created and how that data will be captured and stored
- Data standards, including file formats and contextual information that make the data more meaningful and useable
- Period of time that data will be retained before disseminating to wider audience, if applicable

- Data access, including when data will be available, who will have access, how will it be shared, what contextual information will be included with the data, and processes and permissions to gain access with description of how confidential data will be protected
- Plans for archival and long-term preservation of the data, or explanation of why long-term preservation and access cannot be provided

The DMP may be submitted as a checklist, paragraph, or other format, as currently, HHS/CDC does not have a standardized DMP template or checklist due to Paperwork Reduction Act requirements. ATSDR may also provide a template, if needed.

ii. Applicant Evaluation and Performance Measurement Plan

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

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement, including, as applicable to the award, how findings will contribute to reducing or eliminating health disparities and inequities.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant).
- How evaluation findings will be disseminated to communities and populations of interest in a manner that is suitable to their needs.
- Plans for updating the Data Management Plan (DMP) as new pertinent information becomes available. If applicable, throughout the lifecycle of the project. Updates to DMP should be provided in annual progress reports. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see https://www.cdc.gov/grants/additional-requirements/ar-25.html.

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

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

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

c. Organizational Capacity of Recipients to Implement the Approach

Strong/preferred candidates will demonstrate the organizational capacity to carry out the strategies and activities described above. Specifically, applicants should describe the following:

- Experience managing a multi-regional or national educational and technical consultative program, with the strongest applicants demonstrating experience collaborating with academic centers of medicine and nursing, local, state, and federal agencies, tribal and national organizations in addressing environmental exposures that adversely impact reproductive and children's health
- Project management experience demonstrating ability to plan, organize, and secure and manage resources to successfully accomplish program activities
- Brief risk management assessment plan that outlines potential organizational risks with undertaking this project and proposed strategies to mitigate these risks
- Website content management experience
- Experience in managing communication activities for a multi-regional or national program including but not limited to promoting program activities and resources on social media; developing and disseminating newsletters and other communication tools; and supporting development of health education materials
- Staffing plan with an organizational chart(s), including proposed staffing with roles and responsibilities and percentage time clearly stated; if contracts with external partners will be used for specific expertise, include information about the organization (name of organization, scope of work, method of accountability, staffing, and any other relevant information)
- Ability and infrastructure to conduct program activities or to hire staff in a timely manner and use in kind staff support to prevent any disruption to program support
- Background, experience, and curricula vitae (CV) for all staff to indicate ability to carry out the activities of the program
- Ability to leverage partner resources and infrastructure
- Performance monitoring and evaluation experience with effective continuous quality improvement processes
- Data management system that will allow for recording and tracking performance measures and impact/success stories
- Experience in budget management for a multi-regional or national program
- Financial management system that will allow proper funds management and segregation of funds by program, and meet the requirements as stated in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards found at: https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75#se45.1.75_1302 45 CFR Part 75.302. Financial management system that will:
    - Support preparation of required reports required by general and program-specific terms and conditions
    - Allow tracking of funds to a level of expenditure adequate to establish that such funds have been used according to the federal statutes, regulations, and terms and conditions of the federal award
    - Have effective internal accountability controls
    - Maintain source documents

- Have a cash management system to accurately account for transactions

- Capability to manage the required procurement efforts including the ability to write and award contracts in accordance with 45 Code of Federal Regulations (CFR) Part 74 or Part 92, as appropriate (see relevant provisions at http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm); ability to expeditiously execute contracts with academic institutions and other entities
- Authority from the recipient's executive board or governing body to operate nationally within the U.S., as well as to manage a national network of regionally based pediatric and reproductive environmental health specialists

Applicants must include CV or resumes for all staff. Applicants should name the file "CVs/Resumes" and upload as a PDF file at www.grants.gov.

Organizational chart(s) should also be uploaded as a PDF at www.grants.gov.

d. Work Plan

Applicants are required to provide a detailed work plan for the first year of the award and a high-level work plan for subsequent years. Components of the work plan should clearly align with strategies and activities, outcomes, and evaluation and performance measures presented in the logic model and the narrative sections of the NOFO. Where possible, include information on how regional PEHSU and other partner activities will contribute to achieving outcomes of the NOFO.

No specific work plan format is required; however, a sample work plan format is presented below:

Period of Performance Outcome: [from Outcomes section and/or logic model]		**Outcome Measure:** [from Evaluation and Performance Measurement section]	
Strategies and Activities	**Process Measure** [from Evaluation and Performance Measurement section]	**Responsible Position / Party**	**Completion Date**
1.			
2.			
3.			
4.			

e. CDC Monitoring and Accountability Approach

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

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

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

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

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

ATSDR will actively monitor recipient compliance with ATSDR's policies and procedures and provide feedback through monthly calls with the recipient, or more often as needed. The recipient and ATSDR designated federal partners will communicate on an as needed basis. ATSDR will monitor how funds are allocated and expended at the recipient level through monthly review of fiscal tracking tools and annual budget reviews. Progress toward achieving specific project outcomes will also be assessed through quarterly and annual progress reports. ATSDR may require additional monitoring or recipient reporting for concerns about issues such as spend down of funds or progress toward meeting performance measures. ATSDR will monitor integrity and accuracy of recipient systems used to generate data reports. ATSDR will use information in the quarterly and annual reports and regular calls regarding performance evaluation, successes, and obstacles to work with the recipient on continuous quality improvement processes.

ATSDR will monitor the repository of PEHSU products maintained by the recipient for completeness and breadth of reproductive and children's environmental health efforts. Priority measures include those that show breadth, depth, and effectiveness of educational efforts for health professionals and communities in increasing awareness of environmental exposures and exposure reduction actions.

f. CDC Program Support to Recipients

ATSDR will provide substantial involvement beyond meetings, calls, and regular performance and financial monitoring during the period of performance. Substantial involvement means that recipients can expect a federal programmatic partnership during the cooperative agreement.

Technical Assistance

- Provide ad hoc subject matter expert reviews of educational materials
- Assist with NCEH/ATSDR clearance (required for CDC co-authorship of PEHSU materials; for CDC co-authorship of PEHSU manuscripts & presentations; and for CDC/ATSDR branding of PEHSU web content)
- Identify collaborative opportunities available through federal programs that align with the PEHSU program activities and outcomes
- Provide technical assistance to the PEHSU personnel working at sites where federal agencies request PEHSU participation
- Identify needs for pediatric and reproductive environmental health education for health professionals and communities
- Assist in the development of evaluation plans that examine program effectiveness
- Provide feedback on work plan development
- Facilitate agency clearance of PEHSU materials when appropriate
- Provide information about CDC eLearning standards and educational design
- Assist with preparing and submitting CDC continuing education packets for PEHSU educational products

Information Sharing

- Discuss with the recipient the documentation types and format to be included in the quarterly summary reports and monthly financial tracking reports
- Discuss information to include in impact stories
- Provide briefings and other information when new/updated CDC, ATSDR, or other agency tools and materials become available that have relevance for PEHSU activities
- Provide information on changing policies, protocols, and procedures that are relevant to and/or impact PEHSU activities
- Provide data on reach of PEHSU materials on CDC platforms and social media

Additional Support

- Review and approve/disapprove requests for establishment of regional satellite operations
- Review and approve/disapprove requests for changes in PEHSU directors
- Assist in establishing communication and resource capacity building networks that include partners such as other federal agencies, state and local health departments, tribal governments, environmental and other health professionals, non-governmental organizations, academic medical and nursing centers, and clinical associations
- Identify ways to strengthen collaboration between regional federal staff and PEHSU
- Provide feedback on meeting plans and agendas
- Participate in steering committee meetings
- Promote PEHSU activities on CDC and other social media platforms

- Share progress and successes with decision makers to promote engagement and support of PEHSU program
- Meet in-person with the recipient at the beginning of the project period, yearly at the PEHSU meeting, and periodically as needed throughout the project period to strengthen partnership with the recipient, discuss strategic direction of the PEHSU program, address key matters of importance, and review opportunities to strengthen the PEHSU program.

B. Award Information

1. Funding Instrument Type:
CA (Cooperative Agreement)
CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.

2. Award Mechanism:
U61 Cooperative Agreement

3. Fiscal Year:
2024

4. Approximate Total Fiscal Year Funding:
$3,000,000

5. Total Period of Performance Funding:
$14,000,000
This amount is subject to the availability of funds.

Estimated Total Funding:
$14,000,000

6. Total Period of Performance Length:
3 year(s)

year(s)

7. Expected Number of Awards:
1

8. Approximate Average Award:

$3,000,000
Per Budget Period

Between $2,500,0000-$3,5000,000. Varies based on funding for special projects.

9. Award Ceiling:
$0
Per Period of Performance

This amount is subject to the availability of funds.

The award ceiling amount is subject to the availability of funds.

10. Award Floor:
$0
Per Period of Performance

11. Estimated Award Date:
August 02, 2024

12. Budget Period Length:
12 month(s)

Throughout the period of performance, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (period of performance) will be shown in the “Notice of Award.” This information does not constitute a commitment by the federal government to fund the entire period. The total period of performance comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

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

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:
99 (Unrestricted (i.e., open to any type of entity above), subject to any clarification in text field entitled "Additional Information on Eligibility")

2. Additional Information on Eligibility

Applicants must be able to demonstrate successful prior management of similar federal cooperative agreements, grants, and/or other collaborative projects with the public sector.

3. Justification for Less than Maximum Competition

N/A

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 NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

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

PLEASE NOTE: Effective April 4, 2022, applicants must have a Unique Entity Identifier (UEI) at the time of application submission (SF-424, field 8c). The UEI is generated as part of SAM.gov registration. Current SAM.gov registrants have already been assigned their UEI and can view it in SAM.gov and Grants.gov. Additional information is available on the GSA website, SAM.gov, and Grants.gov- Finding the UEI.

a. Unique Entity Identifier (UEI):

All applicant organizations must obtain a Unique Entity Identifier (UEI) number associated with your organization's physical location prior to submitting an application. A UEI number is a unique twelve-digit identification number assigned through SAM.gov registration. Some organizations may have multiple UEI numbers. Use the UEI number associated with the location of the organization receiving the federal funds.

b. System for Award Management (SAM):

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

c. Grants.gov:

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

"Applicant Registration" option at www.grants.gov.

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

Step	System	Requirements	Duration	Follow Up
1	System for Award Management (SAM)	1. Go to SAM.gov and create an Electronic Business Point of Contact (EBiz POC). You will need to have an active SAM account before you can register on grants.gov). The UEI is generated as part of your registration.	7-10 Business Days but may take longer and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/fsd-gov/home.do Calls: 866-606-8220
2	Grants.gov	1. Set up an account in Grants.gov, then add a profile by adding the organization's new UEI number. 2. The EBiz POC can designate user roles, including Authorized Organization Representative (AOR). 3. AOR is authorized to submit applications on behalf of the organization in their workspace.	Allow at least one business day (after you enter the EBiz POC name and EBiz POC email in SAM) to receive a UEI (SAM) which will allow you to register with Grants.gov and apply for federal funding.	Register early! Applicants can register within minutes.

2. Request Application Package

Applicants may access the application package at www.grants.gov. Additional information about applying for CDC grants and cooperative agreements can be found here: https://www.cdc.gov/grants/applying/pre-award.html

3. Application Package

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

4. Submission Dates and Times

If the application is not submitted by the deadline published in the NOFO, it will not be processed. Office of Grants Services (OGS) personnel will notify the applicant that their application did not meet the deadline. The applicant must receive pre-approval to submit a paper application (see Other Submission Requirements section for additional details). If the applicant is authorized to submit a paper application, it must be received by the deadline provided by OGS.

a. Letter of Intent Deadline (must be emailed)

Due Date for Letter Of Intent 04/07/2024

04/07/2024
b. Application Deadline

Due Date for Applications 05/07/2024

05/07/2024
11:59 pm U.S. Eastern Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which Grants.gov operations resume.

Due Date for Information Conference Call
To Be Determined

5. Pre-Award Assessments

Duplication of Efforts

Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual's time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether programmatic, budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award.

Report Submission: The applicant must upload the report in Grants.gov under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

6. Content and Form of Application Submission

Applicants are required to include all of the following documents with their application package at www.grants.gov.

7. Letter of Intent

Requested but optional (not required) by 04/07/2024.

The purpose of the Letter of Intent (LOI) is to allow CDC program staff to estimate the number of and plan for the review of submitted applications.

If submitting a LOI, this must be sent via email to

Amanda Cadore, PhD, MPH

Agency for Toxic Substances and Disease Registry (ATSDR)

Centers for Disease Control and Prevention (CDC)

fzj3@cdc.gov

8. Table of Contents

(There is no page limit. The table of contents is not included in the project narrative page limit.): The applicant must provide, as a separate attachment, the “Table of Contents” for the entire submission package.

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

9. Project Abstract Summary

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

10. Project Narrative

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

Applicants must submit a Project Narrative with the application forms. Applicants must name this file “Project Narrative” and upload it at www.grants.gov. The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire period of performance as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

a. Background-Overview:

CDC/ATSDR aims to prevent health effects from hazardous environmental substances by translating science into actionable tools for health professionals, individuals, communities, and organizations. Since 1998, CDC/ATSDR has supported the Pediatric Environmental Health Specialty Units (PEHSU) in their work to prevent or mitigate hazardous environmental exposures during fetal, childhood, and adolescent development as well as during the preconception period. Exposure to environmental substances during these critical stages of development may lead to lifelong adverse health effects, and under-resourced communities may face a disproportionate risk of exposure to hazardous substances in the environment. The specific outcome targeted by this NOFO is the continued support and enhancement of the PEHSU.

The approach undertaken by PEHSU involves the integration of environmental health into clinical care and public health. They routinely work in under-resourced communities, advancing equity in reproductive and children's environmental health. PEHSU collaborate with various stakeholders, including health professionals; community organizations; federal, state, and local and tribal officials; families; schools; and others interested in children's environmental health. As a national network, PEHSU provide services to health professionals and communities including outreach, environmental health education, consultations, and referrals.

PEHSU's track record includes educating almost 600,000 health professionals and over 400,000 community members. With over 20,000 consultations and the publication of over 1300 works on children's environmental health, PEHSU has become a trusted source of scientific information on the prevention, diagnosis, and management of environmental health issues that affect reproductive and children's health. This NOFO seeks to build on this foundation by evaluating the reach, impact, and effectiveness of PEHSU's outreach, educational, and consultative activities. The NOFO also seeks to effectively communicate its return on investments, improve financial processes, obtain additional funding and partners, and maximize internal collaboration. The lessons learned from prior PEHSU initiatives will be thoroughly examined and incorporated into the ongoing efforts outlined in this NOFO.

b. Approach

i. Purpose

The purpose of the PEHSU is to lead the way in enhancing reproductive and children's health by incorporating environmental health into clinical care and public health, while also supporting communities. This funding opportunity will support initiatives aimed at educating health professionals, conducting outreach and education to communities, providing consultative services, offering referral resources, and collaborating with stakeholders to prevent or minimize hazardous environmental exposures during fetal childhood, and adolescent development as well as the preconception period.

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

ii. Outcomes

Outcomes to achieve by the end of the period of performance:

Short-term

1. Increased integration of environmental health content within clinical curriculum

2. Increased opportunities for practicing health professionals to develop and enhance their knowledge on hazardous environmental exposures

3. Increased primary care awareness of environmental medicine practices

4. Increased recognition by healthcare professionals of the importance of and competency in taking an environmental history as part of clinical care

5. Increase in access to knowledge about exposure risks and mitigation among community members

6. Better awareness and recognition of PEHSU's role and what resources they offer

Intermediate

7. Increased recognition of individuals impacted by environmental exposures

8. Increased community awareness of environmental risk reduction behaviors

9. Increased capacity of health professionals to provide timely and appropriate mitigation strategies to individuals impacted by hazardous environmental exposures

iii. Strategies and Activities

CDC-RFA-TS-24-0005 Logic Model: Pediatric Environmental Health Specialty Units (PEHSU)

Bold indicates period of performance outcome

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes
<u>Education of health professionals</u> Provide pre-service and in-service clinical education Mentor health professionals on environmental health practices Provide clinical and scientific information on specific environmental hazardous exposures Provide robust web presence with national resources for health professionals Develop tools translating and communicating environmental health research into clinical practice Evaluate effectiveness of environmental health training	**Increased integration of environmental health content within clinical curriculum** **Increased opportunities for health professionals to develop and enhance their knowledge on hazardous environmental exposures** **Increased primary care awareness of environmental medicine practices** **Increased recognition by healthcare professionals of the importance of and competency in taking an environmental history as part of clinical care** **Increase in access to knowledge about exposure risks and mitigation strategies**	**Increased recognition of individuals impacted by environmental exposures** Improved clinical care for patients impacted by hazardous environmental exposures Improved delivery of appropriate exposure reduction counseling Increased incorporation of environmental medicine into routine primary clinical care **Increased community awareness of environmental risk reduction behaviors** Decreased risk among communities that are disproportionately affected by hazardous environmental exposures	Increased early exposure detection and mitigation Reduced risk of geographic and age-specific environmental exposures within children and persons of reproductive potential More timely prevention or mitigation of hazardous environmental exposures during critical developmental stages in fetal, childhood, and adolescent development

Identify and close knowledge gaps in training or tools Coordinate communication between the program office and PEHSUs Provide support and assistance to regional PEHSU to deliver training and education to health professionals Educate healthcare professionals on the importance and practice of taking exposure histories in clinical care Promote and evaluate the integration of exposure assessment and exposure reduction guidance into clinical delivery systems (e.g., Bright Futures, e-health records and clinical support systems) <u>Education of and outreach to communities</u> Conduct community outreach and education on hazardous substances in the environment and prioritize those communities	**among community members** Improved access to experts who understand environmental exposures Better coordination with state and local health departments **Better recognition of PEHSU's role and what resources they offer**	**Increased capacity of health professionals to provide timely and appropriate mitigation strategies to individuals impacted by hazardous environmental exposures** Increased rapport between communities and PEHSUs	

disproportionately affected by exposures Promote actionable skills within populations to reduce risks to environmental hazards Use available resources to identify priority environmental justice communities Establish outreach plans for priority communities disproportionately affected by exposure to hazardous substances Develop and tailor outreach materials and training for lay community audiences Provide support and assistance to regional PEHSU to deliver training and education to communities <u>Consultations</u> Provide consultations to health professionals and communities on environmental exposures Provide guidance on environmental hazard mitigation/reduction			

strategies to health professionals and communities Develop communication and outreach channels with health professional and community audiences Provide support to streamline responses to inquiries (e.g., develop and maintain library of responses to common inquiries; support partnerships with poison control centers) Connect community members to local resources <u>Referrals</u> Provide specialty clinical and nonclinical resources to community members Provide resources to health professionals <u>Partnerships</u> Identify and develop partnerships that promote and support the PEHSU mission			

Manage and support partnerships between PEHSU and other organizations to help better achieve the PEHSU mission Partner with communities to expand reach of regional PEHSU Build rapport and trust with communities			

Recipient activities and expectations for the PEHSU program are consistent with the logic model.

The work of the recipient is to serve as the PEHSU National Program Office (NPO). The recipient/NPO is encouraged to apply principles of "servant leadership" in the operations and relationship the NPO builds with regional PEHSU personnel. These collaborative efforts should ensure efficient delivery of services and effective representation of PEHSU performance within each PEHSU region and across the PEHSU network, including NPO activities that support national and regional PEHSU operations.

Education of health professionals

- Provide pre-service and in-service clinical education
- Mentor health professionals on environmental health practices
- Provide clinical and scientific information on specific environmental hazardous exposures
- Provide robust web presence with national resources for health professionals
- Develop tools translating and communicating environmental health research into clinical practice
- Evaluate effectiveness of environmental health training
- Identify and close knowledge gaps in training or tools
- Coordinate communication between the program office and PEHSUs
- Provide support and assistance to regional PEHSU to deliver training and education to health professionals
- Educate healthcare professionals on the importance and practice of taking exposure histories in clinical care
- Promote and evaluate the integration of exposure assessment and risk reduction guidance into clinical delivery systems (e.g., Bright Futures, e-health records and clinical support systems)

Education of and outreach to communities

- Conduct community outreach and education on hazardous substances in the environment and prioritize those communities disproportionately affected by exposures
- Promote actionable skills within populations to reduce risks to environmental hazards
- Use available resources to identify priority environmental justice communities
- Establish outreach plans for priority communities disproportionately affected by exposure to hazardous substances
- Develop and tailor outreach materials and training for lay community audiences
- Provide support and assistance to regional PEHSU to deliver training and education to communities

Consultations

- Provide consultations to health professionals and communities on environmental exposures
- Provide guidance on environmental hazard mitigation/reduction strategies to health professionals and communities
- Develop communication and outreach channels with health professional and community audiences
- Provide support to streamline responses to inquiries (e.g., develop and maintain library of responses to common inquiries; support partnerships with poison control centers)
- Connect community members to non-clinical local resources

Referrals

- Provide specialty clinical and nonclinical referral resources to community members
- Provide specialty clinical and nonclinical referral resources to health professionals

Partnerships

- Identify and develop partnerships that promote and support the PEHSU mission
- Manage and support partnerships between PEHSU and other organizations to help better achieve the PEHSU mission
- Partner with communities to expand reach of regional PEHSU
- Build rapport and trust with communities

Specifically, recipient as NPO will:

- Support regional PEHSU (established in each of the 10 federal regions), through timely execution of contractual agreements (i.e., fully executed contracts within 60 days of the beginning of the project period) with each of the academic medical and nursing schools that sponsor PEHSU.
- Assure adequate time of critical staffing in the NPO, including a minimum of two full time employees (FTEs) for day to day program management and financial support with additional part or full time support for other needs including communications/promotions, contract management, cooperative agreement/grant support, and other needs.
- Assure critical clinical expertise in reproductive and pediatric environmental medicine is maintained in each regional PEHSU. This expertise could be derived from a variety of

disciplines including, but not limited to pediatrics or family medicine, maternal fetal medicine or obstetrics/gynecology, occupational and environmental medicine, or medical toxicology.

- Establish and maintain transparency through timely, clear, concise communication with funders and regional units. Communications should be responsive to needs, timely, and relevant for all operations including but not limited to contracts, performance across the network, best performance practices, performance challenges, status of NPO support activities, and important news and updates.
- Establish annually the performance targets that each regional PEHSU will contribute to achieve overall performance expectation and outcome measures. Workload distribution should consider different strengths among the regional PEHSU and their expected level of performance across all measures, taking into account that measures divided by 10 may not optimally leverage regional strengths.
- Identify needs/interest from unit(s) in expanding geographic reach through satellite units, with final decision on adding satellite unit and staffing of that unit made in collaboration with ATSDR. New regional satellite operations requests are submitted with the annual continuation application (due six [6] months after the start of each budget year). This request should cover proposed start date, satellite operational responsibilities, regional work plan linkages, proposed regional director management of satellite operations, work plan tangibles, and a detailed budget with justifications. If approved, the recipient's annual continuation application funding will provide support for the new satellite operations.
- Facilitate and support identification of appropriate leadership for regional units when needed, with final decision on staffing made in collaboration with ATSDR.
- Prepare plans annually for development or updates of PEHSU resources and tools considering gaps in educational resources and current needs. These resources and tools should focus on exposure reduction activities that build capacity in health professionals to advise exposed individuals, empower communities with environmental health information, and connect health professionals and communities with environmental health resources for children and families. Efforts should be made to engage federal funders, regional PEHSU directors, and others as appropriate to identify resource needs and support collaborative work on these resources.
- Provide technical guidance associated with implementing program strategies and activities that improve reproductive and pediatric environmental health.
- Provide emergency response support and assist regional PEHSU in developing and/or delivering training and educational resources for communities to address natural or technological disasters. These disasters may include flooding, wildfires, hurricanes, earthquakes, and extreme heat events as well as hazardous substance spills or releases.
- Coordinate timely internal peer review of national PEHSU products.
- Facilitate technical reviews from subject-matter experts for PEHSU products and coordinate timely submission of continuing education packages for products.
- Maintain and expand a national learning management system and the course work available within it. Promote its use in clinical pre-service, residency, and in-service training and evaluate the impact of training provided.

- Support the steering committee monthly meetings for regional PEHSU directors as a forum for them to collectively
    - Provide input to the NPO and funders on challenges and successes
    - Give feedback on network operational processes and support needed from NPO and funders
    - Share best practices that advance program outcomes
    - Exchange important and relevant information between regions
    - Discuss strategic direction of the PEHSU network; and
    - Develop national initiatives to achieve outcomes of the PEHSU program, leveraging strengths of regional units.
- Facilitate selection of PEHSU strategic director by steering committee members and meet monthly with strategic director and funders to discuss important network-wide issues, strategies for growth and development of the network, and other topics.
- Create steering committee meeting agendas with PEHSU strategic director and funders to be reflective of timely and relevant topics for the entire network. Make agenda for each meeting available for PEHSU directors and funders at least 24 hours before meeting. Take meeting minutes and make these available to PEHSU directors and funders within 24 hours of each meeting.
- Using the logic model, collaborate with ATSDR to define outcome measures presented in the "PEHSU Performance Measures" section and identify sources of data needed for ongoing evaluation to monitor achievement of outcomes in the logic model.
- Develop a simplified data management system for data collection, data quality, data inquiry, and data integration (with secondary data sources). This system should inform program management of tracking output and outcome measures and allow analytical analysis and robust reporting on program achievements.
- Meet monthly with each region to review program data, including but not limited to progress toward achieving program measures and outcomes, spend down/finances, challenges to accomplishing work, and important achievements/impactful activities.
- Identify quality improvement opportunities and develop a continuous quality improvement plan with input from regional directors to guide program refinements.
- Provide quarterly reports to ATSDR program staff and grants management system electronically within 30 days of the end of each quarter that include:
    - Information on progress by the network toward meeting performance measures and outcomes
    - Challenges and needs with recommendations on how to address them
    - Impact stories that demonstrate breadth and depth of PEHSU activities
    - Comprehensive financial tracking of spend down by NPO and units and other relevant financial information
    - Summary of collaborations with external partners (funded or non-funded); if funded include relevant details of financial tracking and spend down through the partnership(s)
    - Summary of assistance provided by the PEHSU for emergency preparedness and response for natural/technological disasters
    - Recommendations for improving effectiveness of PEHSU program

- Include with each quarterly report a snapshot of the information contained within not to exceed 2 pages that can be shared with other federal funders, partners, and agency leadership.
- Plan and host an annual meeting of the PEHSU network and funders for the purpose of strengthening collaborations and promoting professional and organizational development in pediatric and reproductive environmental medicine. If appropriate, hold annual PEHSU meeting in conjunction with other federal partner meetings when such collaboration can strengthen partnerships, expand the reach of the PEHSU program, and contribute to reaching program outcomes. Incorporate input from the PEHSU network in planning and executing this annual meeting.
- Collaborate with network and funders to identify possible funding options that build PEHSU performance capacity and improve its current and future financial sustainability.
- Maintain and continually improve the PEHSU website https://www.pehsu.nethttps://www.pehsu.net/, incorporating best practices for website design; updating and refreshing content regularly; incorporating social media; employing innovative design features, including from regional PEHSU sites; highlighting PEHSU events and products; and streamlining search capabilities.
- Establish and maintain a repository of PEHSU activities with links when appropriate, organized by topic and type of activity and readily accessible to funders and the network. The contents of the repository should be determined in collaboration with the network and funders and include but not be limited to:
    - Factsheets
    - Webinars, ECHO programs, other trainings
    - Videos, comics, booklets, other visual materials
    - Articles, book chapters, other published works
    - Media featuring PEHSU
    - List of federal, state, local, and nongovernmental organizations and committees with PEHSU participation
- Ensure that all materials developed under cooperative agreement funding will not be copyrighted and will remain in the public domain to encourage wider distribution.
- Build communication channels and routinely promote PEHSU products, services, and accomplishments among local, state, tribal, and national organizations serving healthcare professionals, environmental health organizations, community organizations and health centers, other health care providers (e.g., HMOs, health insurance providers, etc.), and public health agencies.
- Review annually a promotional communication plan with regional directors and federal partners, including plans to reach priority audiences. Review effectiveness of promotional plans annually, and in collaboration with federal partners and regional directors, identify steps to improve reach with these efforts.
- Establish and maintain a PEHSU speaker's bureau and facilitate involvement of speakers for media, environmental health organizations, schools, federal programs, and other organizations both proactively and in response to speaker requests.
- Facilitate development and promotion of academic training opportunities in reproductive and/or pediatric environmental medicine and nursing across the PEHSU network.

- Identify and explore opportunities to create a pediatric and reproductive environmental health specialty for physicians and nurses.
- Assess annually PEHSU satisfaction with NPO support and share results with ATSDR.

Recipient will also ensure clinical academic centers serving as regional PEHSU will:

- Dedicate 20 percent of an FTE by regional directors to the activities of their PEHSU. The regional director will participate in and contribute to monthly steering committee meetings (see details above). Regional directors cannot delegate authority to regional sub-units/satellites, or to a regional sub-contract.
- Commit a minimum of 60% effort to delivering regional and national services that reach health professional audiences and up to 40% effort to lay audiences.
- Maintain the necessary clinical disciplines to staff the regional PEHSU, support regional activities, and ensure delivery of PEHSU services.
- Submit quarterly reports electronically to the NPO that include:
    - Information on progress toward meeting performance measures and outcomes
    - Challenges and needs with suggestions on how to address these
    - Impact stories that demonstrate breadth and depth of activities
    - Financial tracking of spend down and other relevant financial information
    - Summary of collaborations with external partners (funded or non-funded); if funded include relevant details of financial tracking of spend down through the partnership(s); and
    - Summary of assistance provided for emergency preparedness and response for natural/technological disasters.
- Participate in and contribute to annual PEHSU meeting.
- Identify opportunities for collaboration across the network, developing programs that leverage specific individual and regional technical expertise to meet program outcomes and foster professional development.
- Participate in monthly meetings with NPO to discuss progress toward achieving program measures and outcomes, spend down/finances, challenges to accomplishing work, and important achievements/impactful activities, as well as share timely updates from the region.
- Participate in workgroups as needed to advance national initiatives, development of educational resources, or support other program activities.
- Provide a setting for mentorship, rotations, internships, scholar programs, and other learning opportunities to increase awareness of reproductive and pediatric environmental health.
- Develop regionally and nationally oriented environmental health educational materials using evidenced-based risk communication messaging for health professionals and community audiences.
- Develop partnerships with state and local health departments and other federal agencies, schools, community organizations, tribal and other organizations interested in pediatric and reproductive health to plan and deliver relevant environmental health education and outreach. These efforts may include assistance to communities, families, and health care

providers to address environmental health threats at sites where ATSDR and EPA have ongoing health risk evaluation and remediation activities.

- Provide technical and consultative assistance to health professionals responding to concerns about reproductive and pediatric exposures to environmental health hazards.
- Provide expert consultative advice to families and connect them to specialty clinical care as needed, as well as to other resources that can assist in mitigating reproductive and childhood environmental health risks.
- Provide expert pediatric and reproductive environmental medicine consultations and technical support for emergency preparedness and response actions. These actions may be needed during natural and/or technological disasters where families are threatened with exposure or illness from hazardous substance spills or releases during these events.

1. Collaborations

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

The PEHSU Program has a long history and expertise in addressing reproductive and children's environmental health issues as well as collaborating on a variety of initiatives throughout the agency. In order to continue these efforts, the recipient (NPO) is encouraged to facilitate PEHSU collaborations with other CDC and ATSDR cooperative agreement and/or grant programs to identify common needs, promote resource and information sharing, and collaborate on educational efforts. These optional collaborative efforts should align with ATSDR goals and facilitate public health actions to improve the health of communities and support PEHSU efforts in implementing activities and achieving the NOFO period of performance outcomes.

The recipient (NPO) is encouraged to describe how existing or potential collaborations with other CDC-funded programs and organizations could assist with implementing activities and achieving the NOFO outcomes. These programs include, but are not limited to:

ATSDR APPLETREE program (https://www.atsdr.cdc.gov/states/index.html) Support community and local health professional education on potential health effects related to site contamination

Childhood Lead Poisoning Prevention Program | CDC (https://www.cdc.gov/nceh/lead/default.htm) Share resources and collaborate on educational efforts

National Asthma Control Program | CDC (https://www.cdc.gov/asthma/nacp.htm) Share resources and collaborate on educational efforts

ATSDR Environmental Justice Index (EJI) (https://www.atsdr.cdc.gov/placeandhealth/eji/index.html) Use tool to work with communities disproportionately affected by environmental contamination; promote dissemination of tool with other partners

Memorandums of understanding, and/or memorandums of agreement (MOUs/MOAs) as well as letters of support are optional, and not required. If submitted, upload as a PDF file titled "MOUs/MOAs" and/or "Letters of Support" to www.grants.gov.

b. With organizations not funded by CDC:

The recipient (NPO) is encouraged to support PEHSU collaborations with organizations not funded by CDC. These optional collaborations with organizations could include but are not limited to nonprofits, schools, community organizations, government agencies, tribes, and others that can support PEHSU efforts in implementing activities and achieving the NOFO period of performance outcomes.

The PEHSU program potential partners are those with the capability to support the PEHSU in

Translating environmental health research into public health intervention programs to improve reproductive and children's environmental health

Providing medical/nursing education on environmental health topics, and

Providing education on environmental health topics to families/communities.

Memorandums of understanding, and/or memorandums of agreement (MOUs/MOAs) as well as letters of support are optional, and not required. If submitted, upload as a PDF file titled "MOUs/MOAs" and/or "Letters of Support" to www.grants.gov.

2. Population(s) of Focus and Health Disparities

Applicants must describe the specific population(s) of focus in their jurisdiction and explain how to achieve the goals of the award and/or alleviate health disparities. The applicants must also address how they will include specific populations that can benefit from the program that is described in the Approach section. Applicants must address the Population(s) of Focus and Health Disparities requirements as described in the CDC Project Description, including (as applicable to this award) how to address health disparities in the design and implementation of the proposed program activities.

Target Populations

The PEHSU Program serves health professionals, community members and organizations, schools, families, governmental and tribal officials and entities, and others having an interest in environmental exposures that influence reproductive and pediatric health. This could also include any public health entity, national organization, academic institution, medical system, or non-profit organization that aims to increase the capacity of state, local, tribal, or territorial health agencies in environmental health education and preventing harmful environmental exposures during critical developmental stages.

The regional structure of the PEHSU enables each unit to develop a thorough understanding of local concerns and tailor education and outreach to meet community needs. PEHSU employ available tools and resources (e.g., ATSDR Environmental Justice Index and EPA EJScreen) to help identify populations with disproportionate risks, where PEHSU services can increase health equity. Through partnerships with trusted community organizations, PEHSU increase capacity in communities to address environmental concerns and empower individuals to make choices to protect their families from environmental hazards. Education of health professionals, particularly in areas with environmental exposure concerns, increases their capacity to provide appropriate exposure risk mitigation strategies and develop programs that decrease environmental exposures during the critical stages of development.

Health Disparities

This NOFO supports efforts to improve the health of children disproportionately affected by harmful environmental exposures. In developing educational materials and conducting training and outreach activities, the recipient must ensure that under-served populations such as tribal nations, people with disabilities, rural populations, sexual and gender minorities, non-English speaking populations and those for whom English is a second language are considered. The recipient will ensure that data, indices, and geospatial tools (e.g., CDC's Social Vulnerability Index or Environmental Justice Dashboard; ATSDR's Environmental Justice Index; and EPA's MyEnvironment and EJScreen) are used to better understand community characteristics. Examples of considerations include access to quality health care, healthy food choices, and presence of significant environmental pollution sources in locations where children live, play, and attend school, as well as where people of reproductive potential live, work, and play. This information can help plan effective community outreach strategies, build or strengthen collaborations, and develop appropriate educational and counseling materials for those populations which may have been historically overlooked.

c. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

The purpose of evaluation and performance measurement is to help ATSDR and the recipient monitor the extent to which activities planned were successfully completed, demonstrate how PEHSU activities contribute towards program outcomes and inform decisions about future programming that drive continuous program improvement for more efficient and effective program performance.

ATSDR will assess the degree to which strategies in the logic model have been implemented and outcomes have been achieved through submitted quantitative and qualitative reporting. The assessment will occur on an ongoing basis through the evaluation of submitted products, training, and technical assistance delivered. The recipient is expected to develop an evaluation plan, submit quarterly and annual progress reports, and an additional final project report at the conclusion of the period of performance summarizing achievements, challenges, lessons learned, and next steps. Optional templates may be provided to guide the evaluation and performance measurement plan development and the final project reporting.

This section presents example measures that ATSDR will use to track the implementation of strategies and activities (process evaluation) and progress on achieving period-of-performance outcomes (outcome evaluation). The measures below are not comprehensive or final, and ATSDR will finalize evaluation and performance measures in collaboration with the recipient within six (6) months of the project start date. ATSDR will work with the recipient on cadence of reporting of each measure quarterly and/or annually. The recipient should include key partners in the evaluation and measures planning process and ensure that information collected will be limited to data that can be analyzed and used for program improvement.

Process Evaluation

Education of health professionals

- Environmental health topics covered in the development of educational resources and tools
- Types of health professional trainings offered
- Website engagement with educational materials by health professionals

Education of and outreach to communities

- How community educational outreach activities reach populations disproportionally affected by environmental exposures
- Types of technical support provided in federal responses for natural and technological disasters
- Website engagement with educational materials by communities

Consultations

- Monitoring most frequent consultation topics for health professionals and communities

Referrals

- Effective referrals for community members, health professionals, state, local, and/or tribal public health officials, and others

Partnerships

- How new/existing partnerships are supported
- How existing organizational structure is leveraged to enhance partnerships
- Degree of PEHSU satisfaction with NPO support

Outcome Evaluation

- How PEHSUs are increasing integration of environmental health content in clinical curricula (Short-term Outcome 1, page 17)
- Number of educational resources and tools developed (Short-term Outcome 2, page 17)
- Average number of hours training provided per week (Short-term Outcome 2, page 17)
- Examples of trainings that were particularly impactful and why (Short-term Outcome 3, page 17)
- Percentage of new clinical training materials that emphasize importance of taking an exposure history as part of clinical care (Short-term Outcome 4, page 17)
- Expansion of collaboration with community health workers, promotoras, and other community partners (Short-term Outcome 5, page 17)
- Monitoring website engagement (Short-term Outcome 6, page 17)
- Promotion of PEHSU program by NPO (Short-term Outcome 6, page 17)
- Number of health professionals who were trained by PEHSU (Intermediate Outcome 7, page 17)
- Effective information dissemination to communities (Intermediate Outcome 8, page 17)
- Most frequent consultation topics each quarter, providing at least 3 and not more than 5 topics (Intermediate Outcome 9, page 17)

When evaluating a program or project, relying solely on performance measures has limitations. Measures often fail to represent the true picture of how well or poorly a program/project or recipient is doing and may not be able to consider contextual factors. Therefore, it is important to have other ways of collecting program/project information, such as success stories, to fully demonstrate performance.

The recipient will be required to submit a detailed evaluation and performance measurement plan, including a Data Management and Access Plan within the first 6 months of award. Data collected is for ongoing monitoring of the award to evaluate its effectiveness, and for continuous program improvement.

Data Management Plan

An overall Data Management Plan (DMP) is required by the recipient and should address general data management practices regarding public health data across the cooperative agreement. A DMP is required if the NOFO involves the collection or generation of public health data. The goal of the policy is to ensure public access to federally funded public health data. This specifically requires the development of a DMP for PEHSU activities that includes collection of

public health data. DMPs should be as complete as possible but ATSDR can work jointly with the recipient within the first six (6) months after award to finalize the plan.

DMPs can be updated as appropriate throughout the life cycle of the data and should include a brief description of the following:

- Data that will be collected, including type of data collected or created and how that data will be captured and stored
- Data standards, including file formats and contextual information that make the data more meaningful and useable
- Period of time that data will be retained before disseminating to wider audience, if applicable
- Data access, including when data will be available, who will have access, how will it be shared, what contextual information will be included with the data, and processes and permissions to gain access with description of how confidential data will be protected
- Plans for archival and long-term preservation of the data, or explanation of why long-term preservation and access cannot be provided

The DMP may be submitted as a checklist, paragraph, or other format, as currently, HHS/CDC does not have a standardized DMP template or checklist due to Paperwork Reduction Act requirements. ATSDR may also provide a template, if needed.

d. Organizational Capacity of Applicants to Implement the Approach

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

Strong/preferred candidates will demonstrate the organizational capacity to carry out the strategies and activities described above. Specifically, applicants should describe the following:

- Experience managing a multi-regional or national educational and technical consultative program, with the strongest applicants demonstrating experience collaborating with academic centers of medicine and nursing, local, state, and federal agencies, and national organizations in addressing environmental exposures that adversely impact reproductive and children’s health
- Project management experience demonstrating ability to plan, organize, and secure and manage resources to successfully accomplish program activities
- Brief risk management assessment plan that outlines potential organizational risks with undertaking this project and proposed strategies to mitigate these risks
- Website content management experience
- Experience in managing communication activities for a multi-regional or national program including but not limited to promoting program activities and resources on social media; developing and disseminating newsletters and other communication tools; and supporting development of health education materials
- Staffing plan with an organizational chart(s), including proposed staffing with roles and responsibilities and percentage time clearly stated; if contracts with external partners will be used for specific expertise, include information about the organization (name of

organization, scope of work, method of accountability, staffing dedicated to this project, and any other relevant information)

- Ability and infrastructure to conduct program activities or to hire staff in a timely manner and use in kind staff support to prevent any disruption to program support
- Background, experience, and curricula vitae (CV) for all staff to indicate ability to carry out the activities of the program
- Ability to leverage partner resources and infrastructure
- Performance monitoring and evaluation experience with effective continuous quality improvement processes
- Data management system that will allow for recording and tracking performance measures and impact/success stories
- Experience in budget management for a multi-regional or national program
- Financial management system that will allow proper funds management and segregation of funds by program, and meet the requirements as stated in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards found at: https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75#se45.1.75_1302 45 CFR Part 75.302. Financial management system that will:
    - Support preparation of required reports required by general and program-specific terms and conditions
    - Allow tracking of funds to a level of expenditure adequate to establish that such funds have been used according to the federal statutes, regulations, and terms and conditions of the federal award
    - Have effective internal accountability controls
    - Maintain source documents
    - Have a cash management system to accurately account for transactions
- Capability to manage the required procurement efforts including the ability to write and award contracts in accordance with 45 Code of Federal Regulations (CFR) Part 74 or Part 92, as appropriate (see relevant provisions at http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm); ability to expeditiously execute contracts with academic institutions and other entities
- Authority from the recipient's executive board or governing body to operate nationally within the U.S., as well as to manage a national network of regionally based pediatric and reproductive environmental health specialists

Applicants must include CV or resumes for all staff. Applicants should name the file "CVs/Resumes" and upload as a PDF file at www.grants.gov.

Organizational chart(s) should also be uploaded as a PDF at www.grants.gov.

11. Work Plan

(Included in the Project Narrative's page limit)

Applicants must prepare a work plan consistent with the CDC Project Description Work Plan section. The work plan integrates and delineates more specifically how the recipient plans to

carry out achieving the period of performance outcomes, strategies and activities, evaluation and performance measurement.

Work Plan

Applicants are required to provide a detailed work plan for the first year of the award and a high-level work plan for subsequent years. Components of the workplan should clearly align with strategies and activities, outcomes, and evaluation and performance measures presented in the logic model and the narrative sections of the NOFO. Where possible, include information on how regional PEHSU and other partner activities will contribute to achieving outcomes of the NOFO.

No specific work plan format is required; however, a sample work plan format is presented below:

Period of Performance Outcome: [from Outcomes section and/or logic model]		**Outcome Measure:** [from Evaluation and Performance Measurement section]	
Strategies and Activities	**Process Measure** [from Evaluation and Performance Measurement section]	**Responsible Position / Party**	**Completion Date**
1.			
2.			
3.			
4.			

CDC Monitoring and Accountability Approach

ATSDR will actively monitor recipient compliance with ATSDR's policies and procedures and provide feedback through monthly calls with the recipient, or more often as needed. The recipient and ATSDR designated federal partners will communicate on an as needed basis. ATSDR will monitor how funds are allocated and expended at the recipient level through monthly review of fiscal tracking tools and annual budget reviews. Progress toward achieving specific project outcomes will also be assessed through quarterly and annual progress reports. ATSDR may require additional monitoring or recipient reporting for concerns about issues such as spend down of funds or progress toward meeting performance measures. ATSDR will monitor integrity and accuracy of recipient systems used to generate data reports. ATSDR will use information in the quarterly and annual reports and regular calls regarding performance evaluation, successes, and obstacles to work with the recipient on continuous quality improvement processes.

ATSDR will monitor the repository of PEHSU products maintained by the recipient for completeness and breadth of reproductive and children's environmental health efforts. Priority

measures include those that show breadth, depth, and effectiveness of educational efforts for health professionals and communities in increasing awareness of environmental exposures and exposure reduction actions.

CDC Program Support to Recipients

ATSDR will provide substantial involvement beyond meetings, calls, and regular performance and financial monitoring during the period of performance. Substantial involvement means that recipients can expect a federal programmatic partnership during the cooperative agreement.

Technical Assistance

- Provide ad hoc subject matter expert reviews of educational materials
- Assist with NCEH/ATSDR clearance (required for CDC co-authorship of PEHSU materials; for CDC co-authorship of PEHSU manuscripts & presentations; and for CDC/ATSDR branding of PEHSU web content)
- Identify collaborative opportunities available through federal programs that align with the PEHSU program activities and outcomes
- Provide technical assistance to the PEHSU personnel working at sites where federal agencies request PEHSU participation
- Identify needs for pediatric and reproductive environmental health education for health professionals and communities
- Assist in the development of evaluation plans that examine program effectiveness
- Provide feedback on workplan development
- Facilitate agency clearance of PEHSU materials when appropriate
- Provide information about CDC eLearning standards and educational design
- Assist with preparing and submitting CDC continuing education packets for PEHSU educational products

Information Sharing

- Discuss with the recipient the documentation types and format to be included in the quarterly summary reports and monthly financial tracking reports
- Discuss information to include in impact stories
- Provide briefings and other information when new/updated CDC, ATSDR, or other agency tools and materials become available that have relevance for PEHSU activities
- Provide information on changing policies, protocols, and procedures that are relevant to and/or impact PEHSU activities
- Provide data on reach of PEHSU materials on CDC platforms and social media

Additional Support

- Review and approve/disapprove requests for establishment of regional satellite operations
- Review and approve/disapprove requests for changes in PEHSU directors
- Assist in establishing communication and resource capacity building networks that include partners such as other federal agencies, state and local health departments, tribal

governments, environmental and other health professionals, non-governmental organizations, academic medical and nursing centers, and clinical associations
- Identify ways to strengthen collaboration between regional federal staff and PEHSU
- Provide feedback on meeting plans and agendas
- Participate in steering committee meetings
- Promote PEHSU activities on CDC and other social media platforms
- Share progress and successes with decision makers to promote engagement and support of PEHSU program
- Meet in-person with the recipient at the beginning of the project period, yearly at the PEHSU meeting, and periodically as needed throughout the project period to strengthen partnership with the recipient, discuss strategic direction of the PEHSU program, address key matters of importance, and review opportunities to strengthen the PEHSU program.

12. Budget Narrative

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

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

Indirect costs could include the cost of collecting, managing, sharing and preserving data.

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

If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation or reaccreditation 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 essential public health services and ensure foundational capabilities are in place, such as activities that ensure a capable and qualified workforce, strengthen information systems and organizational competencies, build attention to equity, and advance the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

Vital records data, including births and deaths, are used to inform public health program and policy decisions. If applicable and consistent with the cited statutory authority for this NOFO, applicant entities are encouraged to collaborate with and support their jurisdiction's vital records office (VRO) to improve vital records data timeliness, quality and access, and to advance public health goals. These goals may include supporting vital records offices participating in the Vital Records and Health Statistics Accreditation Program, certifying vital records offices to meet industry standards. Recipients may, for example, use funds to support efforts to build VRO capacity through partnerships; provide technical and/or financial assistance to improve vital records timeliness, quality or access; provide financial assistance to support accreditation related fees and/or support staff time to coordinate accreditation activities; or support vital records improvement efforts, as approved by CDC.

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

Contractual Costs: Recipients must receive the NOA reflecting CDC approval of this cost prior to establishing a third-party contract to perform program activities. Approval must be obtained for each budget period to reestablish the written agreement.

The budget request should include a summary of the proposed contractual request and cost for each contract proposed detailing the six elements below.

1. Period of Performance: Specify the beginning and ending dates of the contract.

2. Scope of Work: Describe the specific services/tasks to be performed by the contractor and relate them to the accomplishment of program objectives. Deliverables should be clearly defined. Copies of the actual contract should not be sent to CDC, unless specifically requested.

3. Itemized Budget and Justification: Provide an itemized budget with proper justification. If applicable, include any indirect cost paid under the contract and the indirect cost rate used.

4. Name of Contractor: Identify the name of the proposed contractor and indicate whether the contract is with an institution or organization.

5. Method of Selection: State whether the contract is sole source or competitive bid. If an organization is the sole source for the contract, include an explanation as to why this institution is the only one able to perform contract services.

6. Method of Accountability: Describe how the progress and performance of the contactor will be monitored. Identify who will be responsible for supervising the contract.

Elements 1-3 are required for approval of contract budget cost requests. If these elements are not known at the time the application is submitted, **the cost will not be approved** and the recipient may submit these details as a prior approval request.

If elements 4-6 are not available at the time of application, recipients may submit the remaining details as they become available via GrantSolutions Grants Management Services (GSGMS) Grant Notes for non-research. For more information about prior approval requests, please review the prior approval guidance on the CDC website**.**

For guidance on completing a detailed budget, visit:
https://www.cdc.gov/grants/documents/budget-preparation-guidance.pdf

13. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 45 CFR 75 which include, but are not limited to, the following:

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

14. Employee Whistleblower Rights and Protections

Employee Whistleblower Rights and Protections: All recipients of an award under this NOFO will be subject to a term and condition that applies the requirements set out in 41 U.S.C. § 4712, "Enhancement of contractor protection from reprisal for disclosure of certain information" and 48 Code of Federal Regulations (CFR) section 3.9 to the award, which includes a requirement that recipients and subrecipients inform employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C. § 4712. For more information see: https://oig.hhs.gov/fraud/whistleblower/.

15. Copyright Interests Provisions

This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also at the time of submission, Recipient and/or the Recipient's submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient's submitting author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

16. Funding Restrictions

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

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.

- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on anti-lobbying restrictions for CDC recipients.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

17. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection or generation must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan unless CDC has stated that CDC will take on the responsibility of creating the DMP. The DMP describes plans for assurance of the quality of the public health data through the data's lifecycle and plans to deposit the data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information:
https://www.cdc.gov/grants/additional-requirements/ar-25.html.

18. Intergovernmental Review

You will need to submit application information for intergovernmental review under Executive Order 12372. Under this order, states may design their own processes for obtaining, reviewing, and commenting on some applications. Some states have this process and others don't.

To find out your state's approach, see the list of state single points of contact. If you find a contact on the list for your state, contact them as soon as you can to learn their process. If you do not find a contact for your state, you don't need to do anything further. This requirement never applies to American Indian and Alaska Native tribes or tribal organizations.

19. Other Submission Requirements

a. Electronic Submission:

Applications must be submitted electronically by using the forms and instructions posted for this notice of funding opportunity at www.grants.gov. Applicants can complete the application

package using Workspace, which allows forms to be filled out online or offline. Application attachments can be submitted using PDF, Word, or Excel file formats. Instructions and training for using Workspace can be found at www.grants.gov under the "Workspace Overview" option.

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

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

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or review the Applicants section on www.grants.gov.

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

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

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

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

If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application via email.

E. Review and Selection Process

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

a. Phase 1 Review

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

b. Phase II Review

NOFO reviewers will follow CDC's merit review process by evaluating eligible and responsive applications in accordance with the criteria below. Reviewers may be external to the federal government (non-federal personnel), federal personnel, or a mix of federal and non-federal personnel.

i. Approach

ii. Evaluation and Performance Measurement

iii. Applicant's Organizational Capacity to Implement the Approach

Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements

i. Approach **Maximum Points:** 35

To what extent does the applicant:

- Demonstrate a clear understanding of reproductive and pediatric environmental health issues. (10 points)
- Describe strategies and activities aligned with intended program outcomes (i.e., education of health professionals, education of and outreach to communities, consultations, referrals, and partnerships). (10 points)
- Provide a work plan that is aligned with the strategies, activities, outcomes, and performance measures described in the NOFO and which is reasonably expected to be achieved during the period of performance. (10 points)
- Provide a complete and comprehensive budget for the first project period that represents appropriate support to implement the strategies and activities and attain the period of performance outcomes. (5 points)

ii. Evaluation and Performance Measurement **Maximum Points:** 35

To what extent does the applicant:

- Propose an evaluation plan that addresses the components specified under the program evaluation section of the NOFO and explain how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities. (10 points)
- Identify feasible measures that will meaningfully track both the progress and success of the strategies and activities. Each measurable outcome includes the strategy it is associated with, along with the measure, its intended change, the timeframe for the change, and the activity that will drive the change. (10 points)
- Demonstrate the ability to collect, manage, and report data, and describe how the findings will be used to demonstrate the outcomes of the NOFO and for continuous program quality improvement. Also includes practical sources for the data needed to report each measurable objective. (10 points)
- Include an appropriate preliminary Data Management Plan (DMP). (5 points)

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

To what extent does the applicant:

- Describe the organizational capacity to manage a national network of environmental health experts and support clinical translation of scientific information on environmental exposures for health professionals and communities. (5 points)
- Demonstrate project management experience, including ability to plan, organize, secure, and manage resources to successfully accomplish program activities for a multi-regional or national program. (5 points)
- Demonstrate existing staff structure to execute workplan, or the capacity to hire quickly, provide in-kind support, or otherwise fill vacancies to mitigate effects of open staff positions and turnover during the period of performance. (5 points)
- Identify a staff member who will provide oversight for the PEHSU management team. (1 point)
- Identify adequate personnel commitment to proposed activities including program management, communications, website maintenance, evaluation, financial tracking, budget administration, and contract support. (5 points)
- Demonstrate experience managing federal cooperative agreements, grants, and/or other collaborative projects with the public sector. (2 points)
- Provide documentation of appropriate staff qualifications and experience and include relevant attachments (CV/resumes). (2 points)

Budget **Maximum Points:** 0

Proposed budgets will be evaluated for alignment with activities and outcomes but not scored. Considerations for review of the budget include:

- Is a narrative and justification provided for all line items including staffing, operational expenses, special projects, and contractual expenditures?
- Does budget align with proposed work plan?
- Is budget appropriate for level of work described?

iv. Partnerships **Maximum Points:** 5

To what extent does the applicant:

- Indicate the capacity to support existing partnerships or develop new ones and leverage resources and infrastructure to support the outcomes of the NOFO. (3 points)
- Demonstrate national reach and collaboration with medical and nursing organizations and environmental health entities. (2 points)

c. Phase III Review

Objective Review (with Field Reviewers) and a Technical Expertise Review

The following factors also may affect the funding decision:

- Evidence for experience with multi-center collaborations with academic institutions resulting in successful implementation and management of grants, cooperative agreements, and/or other collaborative projects
- Evidence for work on a similar federal cooperative agreement/grant that demonstrates timely and effective management of federal funds and achievement of program outcomes
- Evidence for successful communication strategies for a multi-center program with effective linkages between partners

Review of risk posed by applicants.

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

In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207. CDC's review of risk may impact reward eligibility.

In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:

(1) Financial stability;

(2) Quality of management systems and ability to meet the management standards prescribed in this part;

(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;

(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and

(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

Additionally, we may ask for additional information prior to the award based on the results of the CDC's risk review.

CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

Recipients are expected to receive awards in August 2024 to start the period of performance in September 2024.

F. Award Administration Information

1. Award Notices

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

Any applicant awarded funds in response to this Notice of Funding Opportunity will be subject to annual 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.

2. Administrative and National Policy Requirements

Recipients must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.

Brief descriptions of relevant provisions are available at https://www.cdc.gov/grants/additional-requirements/index.html.

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

The following Administrative Requirements (AR) apply to this project:

AR-11: Healthy People 2030

AR-12: Lobbying Restrictions

AR-24: Health Insurance Portability and Accountability Act Requirements

AR-25: Data Management and Access

AR-30: Information Letter 10-006, - Compliance with Section 508 of the Rehabilitation Act of 1973

AR-32: Enacted General Provisions

AR-37: Prohibition on certain telecommunications and video surveillance services or equipment for all awards issued on or after August 13, 2020

ARs applicable to ATSDR Awards:

AR-18: Cost Recovery – ATSDR

AR-19: Third Party Agreements – ATSDR

Organization-specific ARs:

AR-15: Proof of Non-profit Status

AR-23: Compliance with 45 CFR Part 87

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance (HHS-690). To learn more, see the HHS Office for Civil Rights website.

3. Reporting

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

- Helps target support to recipients;
- Provides CDC with periodic data to monitor recipient progress toward meeting the Notice of Funding Opportunity outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the period of performance and to determine

applicability of evidence-based approaches to different populations, settings, and contexts; and

- Enables CDC to assess the overall effectiveness and influence of the NOFO.

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

Report	**When?**	**Required?**
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Data on Performance Measures	Quarterly progress reports and annually in APR.	Yes
Federal Financial Reporting Forms	90 days after the end of the budget period	Yes
Final Performance Report	90 days after end of period of performance	Yes
Final Financial Report	120 days after end of period of performance	Yes

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

Recipient Evaluation and Performance Measurement Plan (required): This plan should provide additional detail on the following:

Performance Measurement

• Performance measures and targets
• The frequency that performance data are to be collected.

• How performance data will be reported.
• How quality of performance data will be assured.
• How performance measurement will yield findings to demonstrate progress towards achieving NOFO goals (e.g., reaching specific populations or achieving expected outcomes).
• Dissemination channels and audiences.
• Other information requested as determined by the CDC program.

Evaluation

• The types of evaluations to be conducted (e.g. process or outcome evaluations).
• The frequency that evaluations will be conducted.
• How evaluation reports will be published on a publicly available website.
• How evaluation findings will be used to ensure continuous quality and program improvement.
• How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).
• Dissemination channels and audiences.

HHS/CDC or its designee will also undertake monitoring and evaluation of the defined activities within the agreement. The recipient must ensure reasonable access by HHS/CDC or its designee to all necessary sites, documentation, individuals and information to monitor, evaluate and verify the appropriate implementation the activities and use of HHS/CDC funding under this Agreement.

b. Annual Performance Report (APR) (required)
The recipient must submit the APR via www.Grantsolutions.gov no later than 120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.

This report must include the following:

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

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

Carryover requests should be submitted with the APR.

Carryover requests must:

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

The recipients must submit the Annual Performance Report via www.Grantsolutions.gov no later than 120 days prior to the end of the budget period.

c. Performance Measure Reporting (optional)

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

As stated in the “Strategies and Activities” and “Reporting” sections of the NOFO, performance measures data are reported to ATSDR on a quarterly and annual basis. Please review these sections for specific reporting details. A copy of the quarterly and annual performance report should also be furnished via email to ATSDR program staff.

d. Federal Financial Reporting (FFR) (required)
The annual FFR form (SF-425) is required and must be submitted 90 days after the end of the budget period through the Payment Management System (PMS). The report must include only those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data. Failure to submit the required information by the due date may adversely affect the future funding of the project. If the information cannot be provided by the due date, recipients are required to submit a letter of explanation to OGS and include the date by which the Grants Officer will receive information.

e. Final Performance and Financial Report (required)
The Final Performance Report is due 120 days after the end of the period of performance. The Final FFR is due 120 days after the end of the period of performance and must be submitted through the Payment Management System (PMS). CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

- Performance Measures – Recipients must report final performance data for all process and outcome performance measures.
- Evaluation Results – Recipients must report final evaluation results for the period of performance for any evaluations conducted.
- Impact/Results/Success Stories – Recipients must use their performance measure results and their evaluation findings to describe the effects or results of the work completed over the period of performance, and can include some success stories.
- A final Data Management Plan that includes the location of the data collected during the funded period, for example, repository name and link data set(s)
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

A copy of the Final Performance Report should also be furnished via email to ATSDR program staff.

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

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, http://www.USASpending.gov.

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $30,000.

For the full text of the requirements under the FFATA and HHS guidelines, go to:

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

5. Reporting of Foreign Taxes (International/Foreign projects only)

A. Valued Added Tax (VAT) and Customs Duties – Customs and import duties, consular fees, customs surtax, valued added taxes, and other related charges are hereby authorized as an allowable cost for costs incurred for non-host governmental entities operating where no applicable tax exemption exists. This waiver does not apply to countries where a bilateral agreement (or similar legal document) is already in place providing applicable tax exemptions and it is not applicable to Ministries of Health. Successful applicants will receive information on VAT requirements via their Notice of Award.

B. The U.S. Department of State requires that agencies collect and report information on the amount of taxes assessed, reimbursed and not reimbursed by a foreign government against commodities financed with funds appropriated by the U.S. Department of State, Foreign Operations and Related Programs Appropriations Act (SFOAA) ("United States foreign assistance funds"). Outlined below are the specifics of this requirement:

1) Annual Report: The recipient must submit a report on or before November 16 for each foreign country on the amount of foreign taxes charged, as of September 30 of the same year, by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant during the prior United States fiscal year (October 1 – September 30), and the amount reimbursed and unreimbursed by the foreign government. [Reports are required even if the recipient did not pay any taxes during the reporting period.]

2) Quarterly Report: The recipient must quarterly submit a report on the amount of foreign taxes charged by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant. This report shall be submitted no later than two weeks following the end of each quarter: April 15, July 15, October 15 and January 15.

3) Terms: For purposes of this clause:
"Commodity" means any material, article, supplies, goods, or equipment;
"Foreign government" includes any foreign government entity;
"Foreign taxes" means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

4) Where: Submit the reports to the Director and Deputy Director of the CDC office in the country(ies) in which you are carrying out the activities associated with this cooperative agreement. In countries where there is no CDC office, send reports to VATreporting@cdc.gov.

5) Contents of Reports: The reports must contain:

a. recipient name;
b. contact name with phone, fax, and e-mail;
c. agreement number(s) if reporting by agreement(s);
d. reporting period;
e. amount of foreign taxes assessed by each foreign government;
f. amount of any foreign taxes reimbursed by each foreign government;
g. amount of foreign taxes unreimbursed by each foreign government.

6) Subagreements. The recipient must include this reporting requirement in all applicable subgrants and other subagreements.

6. Termination

CDC may impose other enforcement actions in accordance with 45 CFR 75.371- Remedies for Noncompliance, as appropriate.

The Federal award may be terminated in whole or in part as follows:

(1) By the HHS awarding agency or pass-through entity, if the non-Federal entity fails to comply with the terms and conditions of the award;

(2) By the HHS awarding agency or pass-through entity for cause;

(3) By the HHS awarding agency or pass-through entity with the consent of the non-Federal entity, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated; or

(4) By the non-Federal entity upon sending to the HHS awarding agency or pass-through entity written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if the HHS awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

First Name:
Amanda

Last Name:
Cadore, PhD, MPH

Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention

Address:
Environmental Medicine and Health Systems Intervention Section (EMHSIS)

Office of Capacity Development and Applied Prevention Science (OCDAPS)

Agency for Toxic Substances and Disease Registry (ATSDR)

Telephone:
770-488-3330

Email:
fzj3@cdc.gov

Grants Staff Contact

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

First Name:
Randall

Last Name:
Slaven
Grants Management Specialist
Department of Health and Human Services
Office of Grants Services

Address:
Branch 4

Office of Financial Resources (OFR)

Office of the Chief Operating Officer (OCOO)

Telephone:
404-718-5568

Email:
JLF0@cdc.gov

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

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

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

H. Other Information

Following is a list of acceptable application attachments that can be submitted using PDF, Word, or Excel file formats as part of their application at www.grants.gov. Applicants may not attach documents other than those listed; if other documents are attached, applications will not be reviewed.

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:
Resumes / CVs

Position descriptions

Organization Charts

Indirect Cost Rate, if applicable

Please provide the following additional attachments:

- Evaluation and Performance Measurement Plan
- Workplan as part of Project Narrative
- Appendix describing organizational history and activities
- Copy of indirect rate cost agreement (current)

The resumes/CVs of all proposed staff should include description of how proposed staffs' experience will contribute to successful execution of responsibilities and support success of program

I. Glossary

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

Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see https://www.cdc.gov/grants/additional-requirements/index.html. Note that 2 CFR 200 supersedes

the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

Approved but Unfunded: Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.

Assistance Listings: A government-wide collection of federal programs, projects, services, and activities that provide assistance or benefits to the American public.

Assistance Listings Number: A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency

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

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

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

Community engagement: The process of working collaboratively with and through groups of people to improve the health of the community and its members. Community engagement often involves partnerships and coalitions that help mobilize resources and influence systems, improve relationships among partners, and serve as catalysts for changing policies, programs, and practices.

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

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

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

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

Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.

Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as

vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. https://www.cdc.gov/grants/additional-requirements/index.html.

Equity: The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment (from Executive Order 13985).

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

Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The NOFO evaluation plan is used to describe how the recipient and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.

Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at www.USAspending.gov.

Fiscal Year: The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.

Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

Grants.gov: A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.

Grants Management Officer (GMO): The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.

Grants Management Specialist (GMS): A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These

activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.

Health Disparities: Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by populations that have been socially, economically, geographically, and environmentally disadvantaged.

Health Equity: The state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities.

Health Inequities: Particular types of health disparities that stem from unfair and unjust systems, policies, and practices and limit access to the opportunities and resources needed to live the healthiest life possible.

Healthy People 2030: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.

Inclusion: The act of creating environments in which any individual or group can be and feel welcomed, respected, supported, and valued to fully participate. An inclusive and welcoming climate embraces differences and offers respect in words and actions for all people.

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

Letter of Intent (LOI): A preliminary, non-binding indication of an organization’s intent to submit an application.

Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

Logic Model: A visual representation showing the sequence of related events connecting the activities of a program with the programs’ desired outcomes and results.

Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.

Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA): Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.

Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher educations, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).

Notice of Award (NoA): The official document, signed (or the electronic equivalent of signature) by a Grants Management Officer that: (1) notifies the recipient of the award of a grant; (2) contains or references all the terms and conditions of the grant and Federal funding limits and obligations; and (3) provides the documentary basis for recording the obligation of Federal funds in the HHS accounting system.

Objective Review: A process that involves the thorough and consistent examination of applications based on an unbiased evaluation of scientific or technical merit or other relevant aspects of the proposal. The review is intended to provide advice to the persons responsible for making award decisions.

Outcome: The results of program operations or activities; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced morbidity and mortality.

Performance Measurement: The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A “program” may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.

Period of performance –formerly known as the project period - : The time during which the recipient may incur obligations to carry out the work authorized under the Federal award. The start and end dates of the period of performance must be included in the Federal award.

Period of Performance Outcome: An outcome that will occur by the end of the NOFO's funding period

Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs.

Program Official: Person responsible for developing the NOFO; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.

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).

Public Health Accreditation Board (PHAB): A nonprofit organization that works to promote and protect the health of the public by advancing the quality and performance of public health departments in the U.S. through national public health department accreditation http://www.phaboard.org.

Social Determinants of Health: The non-medical factors that influence health outcomes. The conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces (e.g., racism, climate) and systems include economic policies and systems, development agendas, social norms, social policies, and political systems. https://www.cdc.gov/about/sdoh/index.html

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.

UEI: The Unique Entity Identifier (UEI) number is a twelve-digit number assigned by SAM.gov. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a UEI number as the Universal Identifier. UEI number assignment is free. If an organization does not know its UEI number or needs to register for one, visit www.sam.gov.

Work Plan: The summary of period of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

NOFO-specific Glossary and Acronyms