

Pediatric Environmental Health Specialty Unit (PEHSU) Program

CDC-RFA-TS14-1402



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

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Part I. Overview Information

To receive notifications of any changes to CDC-RFA-TS14-1402, return to synopsis page of this announcement at: www.grants.gov and check on the “Send Me Change Notifications Emails” link. Applicants must provide an email address to www.grants.gov to receive notifications.

- A. Federal Agency Name:** Agency for Toxic Substances and Disease Registry (ATSDR)
- B. Funding Opportunity Title:** Pediatric Environmental Health Specialty Unit (PEHSU) Program
- C. Announcement Type:** New—Type 1
- D. Agency Funding Opportunity Number:** CDC-RFA-TS14-1402
- E. Catalog of Federal Domestic Assistance Number:** 93.161; Health Program for Toxic Substances and Disease Registry
- F. Dates:**
- **Letter of Intent Deadline Date:** March 24, 2014
 - **Application Deadline Date:** April 25, 2014, 11:59 p.m. U.S. Eastern Standard Time, on www.grants.gov

This announcement is only for non-research domestic activities supported by ATSDR. If research is proposed, the application will not be reviewed. For the definition of research, visit:

<http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf>.

G. Executive Summary:

Agency for Toxic Substances and Disease Registry (ATSDR) in collaboration with the US Environmental Protection Agency (EPA) has maintained a long-standing relationship in the development and advancement of the Pediatric Environmental Health Specialty Unit (PEHSU) Program, through ongoing cooperative agreements initiated by ATSDR. After fifteen years of programmatic operations, collaborations, and the national desire for the protection of children’s health, from conception to 18 years old, the PEHSU Program has gained the attention and respect of the pediatric and reproductive environmental medicine community and the admiration of families at risk from exposure to environmental contaminants.

The PEHSU Program helps address pediatrician needs; for example: a Trasande et al. survey of New York State pediatricians reported in 2006 that 88.1% of respondents

affirmed that they would like to learn more about children’s environmental health and 93.8% of these respondents indicated they would direct patients to a clinic “where pediatricians could refer patients for clinical evaluation and treatment of their environmental health concerns.”

The PEHSU Program purpose is achieved through its programmatic activities and outputs at the national and regional levels to accomplish the following short-term outcomes: (1) Increase awareness of Clinical Preventive Environmental Health Services through development of clinician outreach education capabilities regionally for the purpose of reducing environmental health threats to children; (2) Expand and enhance continuity in pediatric and reproductive environmental medicine national and regional relationships, and approach. This is accomplished through expanded collaborative relationships with medical schools, residency programs, schools of nursing, non-profit medical institutions, other allied health programs, and schools of public health; (3) Strengthen pediatric and reproductive environmental medicine and public health prevention capacity through enhanced competency based environmental health and medicine education and; (4) Monitor and assess the sustainability of Environmental Health Clinical Preventive Service capacity in achieving its long-term outcome of “Reduced Environmental Exposures within the Population.” (5) Enhance relevant education and consultative services to health care providers to increase EM Services Delivered; expand Outreach and Patient Awareness of CPEHS; and to Increase CPEHS Use to achieve additional long-term outcomes such as “Reducing Risk of Geographic Environmental and Age-Specific Exposures” in Human Environments. Additionally, in communities where ATSDR and EPA are addressing superfund or other site where environmental contamination in air, water, soil, food supply or built environment exists, the PEHSU Program Consultative expertise may be delivered in concert with state and local health departments, appropriate federal programs, and others involved in protecting children and other sensitive populations from environmental threats.

To summarize, the fifteen year PEHSU Program effort (1998 to 2013) has achieved an “economy-of-scale.” Ten Regional PEHSU sites form the national network staffed by pediatricians, reproductive health specialty practitioners, medical toxicologists, family practice clinicians, and other health professionals who are uniquely positioned to effectively deliver the PEHSU services. The PEHSU Program has leveraged collaborations with nonprofit medical professional organizations with proven national reach across the United States. With this said, ATSDR seeks continuation of the National PEHSU Program through a funding opportunity announcement for the project period length of five (5) years:

Announcement Type: Cooperative Agreement

Letter of Intent Deadline Date: March 24, 2014

Application Deadline Date: April 25, 2014, 11:59 p.m. U.S. Eastern Standard Time, on www.grants.gov

Approximate Number of Awards: 1

Approximate Total Fiscal Year Funding: \$2,000,000

Anticipated Award Date: August 1, 2014

Budget Period Length: 08/01/2014 to 07/31/2015

Cost Sharing or Matching: Cost sharing or matching funds are not required for this program.

Eligible Applicants:

- Nonprofits with 501(c)(3) IRS Status (Other than Institutions of Higher Education)
- Nonprofits without 501(c)(3) IRS Status (Other than Institutions of Higher Education)
- Indian/Native American Tribal Governments (Federally Recognized or State Recognized)
- Indian/Native American Tribally Designated Organizations

Part II. Full Text

A. Funding Opportunity Description

1. Background:

- Statutory Authorities:** This program is authorized under Sections 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)].
- Problem Statement:** Agency for Toxic Substances and Disease Registry (ATSDR) in collaboration with the US Environmental Protection Agency (EPA) has maintained a long-standing relationship in the development and advancement of the Pediatric Environmental Health Specialty Unit (PEHSU) Program, through ongoing cooperative agreements initiated by ATSDR. The PEHSU Program helps address pediatrician needs; for example: a Georgia survey published in 2002 indicated that 53.5% of responding pediatricians had encountered a patient they believed had been seriously affected by an environmental exposure but only 20

percent had received specific environmental pediatrics training (Kilpatrick, et al.). In a 2002 survey conducted in the tri-state area among “(NY, NJ, and CT) pediatricians, Yue-Yung et al. reported that even in practices where practitioners acknowledged being very affected by the events of the World Trade Center and that their practices responded to numerous questions on the environmental impact of September 11, most reported insufficient training and lack of preparedness in environmental issues.” Further, a Trasande et al. survey of New York State pediatricians reported in 2006 that 88.1% of respondents affirmed that they would like to learn more about children’s environmental health and 93.8% of these respondents indicated they would direct patients to a clinic “where pediatricians could refer patients for clinical evaluation and treatment of their environmental health concerns” (Trasande 2006 link: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2430476/>).

The focus and scope of the PEHSU Program evolved from recognition that pediatric care providers do not receive medical education on health effects of chemical exposure nor are they prepared to care for children who are at greatest risk of health impairment from chemical exposure. Additionally, this program assisted the sponsoring federal agencies response to Executive Order 13045 dated April 21, 1997 “Protection of Children from Environmental Health Risks and Safety Risks.”. EO 13045 enacted the following policy statements as guidance to the federal agencies:

Shall make it a high priority to identify and assess environmental health risks and safety risks that may disproportionately affect children; and

Shall ensure its policies, programs, activities, and standards address disproportionate risks to children resulting from environmental health risks or safety risks. (EO 13045 link: <http://www.gsa.gov/portal/content/101586>)

The Administrator of ATSDR, through the implementation of 42 U.S.C. §9604(i)(14) and other health-related authorities of this chapter accords opportunities to address the EO 13045 policy statements and guidance through Environmental Medicine Education and Consultation programming nationally; as deemed appropriate by the ATSDR Administrator.

After fifteen years of programmatic operations, collaborations, and the national desire for the protection of children’s health, the PEHSU Program has gained the attention and respect of the pediatric medicine community and the admiration of families at risk from exposure to environmental contaminants.

ATSDR's Division of Toxicology and Human Health Sciences (DTHHS) is well versed, not only in toxicology but also on the particular chemical hazards found in the United States. DTHHS is also responsive, to the agency's mandate to prevent or mitigate human health effects to toxicant exposures through clinical preventive environmental health modalities offered through the Divisions' Environmental Health and Medicine Program (EHMP).

The EHMP program, in collaboration with select federal agencies, will continue undertaking a systemic national approach to improving physician competency to care for pediatric patients and their families impacted by environmentally related disease. In accordance with 42 U.S.C. §9604(i) (14), this announcement seeks to continue the Pediatric Environmental Health Specialty Unit (PEHSU) Program. There is demonstrated and ongoing value with this approach helping to improve children's environmental health and medicine nationally as an expert resource for pediatricians, gynecologists and family practice clinicians, physician-extendors, other health care providers, state and local departments of health, Federal staff, and the public through a regional service distribution strategy within the United States.

(ATSDR Regional Map: <http://www.atsdr.cdc.gov/dro/index.html>.)

- c. **Healthy People 2020:** This program addresses the “Healthy People 2020” focus area(s) of Educational and Community-Based Programs (ECBP 10.7, 12.4, 13.4, 14.4, 15.4, and 16.4), Environmental Health (EH -23), and Age-Related Life-Stage Objectives for children less than 18 years of age, including place related objectives like safe and healthy schools and healthy built environments. (Healthy People 2020 link: <http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx>.)
- d. **Other National Public Health Priorities and Strategies:** This program will also address the Energy Independence and Security Act of 2007 (subtitle E – Healthy High Performance Schools, section 504). This program will also be in alignment with the following CDC priority area-3: Strengthen public health and health care collaboration -- increase the value of health investment by aligning, coordinating, and integrating public health and health care and ATSDR Performance Goal, Promoting environmental justice and reduce health disparities associated with environmental exposures. These are the ATSDR Performance Goals relevant for program alignment:
- ATSDR performance goals:
 - Educate communities, partners, and policy makers about environmental health risks and protective measures.
 - Promote environmental justice and reduce health disparities associated with environmental exposures.
 - Provide unique clinical, scientific, and technical expertise to advance public health science and practice
- (ATSDR Vision, Mission and Goal statements link: http://www.atsdr.cdc.gov/about/mission_vision_goals.html)
- e. **Relevant Work:** In order to address child health exposure concerns, the PEHSU network, maintains staff expertise in pediatrics, obstetrics, gynecology, family practice, occupational and environmental medicine, medical toxicology, and environmental health education. Each regional PEHSU is affiliated with academic medical institutions/centers and collectively these regional PEHSU provide a synergistic level of expertise within the nation. These institutional based PEHSUs have enhanced academic presents and over time evolved without ATSDR financial assistance into educational settings for pediatric environmental medicine fellowships and clinical rotations supportive of PEHSU national goals. Each of the U.S. based Regional PEHSU Offices maintains a toll-free telephone

number and an Internet presence to provide physicians, health professionals, and the public access to network services.

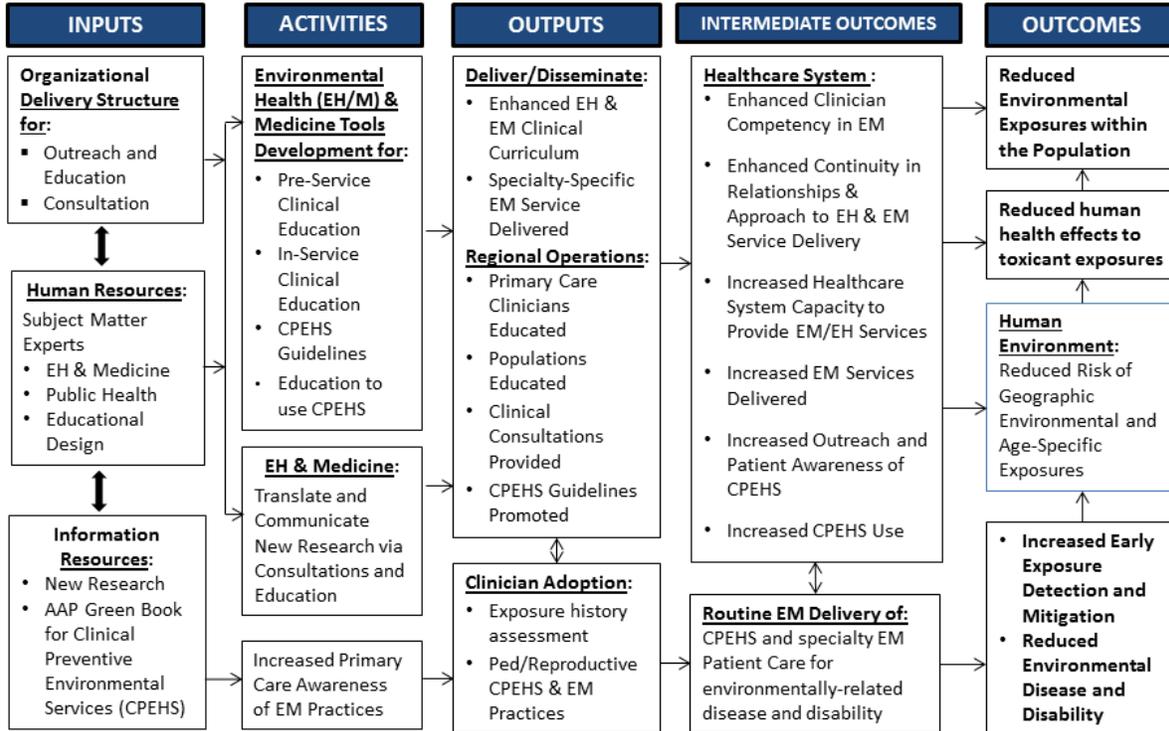
PEHSU staff maintains a collaborative relationship with ASTDR and EPA personnel within their respective regions develop ongoing relationships with state and local health departments, and demonstrated knowledge of geographic contamination patterns, cultural influences, and socioeconomic conditions within their respective regions. The PEHSU network has demonstrated effectiveness in providing education and medical consultation services to communities where ATSDR and EPA are addressing superfund or other sites where environmental contamination in air, water, soil, food supply or built environment exists. In addition, the PEHSU network has demonstrated its capacity to aid and assist in natural disasters and emergency preparedness and response actions where the health of children and their families are impacted by environmental contaminant exposures resulting from emergency events.

To summarize, the fifteen year PEHSU Program effort (1998 to 2013) has achieved an “economy-of-scale.” Ten Regional PEHSU sites form the national network staffed by pediatricians, reproductive health specialty practitioners, medical toxicologists, family practice clinicians, and other health professionals who are uniquely positioned to effectively deliver the PEHSU services. The PEHSU Program has leveraged collaborations with nonprofit medical professional organizations with proven national reach across the United States. The PEHSU Program has generated efficiencies and synergy that have translated into cost savings totaling \$1,226,784 for ATSDR, during FY-2011.

2. ATSDR Project Description

a. Approach:

ATSDR/DTHHS Environmental Health and Medicine Program (EHMP)
Pediatric Environmental Health Specialty Unit (PEHSU) Program
 Logic Model



Note: The FOA Project Period Outcomes are the Intermediate Outcomes.

- i. **Purpose:** The Agency for Toxic Substances and Disease Registry (ATSDR) Pediatric Environmental Health Specialty Unit (PEHSU) Program has historical value achieving its purpose of being national children's environmental health and medicine resource for pediatricians, other pediatric and reproductive health care providers, Federal staff, and the public. The PEHSU Program purpose is to: (1) Increase awareness of Clinical Preventive Environmental Health Services through development of clinician outreach education capabilities regionally for the purpose of reducing environmental health threats to children; (2) Expand national and regional relationships, and approach that enhances continuity in pediatric and reproductive environmental medicine. This is accomplished through expanded collaborative relationships with medical schools, medical residency programs, schools of nursing, non-profit medical institutions, other allied health programs, and

schools of public health; (3) Strengthen pediatric and reproductive environmental medicine and public health prevention capacity through enhanced competency based environmental health and medicine education and; (4) Monitor and assess the sustainability of Environmental Health Clinical Preventive Service capacity in achieving reductions in health effects from environmental and toxic substance exposures within the Population.” (5) Enhance relevant education and consultative services to health care providers to increase Environmental Medicine Services Delivered; expand Outreach and Patient Awareness of Clinical Preventive Environmental Health Services (CPEHS) availability and use. Additionally, in communities where ATSDR and EPA are addressing superfund or other site where environmental contamination in air, water, soil, food supply or built environment exists, the PEHSU Program Consultative expertise may be delivered in concert with state and local health departments, appropriate federal programs, and others involved in protecting children and other sensitive populations from environmental threats.

ii. **Outcomes:** The PEHSU Program work plan activities will be focused on achieving the PEHSU Program Logic Model Outputs, which are performance measure assessed annually, and address the Intermediate Outcomes, during the funding announcement project period. All of the Intermediate Outcomes are important interim steps towards achieving national healthcare system changes through adoption and enhanced clinician competency in environmental medicine; however, some of the intermediate outcomes may require additional project periods to fully assess the health systems level of change at the national level. At a minimum, the awardee would be accountable for the Intermediate Outcomes. The Intermediate Outcomes are listed below:

- Healthcare System:
 - Enhanced Clinician Competency in Environmental Medicine (EM)
 - Enhanced Continuity in Relationships and Approach to Environmental Health and Medicine (EH/M) Service Delivery
 - Increased Healthcare System Capacity to Provide EM/EH Services
 - Increased EM Services Delivered
 - Increased Outreach and Patient Awareness of Clinical Preventive Environmental Health Services (CPEHS)

- Increased CPEHS Use

Furthermore, measurable Long-term outcomes of the PEHSU Program will be in alignment with one or more of the following Environmental Health and Medicine Program (EHMP) long-term outcomes:

- EHMP Long-Term Outcomes – PEHSU Program:
 - Reduce environmental exposure within population
 - Reduced human health effects of environmental hazards and toxicant exposures.
 - Human Environment: Reduced environmental exposure risk within geographic areas and across age-specific life stages
 - Increased Early Exposure Detection and Mitigation
 - Reduced Environmental Disease and Disability

iii. **Program Strategy:** The Agency for Toxic Substances and Disease Registry (ATSDR) has a mandate to prevent or reduce illness and negative environmental health risks associated with exposure to hazardous substances in the environment. This can best be accomplished by preventing environmental contamination and the potential for exposure, but contamination exists. Therefore, by identifying unknown exposures early and taking steps to prevent or mitigate human health effects through clinical preventive environmental health screening or counseling services are needed.

The Division's Environmental Health and Medicine Program (EHMP) purpose and strategies are to build knowledge competency of primary care providers and health professionals to recognize and prevent the human health effects of exposures to hazardous substances that contaminate air, water, soil, and food supply and enhancing their ability to evaluate, diagnose, and treat individuals potentially exposed to hazardous substances in the environment through its Clinical Preventive Environmental Health Strategy for the enhancement of the Healthcare System and its workforce.

The EHMP focus, since 2008, was to develop programmatic synergies across intramural and extramural Environmental Medicine Education and Consultation development and delivery resources it managed; adopted the utilization of one logic model to illustrate resource connectivity focused on a unified set of outputs, intermediate outcomes, and long-term outcomes. EHMP's synergistic endeavors are further honed through the use of a single set of performance measures (DTHHS Performance Measures) for both intramural

and extramural programs, projects, and initiatives. As it relates to the PEHSU Program, these logic model-based strategic efforts can be achieved by building and/or reinforcing the following activities:

- Environmental health and Medicine (EH/M) Tools Development for: [LM, Act-1]
 - Pre-Service Clinical Education within schools of medicine, nursing, and public health;
 - In-Service Clinical Education for practicing physicians and other Healthcare System Professionals;
 - CPEHS Guidelines and Tools Development; and
 - Education delivery strategies to enhance/expand the use of CPEHS
- EH/M: [LM, Act-2]
 - Translate and Communicate New Research via Consultations and education
- Increased Primary Care Awareness of EM Practices [LM, Act-3]
- Clinician Adoption: [LM, OP-3]
 - Collaborate to enhance/reinforce the use and adoption of the environmental medicine exposure history assessments as a diagnostic tool in primary care and family practice patient evaluations; and
 - Application of Pediatric/Reproductive CPEHS and EM Practices.
- Routine EM Delivery of: [LM, IO-2]
 - CPEHS and specialty Care for environmentally impacted patients.

1. **Target Populations:** The PEHSU programs' definition of a pediatric population encompasses all children from the earliest developmental prior to birth through age 18 years, including prenatal exposures and in some instances preconception exposures. While the focus of the PEHSU is on all children, special attention is paid to children who live in areas where exposure to toxic substances and/or environmental toxicants are the greatest, including those living in sub-standard housing, those living near known contaminated areas, those in areas of higher air and/or water pollution, and those without access to quality medical care.

2. **Inclusion:** The awardee shall ensure its strategic awareness, programmatic activities, and standards address the potential(s) for toxic substance exposure for these populations:

- Historically, the PEHSU Program has maintained a vigilance and understanding that there are two age-specific population groups of interest for its' service delivery strategy. The primary purpose of the program focuses on children, from conception to 18 years of age, because of their developmental and other vulnerability and sensitivity to many forms of toxic substances released in their communities and living environments. However, due to the normal aging process, even older persons in good health may experience increased health risks from exposures to environmental pollutants. As we age, our bodies are more susceptible to hazards from the environment which may worsen chronic or life threatening conditions. Older persons also have accumulated a lifetime of environmental and occupational contaminants which are capable of remaining in their bodies. "In 2011, the U.S. Census estimated there were 41.4 million persons aged 65 and older, or 13 percent of the population. By 2030, the number of older persons is expected to increase to more than 72 million (20%) and continue to increase thru 2050. Persons over 85 years of age and older represent the fastest growing age cohort in the U.S." [EPA Aging Initiative; 12-18-12: <http://www.epa.gov/aging/>] Based on these findings the PEHSU Program will continue its' consultative service delivery to families/caregivers of the elderly who present concerns of potential toxic substance exposures.
- As a medical specialty resource: consider the possibility of providing expert pediatric and reproductive environmental medicine consultations and toxicological guidance for emergency preparedness and response actions needed during natural and/or technological disasters where people, and their families, are threatened with exposure or illness from hazardous substance spills or releases during these events.
- As a medical specialty referral resource: engage, collaborate with state and local health departments and other federal agencies to plan and deliver relevant pediatric and reproductive environmental medicine consultations services to assist communities, families, and health care

providers to address environmental health threats to persons at sites where ATSDR and the Environmental Protection Agency (EPA) have ongoing health risk evaluation and remediation activities.

Note: The last two scenarios would require compliance with AR-18: Cost Recovery – ATSDR. (AR-18 link: http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm)

3. Collaborations:

- a. **With CDC funded programs:** None
- b. **With organizations external to CDC:** For the PEHSU Program Partners are those with the capability to:
 - Understand and translate environmental health research into clinical and preventive environmental health services that reduce risks of environmentally related diseases,
 - Provide medical education (undergraduate, graduate, and continuing) and clinical consultation to clinicians and families, and
 - Facilitate system-level integration of clinical and preventive environmental health services within institutions that prepare clinical care providers, develop clinical practice standards, and deliver and/or pay for health care services.

Additionally, collaborations with other federal agencies are framed by ATSDR initiatives through MOAs and/or MOUs, singularly or in concert with the awardee.

- iv. **Work Plan:** Awardee activities for this program are the following with relevant logic model references associated with headers; linked to select activities; and framed in brackets.

The Awardee will:

- Establish and administer a PEHSU Program site in each of the ten U.S. Federal (ATSDR/EPA) regions dedicated to addressing the three primary focus areas of education and health promotion, consultation, and referral of children and their families who may have been exposed to environmental hazards. [LM, IP-1] (ATSDR Federal Regional Map: <http://www.atsdr.cdc.gov/dro/index.html>.)
- To assure environmental exposure concerns of children and their families are appropriately addressed. [LM, IO-2]

- Maintain affiliations with medical institutions/centers locally for base operations and regionally with academic medical and/or nursing schools for expanded collaborations or satellite operations. [LM, IP-1]
- Develop a staff complement with physician environmental health expertise in pediatrics, obstetrics and gynecology, family practice, primary care, environmental medicine, medical toxicology, or primary care; and environmental medicine physician-extender structures, networks, and environmental health education; pediatric and reproductive environmental health nursing support is strongly encouraged. [LM, IP-2]
- Encourage and assist development of regional collaborations to extend pediatric and reproductive environmental health practice adoption; encourage satellite operations development when possible. [LM, IP-1]
- Facilitate ATSDR and EPA working relationship, the grantee will organize and conduct monthly conference calls with both national agency office members. [LM, IP-1]
- The awardee will establish a national PEHSU Program Steering Committee and convene it no less than twice a year, at the National PEHSU Program Office level, encompassing leadership from the ten Regional PEHSU Program Offices to increase centralized coordination and to address strategic planning activities. The PEHSU steering committee will formalize and charge these subcommittees: 1) Capacity Building Subcommittee [CBS], 2) Environmental Education Subcommittee [EES], and 3) Outreach, Marketing, and Communications Subcommittee [OMCS]. The PEHSU steering committee will identify regionally based leadership team members for subcommittee appointments; form and charge each subcommittee to address matters such as: national collaborative initiatives, program marketing strategies, web-based social networking interventions/modalities to increased program service delivery, PEHSU Program assessments and evaluations, subcommittee performance measures, and accountability reporting concepts. ATSDR seeks adoption of the following priority for the EES: The EES will provide “Ad Hoc Peer-Review Evaluations” upon eLearning educational modules slated for inclusion in the PEHSU Program’s National eLearning Classroom: [LM, IP-1]

- Annually, each PEHSU Region will submit five (5) eLearning modules or other types of structured environmental medicine content appropriate for peer-review and eLearning module conversion consideration.
- Annually, ten (10) or more peer-reviewed eLearning modules will be produced and made available for clinicians use as part of the PEHSU Program’s National eLearning Classroom maintained by the awardee.
- ATSDR also seeks adoption of the following priority for the PEHSU Program Steering Committee: The Steering committee will act in concert with the awardee, to address requests from CDC/ATSDR for PEHSU Program’s capacity to aid and assist in natural disasters and emergency preparedness and response actions where the health of children and their families are impacted by environmental contaminant exposures resulting from natural or man-made emergency events. The Steering committee will develop, seek external peer-review, and publish one or more relevant environmental health risk communication documents deemed necessary to address the CDC/ATSDR request. External reviewers can be, but not limited to the following: [LM, IP-1]
 - Federal agencies such as CDC, NCEH/ATSDR, EPA, HRSA, NIEHS, and IHS.
 - The American Academy of Pediatrics (AAP), American Academy of Clinical Toxicology (AACT), American College of Medical Toxicology (ACMT), and the American College of Preventive Medicine (ACPM).
- The awardee will develop, coordinate, and host an “Annual PEHSU Network Meeting” to strengthen PEHSU Network interactions and promote professional and organizational development in pediatric and reproductive environmental health and medicine. [LM, IP-1]
 - On alternating years, the Annual PEHSU Network Meeting shall be offered in conjunction with a federal funding agency conference.
 - On other alternate years, the Annual PEHSU Network Meeting should be held in conjunction with medical groups working in pediatric and reproductive environmental health.

- Encourage PEHSU Program staff to publish and disseminate articles regarding pediatric and reproductive environmental health issues in peer-reviewed literature. [LM, IP -3]
- The awardee will develop, collaborate, and implement measurable organizational and system level impact assessment and reporting addressing:
 - Medical education (e.g., number of Medical Schools and Residency Programs that incorporate Environmental Medicine content/number of Medical Schools and Residency Programs that incorporate Environmental Health courses/number of Medical Schools and Residency Programs that implement new Environmental Health Curriculum)
 - Organizational and/or system Level Adoption of Environmental Medicine Practice Guidelines for assessing/addressing hazardous substances exposures in the environment (e.g., Medical Association Practice Guidelines, Healthcare Clinician Incentive Programs, and inclusion of environmental exposure assessment and clinical decision support guidelines in electronic health records).

PEHSU Education and Health Promotion:

[LM, IP 1-3; ACT 1.1-1.4; OP 1.1.1-1.1.2; OP 1.2.1-1.2.4; IO 1.1-1.6; OC 4.1-4.2]

- Determine, annually, a set of educational health promotion topics addressing specific knowledge or behaviors objectives appropriate for identified lay or professional audiences.
- Work with other partner organizations to define core competencies in environmental medicine practice; enhance Clinical Preventive Environmental Services; promote population level health norms that enhance environments and reduce negative health consequences; and enhance the application of environmental medicine in primary care practices. (This addresses CDC Priority Area-3) [LM, IP 3.1-3.2; IO 2.1]
- Identify and promote policies that protect or enhance human health and the environment with priority focused on children, the elderly, and their increase sensitivity and vulnerability to environmental threats and practical guidance on preventing or reducing harmful environmental

health effects resulting from environmental exposures in everyday situations.

- Develop and deliver environmental eLearning Modules and other educational products tailored to address key audience types of interest using multiple venues and media types.
- Develop environmental medicine eLearning modules and supporting products that offer continuing education credits, and are driven by goals and objectives, with direct-linkage to one or more practice-based competencies supportive of, but not limited to the following: [LM, Act 1.1-1.4]
 - Pediatric Environmental Health Competencies for Specialists 2003; sub-sections titled “Individual Patient Care Perspective” and “Community Advocacy Perspective”
 - IOM Medical School Environmental Health Competency 1988
 - Environmental Medicine Competencies for Rural Primary Care Providers 2009
 - Environmental Health Training Competencies for Family Practice Residents 1996
- The awardee will review, quarterly, regionally developed PEHSU educational products and PEHSU regional websites to assure appropriate branding and template use; assure that all materials developed with cooperative agreement funding contain acknowledgement of funding using ATSDR approved disclaimers and federal funding partner acknowledgements; determine whether select topics fulfilled the EH/EM competency requirement; and specific knowledge or behaviors objectives recommended for identified lay or professional audiences. Electronic copies of educational products developed will be presented as attachments to the PEHSU Program Regional Office quarterly reports.
- Assure that PEHSU educational presentations provide culturally relevant information to all groups, emphasizing prevention, the special vulnerability of children to environmental threats, and practical steps to protect children.

- Provide a setting for pediatric and reproductive Environmental Medicine Fellowships, clinical rotations or other environmental medicine training programs. [LM, IP 1.1-1.2]

PEHSU Education and Consultation Services: [LM, IP 1.1-1.2; Act 3.1; OP 1.2.1-1.2.4; IO 1.1-1.6; IE 2.1; OC 3.1; OC 4.1-4.2]

- Provide consultation on pediatric and reproductive environmental health concerns to health care professionals caring for potentially exposed patients, and to public health officials, parents and caregivers regarding environmental exposures and possible health effects through an established toll-free telephone line.
- Provide community education and outreach that raises awareness about environmental conditions that may harm children; preventing or reducing harmful environmental exposures in everyday situations; and practical advice on helping children cope and recover during and after floods, wildfires, chemical spills, and other environmentally-related crises impacting the health of children.
- Provide technical assistance to improve medical practice capacity of the nation’s primary care physicians and health professionals who encounter individuals, families, and communities threatened by exposures to hazardous substances, especially at locations where ATSDR performs regional site work. Supportive service assistance could include determining clinical guidelines of practice for environmental health, medical screening and health care referral involving environmentally exposed and affected communities, families, and individuals. Additionally, ATSDR could seek support to activate screening and services, including advanced clinical guidelines development for environmental health conditions that may arise during HHS/CDC public health emergencies if declared. (In accordance with H.R. 3590, Section 10323 of the “Patient Protection and Affordable Care Act.”)

PEHSU Referral Services: [LM, IE 1.1-1.6; IO 2.1; OC 4.1-4.2]

- Provide medical specialty care referrals for pediatric patients to the child’s family or caregiver when the child is impacted by environmental exposures to potentially toxic agents. The PEHSU program is a non-research based public health program; direct referrals to research-funded activities should be avoided.

- Encourage and assist development of regional collaborations with Poison Control Centers (PCC) and other appropriate networks that increase awareness of the PEHSU Program and to increase PCC and other referrals to the PEHSU Program involving children and their families who have concerns with potential environmental exposure concerns or requests for pediatric and reproductive environmental Health Service assistance.
- Maintain an accurate list of operating pediatric and reproductive environmental health specialty clinics within each PEHSU region and make it available for distribution to locations such as Poison Control Centers and Family Practice Clinics.
- Medical Confidentiality and Disclosure: The awardee is required to provide documentation that any medical information obtained pursuant to the agreement, pertaining to an individual and therefore considered confidential, will be protected from disclosure when the consent of the individual to release identifying information is not obtained. [LM, IP-1]

b. Organizational Capacity of Awardees to Execute the Approach: The awardee must have organizational authority and capacity to address the following. Relevant logic model references associated with headers; linked to select capacities/activities; and framed in brackets: [LM, IP 1-3; Act 1-3; OP 1-2; IO 1-2; OC 2-4 (OC-4 is limited elsewhere in FOA)]; [IP-3 (In collaboration with ATSDR and federal partners)]

- Organized with a specific charge from its executive board or governing body to operate nationally within the United States through a national network of pediatric and reproductive environmental medicine specialists and clinics across the United States, but not less than **29** states and territories, including support for designation of a (full or part-time) PEHSU Program Medical Director.
- Expertise and experience in providing pediatric and reproductive environmental medicine consultation to clinicians and clinical referral to children and other individuals who may have experienced environmental exposure to toxic substances. [LM, IP-2]
- Organized national geographic reach with a well-distributed network of affiliate offices and clinics (based in academic medical centers) and/or affiliate national medical organizations and clinic linkages (in academic

medical centers) and comprised of medical specialists with pediatric and reproductive environmental medicine experience and expertise in conducting both health care provider and community health education and promotion activities related to environmental exposure to toxic substances. [LM, IP-1]

- Documentation that illustrates the organizations well established national network reach of affiliate offices and clinics and/or affiliate medical organizations and clinical linkages within **each** of the ten (10) US Federal ATSDR/EPA operational regions comprised of medical specialists with pediatric and reproductive environmental medicine experience and expertise.
- Establish and manage Regional PEHSU Program Units, one within each of the ten (10) Federal ATSDR operational regions. Delegation of authorities for regional PEHSU unit directorship (PI), one per region, is authorized for the achievement of awardee workplan activities at the regional level. The “Majority of the Work” requirement, 51% minimum, is being accomplished through the use a dedicated staff structure authorized by the prime awardee. The National PEHSU Program Office should designate titles for each regional office structure as part of its delegation of authorities and directorship responsibilities; e.g. New England Pediatric Environmental Health Specialty Unit Regional Office (PEHSU Region-1) or New England Pediatric Environmental Health Specialty Unit Satellite Operation (PEHSU Satellite, Region-1).
- Delegated authorities for regional PEHSU unit directorship (PI) cannot be passed to regional sub-units or satellites; nor can it be passed into a regional sub-contract action or instrument.
- Regional Satellite operations can be formed and funded. The prime awardee is responsible for contract formation; redistribution of regional funds; accords regional workplan linkages; and accords regional directorship management of satellite operations and workplan deliverables. [LM, OP 2.1-2.4]
- ATSDR review and approval of awardee requests for Regional Satellite operations establishment. New regional satellite operations requests are submitted to the project officer on the 30th of January each budget year. This request should cover proposed start date, satellite operational responsibilities and regional workplan linkages; proposed regional

directorship management of satellite operations and workplan deliverables; and detailed budget with justifications. If approved, new satellite operations will be incorporated as part of the awardee's annual report/continuation application; due six (6) months after the start of each budget year.

- ATSDR review and approval of awardee requests for Regional Satellite operations continuation. Regional Satellite operations continuation is based on availability of federal funds; derived benefits and achievements of its previous year of operation; and adherence to contractual obligations and reporting requirements issued by the National PEHSU Program Office (the awardee). These regional satellite operations' continuation requests should be incorporated as part of the awardee's annual report/continuation application; due six (6) months after the start of each budget year.
- Establish with a specific charge from its executive board or governing body and convene a national PEHSU Program Steering Committee and subcommittees' of the steering committee to address PEHSU Program strategic planning and subcommittee workplan activities as presented in the FOA.
- Demonstrated ability to execute FOA program strategies, quarterly progress assessment and reporting of performance measured activities and process evaluations.
- Demonstrated ability to execute measurable organizational and system level impact assessment and reporting addressing:
 - Medical education (e.g., number of Medical Schools and Residency Programs that incorporate Environmental Medicine content/number of Medical Schools and Residency Programs that incorporate Environmental Health courses/number of Medical Schools and Residency Programs that implement new Environmental Health Curriculum)
 - Organizational and/or system Level Adoption of Environmental Medicine Practice Guidelines for assessing/addressing hazardous substances exposures in the environment (e.g., Medical Association Practice Guidelines, Healthcare Clinician Incentive Programs, and inclusion of environmental exposure assessment and clinical decision support guidelines in electronic health records).

- Establish and/or maintain electronic systems capacity, and execute authorities to sustain a web-based presence both regionally and nationally to include appropriate underlining systems for the gathering, analyzing, and reporting of regionally derived datasets and reporting elements in a secured manner.
- Materials Developed and ATSDR Review: All material, including meeting agendas, course notebooks, PowerPoint presentations, eLearning modules, and fact sheets developed with cooperative agreement funding must be reviewed by the ATSDR Project Officer in draft before they are used and disseminated. (This may vary based on other stipulated guidelines elsewhere in the FOA workplan) ATSDR will return draft materials with comments within two weeks of receipt. All materials developed under cooperative agreement funding will not be copyrighted and will remain in the public domain to encourage wide distribution. ATSDR will receive final electronic copies of all materials developed by awardee.
- Demonstrated organizational capacity to manage national programming utilizing the following skill sets to implement an award:
 - Multi-regional programmatic operations
 - National program performance management
 - Performance monitoring and evaluation
 - Development of staffing plans and workforce development and training
 - Financial reporting at the regional and national levels, and
 - Full capability to manage the required procurement efforts including the ability to write and award contracts in accordance with 45 CFR (or 74).

c. Evaluation and Performance Measurement:

- i. **ATSDR Evaluation and Performance Measurement Strategy:** The Divisions' Environmental Health and Medicine Program (EHMP) purpose and strategies are to build knowledge competency of primary care providers and health professionals to recognize and prevent the human health effects of exposures to hazardous substances and enhancing their ability to evaluate, diagnose, and treat individuals potentially exposed to hazardous substances in the environment through its Clinical Preventive

Environmental Health Service Strategy for the enhancement of the Healthcare System and its workforce.

The EHMP focus, since 2008, was to develop programmatic synergies across intramural and extramural Environmental Medicine Education and Consultation development and delivery resources it managed; adopt the utilization of one logic model to illustrate resource connectivity focused on a unified set of outputs, Intermediate outcomes, and long-term outcomes. These sections of the Logic Model are areas of interest and should be considered based on the awardees organizational capacity to fully execute this approach within the funding announcement project period. The Program Strategy Section cites the minimum number of logic model activities to address, by the awardee, upon selection. EHMP's synergistic endeavors are further honed through the use of a single set of performance measures (DTHHS Performance Measures) for both intramural and extramural programs, projects, and initiatives. As it relates to the PEHSU Program, its' logic model-based strategic efforts can be achieved by building and/or reinforcing the following activities:

- Environmental Health and (EH/M) Medicine Tools Development for: [LM, Act-1]
 - Pre-Service Clinical Education within schools of medicine, nursing, and public health;
 - In-Service Clinical Education for practicing physicians and other Healthcare System Professionals;
 - CPEHS Guidelines and Tools Development; and
 - Education delivery strategies to enhance/expand the use of CPEHS
- EH/M: [LM, Act-2]
 - Translate and Communicate New Research via Consultations and education
- Increased Primary Care Awareness of EM Practices [LM, Act-3]
- Clinician Adoption: [LM, OP-3]
 - Collaborate to enhance and apply a market-based strategy to improve delivery of clinical preventive environmental health services; and

- Application of environmental medicine in primary care practice.

Note: AAP Green Book is a pivotal document in this health system change strategy. The AAP Green Book serves as the authoritative listing of clinical preventive health services referenced by pediatrics, primary care practitioners, and family practice providers. (Citation: American Academy of Pediatrics Council on Environmental Health. In: Etzel RA and Balk SJ. *"Pediatric Environmental Health 3rd Edition."* Elk Grove Village, IL. American Academy of Pediatrics, 2012)

- Routine EH/M Delivery of: [LM, IO-2]

- CPEHS and specialty Care for environmentally-impacted patients.

These PEHSU Program strategies and concepts drive the process evaluation approach and the benefits gained through the incorporation of performance measures in determining the predictive value of the National PEHSU Programmatic activities in assisting EHMP in achieving CDC/ATSDR's short-term and long-term outcome. PEHSU Program logic model focuses its work and this funding announcement on the process (Inputs, Activities, and Outputs) and the observations derived from intermediate outcomes to frame statements supportive of the remaining column titled Outcomes with focuses on the following outcome hierarchy:

1. Reduced Environmental Exposures within the Population;
2. Reduced human health effects of environmental hazards and toxicant exposures;
3. Reduced environmental exposure risk within geographic areas and across age-specific life stages;
4. Increased Early Exposure Detection and Mitigation; and
5. Reduced Environmental Disease and Disability

The Pediatric Environmental Health Specialty Unit (PEHSU) Program has gained recognition for its accomplishments in strengthen pediatric and reproductive environmental medicine and public health prevention capacity through education and expanded collaborative relationships with medical schools, residency programs, schools of nursing and other allied health programs, and schools of public health. PEHSU partnerships placement at leading academic medical centers, nationally, has strengthened this programmatic direction and lays the foundation for

further improvement in building capacity in pediatric and reproductive environmental medicine.

This announcement adding predictive qualities to reported achievements in supporting our target audience(s) capacity development needs and national and regional healthcare system requirements. Aggregating and quantifying these measures will provide better predictors, over time, for workforce improvements towards achieving the outcomes listed in the logic model. Listed below are examples of ways to improve output reporting:

- Screening: Pool (#) of screened kids (meeting likely risk profile)
- Training: Pool (#) of clients trained (using competent-based curriculum and with appropriate supports)
- Referrals: Pool (#) of referrals to (qualified or willing) medical treatment providers

These examples are simple, but they do have predictive values tied directly to the outputs being reported. If thinking is expanded around example 3, one can immediately see the benefit in reporting referrals to “qualified” providers and further articulate the number of “qualified” medical care provider units available locally, regionally, or nationally.

In summary the EHMP, Pediatric Environmental Health Specialty Units (PEHSU) Program – Logic Model is meant to provide clarity in what we do at the “system level” and to focus PEHSU Program’s purpose statements to better address requirements for process evaluation. Listed below are questions the PEHSU Program is currently addressing:

- Is PEHSU achieving Enhanced Clinician Competency in Environmental Medicine?
 - Measured by the number of collaborating Academic Institutions: Pool (#) of Medical Schools and Residency Programs that incorporate Environmental Health and Medicine courses added to curriculum targeting audiences relevant to the healthcare system’s workforce needs.
 - Measured by the number of collaborating Academic Institutions: Pool (#) of Pre-Service clinical courses modified to offer

environmental health content to curriculum targeting clinical audiences relevant to the healthcare system's workforce needs.

- Measured by the number of published and disseminated articles and book chapters regarding pediatric and reproductive environmental health issues in peer-reviewed literature: Pool (#) of published articles or book chapters placed in the popular media, professional peer-reviewed literature, and educational text books.
- Have the PEHSUs Enhanced Continuity in Relationships and Approach to EH/M Service Delivery?
 - Measured by the number of healthcare system focused organizations with the capacity to deliver In-Service EH/M products:
Pool (#) of EH/M products developed and delivered targeting Specialty-Specific audiences of interest to EHMP-PEHSU Program.
- Has the PEHSU Program, through partner collaborations, Increased Healthcare System Capacity to Provide EH/M Services and increased EH/M Services Delivered?
 - Measured by the number of clinicians (pediatric, reproductive and others) who have increased clinical environmental medicine competency/knowledge competency, based on learner scores on a posttest following a PEHSU Program and its collaborative partner educational interventions:
 - Pool (#) of clinicians, in training, demonstrating knowledge competency by scoring 80 percent or better on a posttest administered through a PEHSU Program or collaborative partner educational intervention developed and disseminated for EH/M Pre-Service Education.
 - Pool (#) of clinicians, who demonstrating knowledge competency by scoring 80 percent or better on a posttest administered through a PEHSU Program or collaborative partner educational intervention developed and disseminated for EH/M In-Service Education.

- Pool (#) of healthcare providers participating in medical education offerings have an opportunity to apply and adopt substance specific educational guidance related to four areas of medical practice: 1) differential diagnosis, 2) treatment, 3) public health actions, and 4) patient education and counseling supportive of CPEHS – Pediatric and reproductive environmental medicine concerns.
- Has the PEHSU Program, through partner collaborations, Increased Adoption of CPEHS Guidelines for assessing and addressing patient exposures to hazardous substances?
 - Measured by the number of healthcare and professional organizations that use/adopt patient exposures assessment and CPEHS guidelines:
 - Pool (#) of Healthcare Systems using exposure assessments and CPEHS guidelines.
 - Pool (#) of Professional Clinical Organizations promoting use of exposure assessments and CPEHS guidelines.
 - Pool (#) of Healthcare Systems using electronic health records that are for guiding environmental exposure assessment and clinical decision support guidelines.
 - Consultations provided to Professional Clinical Organizations on the use/adoption of CPEHS guidelines:
 - Pool (#) of Outreach Consultations to Clinical Care Organizations on the use/adoption of CPEHS guidelines in pediatric and reproductive environmental medicine.
- Has the PEHSU Program through its collaborating partners increased guidance and delivery of CPEHS and Specialty Care for environmentally-impacted patients?
 - Measured by the number of pediatric and reproductive environmental health related guidelines developed/identified: Pool (#) of established CPEHS or other environmental health guidelines available for clinician use.

- Measured by the number of adopted CPEHS Guidelines: Pool (#) of Health Insurers' adopting Patient/Treatment Billing Codes (ICD-10 Coding).
- Measured by the application of CPEHS guidelines in Primary Care Practice: Pool (#) of Primary Care Practices indicating delivery of CPEHS.

DTHHS Performance Measures: This Funding Opportunity Announcement (FOA) seeks to track performance outputs and associated predictors/indicators, for FOA funded activities, towards achieving short-term outcomes. These measures will allow ATSDR to evaluate, at the regional level, the effectiveness of services delivered in reaching lay audiences (**40 percent** level of effort) and professional audiences (**60 percent** level of effort) as described by the applicant in its' project plan. The performance measures (PM) listed below should be incorporated as part of the applicants' plan, process evaluation strategies, quarterly summary reporting; CDC required annual reports requested in other sections of this announcement:

- **DTHHS-PM01:** Increase availability and use of authoritative pediatric and reproductive environmental medicine and pediatric environmental health promotion resources for lay and health professional audiences. This includes authoritative content, development and uniformity in use of evidence-based educational design that includes learner objectives and knowledge or competency evaluations that document mastery of the learning objectives.
 - **Performance Target – 1:** To increase number of "Presentations Developed" by **10** percent annually through September 27, 2019, above the year **2012** baseline rate of **67** presentations,. Presentations Developed are measured by the number of presentations created or substantially updated for lay or professional audiences.
 - **Performance Target – 2:** To increase number of "Presentations Delivered" by **10** percent annually through September 27, 2019, above the year **2012** baseline of **134** presentations. Presentations Delivered are measured by the number of pediatric and/or reproductive environmental educational

presentations provided to Community and professional audiences.

- **Performance Target –3:** To increase number of “Short Informational Documents” developed by **10** percent annually through September 27, 2019, above the year **2010** baseline of **55** documents; To be measured by the number of documents designed to address needs for the top informational topics request by PEHSU customers.
- **Performance Target – 4:** To increase number of “Articles and Book Chapters” published by **5** percent annually through September 27, 2019, above the year **2010** baseline rate of **40** published articles; to be measured by the number of published and disseminate articles or book chapters addressing pediatric and reproductive environmental health issues annually, placed in the popular media, professional peer-reviewed literature, and educational text books.
- **DTHHS-PM02:** Increase the ability of communities and health professionals to prevent or mitigate the health effects of exposures to hazardous substances. (Health Education on health effects)
 - **Performance Target – 1:** To increase number of “Community Members Educated” by **12** percent annually through September 27, 2019, above the year 2006 baseline rate of **7,659** individuals served; rate to be measured by the number of community members who received educational services from the PEHSU Program.
 - **Performance Target – 2:** To increase number of “Health Professionals Educated” by **12** percent annually through September 27, 2019, above the year 2007 baseline rate of **19,417** individuals served; To be measured by the number of health professionals who received education on environmental medicine and other environmental health issues from the PEHSU Program.
 - **Performance Target – 3:** To increase number of “Demonstrated Increased Knowledge” is accomplished through end of course testing with an 80 percent or greater test score. At least **40**

percent of Health Professionals Educated (Performance Measure 02, Target-2 [PM02-T2]) will be assessed...

- **DTHHS-PM03:** Develop or maintain partnerships with other national organizations or professional institutions and networks to enhance the capacity of the PEHSU Program to promote pediatric and reproductive environmental medicine and health consultations. (Environmental Health Partnerships and Consultations)
 - **Performance Target – 1:** To increase number of Professional or Institutional Networks engaged in promoting/delivering PEHSU Program Services to the pediatric patient and family and environmental medicine health professionals by **10** percent annually through September 27, 2019, above the year 2010 baseline rate of **9** Partner Networks.
 - **Performance Target – 2:** To increase number of “Consultations Offered to Professional” audiences by **5** percent annually through September 27, 2019, above the year 2011 baseline rate of **659** consultations; to be measured by the number of initial consultations provided annually to health professional audiences on pediatric and reproductive environmental medicine and other environmental health issues.
 - **Performance Target – 3:** To increase number of “Consultations Offered to Lay” audiences by **5** percent annually through September 27, 2019, above the year 2005 baseline rate of **264** consultations; To be measured by the number of initial consultations provided annually to lay audiences addressing pediatric and reproductive environmental health issues.
 - **Baseline Deficits at Program Start:** The applicant should provide as part of their application narrative, an action plan detailing steps to be taken to achieve the baseline rates, cited in the evaluation and performance measurement section (above), prior to the close of year-1; if not achieved, additional justifications describing actions to be taken to overcome the baseline rate deficits as well as year 1-2 annual performance growth requirements should be described.
- ii. **Applicant Evaluation and performance Measurement Plan:** Applicants must provide an overall National PEHSU Program jurisdiction and an

overview of its multi-regional PEHSU Office strategy for delivery of pediatric and reproductive environmental medicine education and consultation services which address the FOA awardee activities in a manner consistent with ATSDR's evaluation and performance measurement plan. At a minimum, the applicant plan must:

- Describe how key program partners will be engaged in the evaluation and performance measurement planning processes
- Describe the type of evaluations to be conducted (i.e. process and/or outcome)
- Describe key evaluation questions to be answered
- Describe potentially available data sources and feasibility of collecting appropriate evaluation and performance data
- Describe how ATSDR/DTHHS performance measures and baseline deficits at program start will be addressed and achieved with the prescribed timelines set forth in each section
- Describe the role of the National PEHSU Program Office and the ten (10) Regional PEHSU Offices in evaluating, at the regional level, the effectiveness of services delivered in reaching lay audiences (**40 percent** level of effort) and professional audiences (**60 percent** level of effort) in the manner detailed in the FOA work plan section
- Describe how evaluation findings will be used for continuous program/quality improvement
- Describe how evaluation and performance measurement will contribute to development of that evidence base, where program strategies are being employed that lack a strong evidence based of effectiveness

- iii. **Awardee Evaluation and Performance Measurement Plan:** A more detailed evaluation and performance measurement plan for the entire project should be developed by awardees with support from ATSDR as part of first year project activities. This more detailed evaluation plan will build on the elements stated in the initial plan. This Awardee Evaluation and Performance Measurement Plan is limited to 35 pages or less in length. At a minimum, and in addition to the elements of the initial plan, it must:

- Describe the frequency that evaluations will occur; however, performance data collection and reporting will occur quarterly. Performance data collection and reporting is detailed in Monitoring and Accountability Approach section and elsewhere within this FOA
- Describe how evaluation findings will be used for continuous quality improvement
- Describe how evaluation and performance measurement will yield findings to demonstrate the value of the FOA (e.g., impact on improving public health outcomes illustrated in the EHMP – PEHSU Program Logic Model, effectiveness of awardee collaborative partnerships in enhancing CPEHS, and cost benefit for the PEHSU Program overall)

d. ATSDR Monitoring and Accountability Approach : This Funding Opportunity Announcement (FOA) seeks to monitor the award to ensure mutual success of ATSDR and the awardee in achieving the FOA performance outputs and associated predictors/indicators in the most efficient and cost effective manner for both parties.

Monitoring through ongoing communications between:

- a. ATSDR and the awardee (as needed or monthly);
- b. The awardee and ATSDR designated federal partners (on an as needed basis);
- c. Communications between the awardee national office and the established PEHSU Program regional offices (as needed);
- d. As a matter of request for pediatric and reproductive environmental education and/or pediatric and reproductive medical consultation from local, state, and tribal governments, physicians, and others involved in protecting children from environmental threats (requests and ongoing support for initiated requests are documented and reported quarterly).
- e. Communications as a matter of program outreach to collaborative partners, funded or non-funded PEHSU satellite activities and/or operations; this may include Countries/Nations that have replicated the PEHSU Model and are seeking insights on fostering programmatic growth/advancements in the protection of children from toxic substance threats and exposures (documented and reported quarterly).
- f. Communications or requests from CDC/ATSDR for PEHSU Program’s capacity to aid and assist in natural disasters and emergency preparedness

and response actions where the health of children and their families are impacted by environmental contaminant exposures resulting from emergency events (report in the manner requested, monthly, or as needed during the post-event follow-on time period). [AR-18 may apply]

Monitoring through Reverse Site Visits:

Communicating through in-person meeting opportunities accords the awardee an opportunity to address key matters of importance, to fine tune select production concepts which have been deemed compatible with ATSDR's program support assistive services; and to experience training opportunities, for key awardee regional and national staff teams, at one of the NCEH/ATSDR's or partner planned conferences generally scheduled every two years. (View conference planning details within the awardee activities section of this FOA.

Monitoring through quarterly reported documentation between:

Quarterly reports are summarized progress reports providing insights, highlights, and accomplishments covering the awardee activities cited in this FOA. These reports will also highlight additional accomplishments gained through ongoing partnerships and formalized collaborations. These reports accord the awardee an opportunity to reflect progress related to annual workplan goals and objectives; which objectives have been met or a summary of on-going activities yet-to-be-met; propose rational for workplan modifications; national and regional impact-stories resulting from PEHSU actions, performance measurement achievement data; and program evaluation planning, methods of assessment, and impact/outcome findings. ATSDR will present and discuss, with the awardee, the documentation types and format included in the quarterly summary report.

Quarterly Summary Reports:

- Prepared quarterly by each PEHSU Program Regional Office and transmitted electronically to the National PEHSU Program Office (awardee national office).
- The ten (10) regional reports will be consolidated by the National PEHSU Program Office as part of the National PEHSU Program Quarterly Report. The National PEHSU Program Quarterly Report is due 30 days after the close of each fiscal year quarter. An

electronic copy of this report will be emailed to the ATSDR Program project office; two hard copies will be mailed to the PGO GMS of record.

Materials Developed and ATSDR Review: All material, including meeting agendas, course notebooks, PowerPoint presentations, eLearning modules, and fact sheets developed with cooperative agreement funding must be reviewed by the ATSDR Project Officer in draft before they are used and disseminated. (This may vary based on other stipulated guidelines elsewhere in the FOA workplan) ATSDR will return draft materials with comments within two weeks of receipt. All materials developed under cooperative agreement funding will not be copyrighted and will remain in the public domain to encourage wide distribution. ATSDR will receive final editable copies of all materials developed by awardee.

Other activities deemed necessary to monitor the award:

- Ensuring the adequacy of awardee systems that underlie and generate data and reports
- Creating an environment that fosters integrity in program performance and results
- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award
- ATSDR will work with awardee on adjusting annual work plan based on achievement of objectives and changing budgets.

e. CDC Program Support to Awardees: ATSDR activities for this program are as follows:

- Provide technical assistance in identifying collaborative opportunities accorded through the Patient Protection and Affordable Care Act (ACA). The ACA strategy and the action plan offer the opportunity to promote and increase the visibility of existing environmental health programs to potentially increase support and attract partners. ACA can be leveraged to enhance environmental health efforts through the provisions that generally, at the healthcare system level, have the effect of (1) expanding coverage, treatment and prevention efforts; (2) changing service delivery and funding health interventions; (3) screening for toxic exposures; and (4) enhancing the healthcare workforce and clinician guidance. Throughout the funding announcement project period ATSDR will continue to monitor the ACA

rollout to determine collaborative opportunities and accord technical assistance as needed.

- Provide technical assistance in identifying needs for pediatric and reproductive environmental health education targeting health care providers, environmental health professionals, families, teachers, and the general public.
- Provide information, instructional resources, technical assistance and collaboration needed to effectively work. Assist health care providers, environmental health professionals, families, and the general public in communities to understand health effects of known contaminants.
- Assist in the development of evaluation plans that address the effectiveness and impact of the overall program.
- Provide assistance in establishing communication and resource networks including such partners as other Federal agencies, State and local health departments, tribal governments, environmental and health professionals, non-governmental organizations, and academic, medical, and clinical associations.
- Provide technical assistance and collaboration in the dissemination of resource materials; provide guidance in the use of distance learning methods, CDC eLearning standards, outreach consultation, and educational design in ways and forms cited in the awardee workplan section.
- Provide technical assistance and collaboration to the subcommittee of the Steering Committee regarding Ad Hoc peer-review related evaluations on eLearning educational modules; provide technical assistance in preparing and submitting CDC Continuing Education Packets for final-draft peer-reviewed eLearning Modules slated for inclusion on the "PEHSU Program National eLearning Classroom maintained by the awardee.
- ATSDR review and approval of awardee requests for Regional Satellite operations establishment. New regional satellite operations requests are submitted to the project officer on the 30th of January each budget year. This request should cover proposed start date, satellite operational responsibilities and regional workplan linkages; proposed regional directorship management of satellite operations and workplan deliverables;

and detailed budget with justifications. If approved, new satellite operations will be incorporated as part of the awardee's annual report/continuation application; due six (6) months after the start of each budget year.

- ATSDR review and approval of awardee requests for Regional Satellite operations continuation. Regional Satellite operations continuation is based on availability of federal funds; derived benefits and achievements of its previous year of operation; and adherence to contractual obligations and reporting requirements issued by the National PEHSU Program Office (the awardee). These regional satellite operations continuation requests should be incorporated as part of the awardee's annual report/continuation application; due six (6) months after the start of each budget year.
- Provide technical assistance and collaboration to the awardee, during ATSDR/EPA site assistance planning for locations considering PEHSU Program Consultative Supportive Service Assistance for individuals, families, and communities threatened by exposures to hazardous substances at locations where ATSDR performs regional site work. Technical assistance could include collaboration with ATSDR partners to: 1) Determine relevant clinical and/or community guidelines of practice for environmental health medical screening and health care referral; 2) assistance in developing screening criteria; and 3) coordinate other expert opinions and data needs for the toxicant's of concern relevant to the ATSDR/EPA site work proposed. Additionally, ATSDR could seek support to activate screening and services, including advanced clinical guidelines development for environmental health conditions that may arise during HHS/CDC public health emergencies if declared. (In accordance with H.R. 3590, Section 10323 of the "Patient Protection and Affordable Care Act.")

B. Award Information

1. Type of Award: Cooperative Agreement

ATSDR substantial involvement in this program appears in the CDC Program Support to Awardees section.

2. Award Mechanism: U61; Preventive Health Activities Regarding Hazardous Substances – Cooperative Agreements

3. Fiscal Year: 2014

4. Approximate Total Fiscal Year Funding: \$2,000,000

5. **Approximate Total Project Period Funding:** \$10,000,000; 5 Years (This amount is subject to availability of funds)
6. **Approximate Number of Awards:** 1
7. **Approximate Average Award:** \$2,000,000
8. **Floor of Individual Award Range:** None (This amount is subject to the availability of funds.)
9. **Ceiling of Individual Award Range:** None (This amount is subject to the availability of funds.)
10. **Anticipated Award Date:** August 1, 2014
11. **Budget Period Length:** 08/01/2014 to 07/31/2015
12. **Project Period Length:** 08/01/2014 to 07/31/2019

Throughout the project period, CDC's commitment to continuation of awards will be conditioned on the availability of funds, evidence of satisfactory progress by the awardee (as documented in required reports), and the determination that continued funding is in the best interest of the Federal government. Include the total number of years for which Federal support has been approved (project period), as will be shown in the Notice of Award. This does not constitute a commitment by the Federal government to fund the entire period. The total project period comprises the initial competitive segment, any subsequent competitive segments resulting from a competing continuation award(s), and any no-cost or low-cost extension(s).

13. Direct Assistance:

Direct assistance is not available through this FOA

C. Eligibility Information

1. Eligible Applicants:

- Nonprofit with 501(C)(3) IRS status (other than institution of higher education)
- Nonprofit without 501(C)(3) IRS status (other than institution of higher education)
- Indian/Native American Tribal Governments (Federally Recognized or State Recognized)
- Indian/Native American Tribally Designated Organizations

2. Special Eligibility Requirements:

- At the time of submission organizations are to provide documentation proving nonprofit status; such as an IRS 501(C) (3) Determination Letter denoting current nonprofit status.
- At the time of submission organizations are to provide documentation that the applicant's organization has the specific charge from its executive board or governing body to operate nationally within the United States through a national network of pediatric and medical specialties and academic medical centers for service delivery across the United States, but not less than **29** states and territories. Documentation should include a copy of the section of the applicant organization's Articles of Incorporation, Bylaws, or Board Resolution.
- At the time of submission organizations are to provide documentation that illustrates the organizations' well established national network reach of affiliate offices and academic medical centers and/or affiliate medical organizations and academic medical centers, within **each** of the ten (10) Federal regions, comprised of medical specialists with pediatric and environmental medicine experience and expertise.

3. Justification for Less than Maximum Competition:

Medical and nursing schools do not adequately address environmental etiology of disease nor do these schools adequately address pediatric health effects from environmental chemical exposures. As a result, most primary care physicians, pediatricians, primary care physician extenders, and nurses are not prepared to care for patients who experience environmentally related diseases. For this reason, the *Pediatric Environmental Health Specialty Unit (PEHSU) Program* seeks to continue its mission and serve as a national children's environmental medicine resource for pediatricians, other health care providers, Federal staff, and the public. ATSDR's regulatory authority to administer national environmental health programming is accomplished in accord with Section 104(i)(14) of CERCLA [42 U.S.C. 9604 (i)(14)] which states: "In the implementation of this subsection and other health-related authorities of this chapter, the Administrator of ATSDR shall assemble, develop as necessary, and distribute to the States, and upon request to medical colleges, physicians, and other health professionals, appropriate educational materials (including short courses) on the medical surveillance, screening, and methods of diagnosis and treatment of injury or disease related to exposure to hazardous substances (giving priority

to those listed in the paragraph (2), through such means as the Administrator of ATSDR deem appropriate." Therefore, eligibility is limited to national medical professional organizations that are: 1) organized with a specific charge from its executive board or governing body to operate nationally within the United States through a national network of environmental medicine and pediatric medical specialties and academic medical centers for service delivery; 2) have expertise and experience in providing pediatric medical consultation and clinical referral to children and other individuals who may have experienced environmental exposure to toxic substances; 3) have a national geographic reach with a well-distributed network of affiliate offices and academic medical centers and/or affiliate organizations and academic medical centers comprised of medical specialists with pediatric and environmental medicine experience and expertise in conducting both health care provider and community health education and promotion activities related to environmental exposure to toxic substances.

4. Other: None

5. Cost Sharing or Matching:

Cost sharing or matching funds are not required for this program. Although there is no statutory match requirement for this FOA, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

6. Maintenance of Effort:

Maintenance of Effort is not required for this program.

D. Application and Submission Information

1. Required Registrations: There are a total of three registrations needed to submit an application on www.grants.gov.

- a. **Data Universal Numbering System:** All applicant organizations must obtain a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number as the Universal Identifier when applying for Federal awards or cooperative agreements. The DUNS number is a nine-digit number assigned by Dun and Bradstreet Information Services. An Authorized Organization Representative (AOR) should be consulted to determine the appropriate number. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the internet, obtaining a DUNS number may take one to two days at no charge. If your organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at <http://fedgov.dnb.com/webform/displayHomePage.do>. An AOR should complete the US D&B D-U-N-S Number Request Form online or contact Dun and Bradstreet by telephone directly at 1-866-705-5711 (toll-free) to obtain one. This is an organizational number. Individual Program Directors do not need to register for a DUNS number.

If funds are awarded to an applicant organization that includes sub-awardees, sub-awardees' must provide their DUNS numbers prior to accepting any sub-awards.

- b. **System for Award Management:** All applicant organizations must register in the System for Award Management (SAM). The SAM is the primary registrant database for the Federal government and is the repository into which an entity must provide information required for the conduct of business as an awardee. The SAM number must be maintained with current information at all times during which it has an application under consideration for funding by CDC, and if an award is made, until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process requires three to five business days to complete. SAM registration must be renewed annually. Additional information about registration procedures may be found at www.SAM.gov.
- c. **Grants.gov:** Registering your organization through www.grants.gov, the official HHS E-grant website, is the first step in submitting an application online. Registration information is located on the "Get Registered" screen of www.grants.gov.

All applicant organizations must register with www.grants.gov. The "one-time" registration process will take three to five days to complete. However, it is best to start the registration process as early as possible.

2. **Request Application Package:** Download the application package from www.grants.gov
3. **Application Package:** Applicants must download the SF-424 application package associated with this funding opportunity from www.grants.gov. If access to the Internet is not available or if the applicant encounters difficulty in accessing the forms online, contact the HHS/CDC Procurement and Grant Office Technical Information Management Section (PGO TIMS) staff at (770) 488-2700 for further instruction. CDC Telecommunications for individuals with hearing loss is available at: TTY 1.888.232.6348.
4. **Submission Dates and Times:** If the application is not submitted by the deadline published herein, it will not be processed by www.grants.gov and the applicant will be notified by www.grants.gov. If the applicant has received authorization to submit a paper application, it must be received by the deadline provided by PGO TIMS.
 - d. Letter of Intent Deadline Date (must be postmarked by): March 24, 2014
 - e. Application Deadline Date: April 25, 2014, 11:59 p.m. U.S. Eastern Standard Time, on www.grants.gov
5. **CDC Assurances and Certifications:** All applicants are required to sign and submit CDC Assurances and Certifications that can be found on the CDC Web site at the following Internet address:
<http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>
 - Applicants must name this file ‘Assurances and Certifications’ and upload as a PDF on www.grants.gov.
6. **Content and Form of Application Submission:** Applicants are required to submit all of the documents outlined below as their application package on www.grants.gov.
7. **Letter of Intent:**

Descriptive title of proposed project:

 - Name, address, telephone number, and email address of the Principal Investigator/Project Director
 - Name, address, telephone number, and email address of the primary contact for writing and submitting this application
 - Number and title of this funding opportunity
 - Other: Insert any other requirements
 - At the time of submission organizations are to provide documentation proving nonprofit status; such as an IRS 501(C) (3) Determination Letter denoting current nonprofit status.

- At the time of submission organizations are to provide documentation that the applicant's organization has the specific charge from its executive board or governing body to operate nationally within the United States through a national network of pediatric and medical specialties and academic medical centers for service delivery across the United States, but not less than **29** states and territories. Documentation must include a copy of the section of the applicant organization's Articles of Incorporation, Bylaws, or Board Resolution.
- At the time of submission organizations are to provide documentation that illustrates the organizations' well established national network reach of affiliate offices and academic medical centers and/or affiliate medical organizations and academic medical centers, within **each** of the ten (10) Federal regions, comprised of medical specialists with pediatric and environmental medicine toxicology experience and expertise.

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

James (Jim) Tullos, Jr., MS; Project Officer
 Agency for Toxic Substances and Disease Registry (ATSDR)
 Environmental Medicine Branch, DTHHS
 Address: 4770 Buford Highway; Bldg. 106; Mailstop F57
 Atlanta, GA 30341
 Telephone number: (770) 488-3498
 Fax: (770) 488-4178
 Email address: JTullos@cdc.gov

- 8. Table of Contents** (No page limit): Provide a detailed table of contents for the entire submission package that includes all of the documents being submitted in the application and headers in the project narrative section. Name the file 'Table of Contents' and upload it as a PDF under "Other Attachment Forms: on www.grants.gov.
- 9. Project Abstract Summary** (Maximum of 2 paragraphs): A project abstract must be submitted in the www.grants.gov mandatory documents list. The project abstract should be a self-contained, brief description of the proposed project to include the purpose and outcomes. This summary must not include any proprietary/confidential information. Applicants should enter the "Project Abstract Summary" into the textbox on www.grants.gov.
- 10. Project Narrative** (Maximum of 18 pages, single spaced, Calibri 12 point, 1-inch margins, number all pages, content beyond 18 pages will not be reviewed):
 The project narrative must include all the bolded headers outlined under this section. The

project narrative should be succinct, self-explanatory and organized in the order outlined in this section so reviewers can understand the proposed project. The description should address activities to be conducted over the entire project period.

A project narrative must be submitted with the application forms. Applicants should name the file “Project Narrative” and upload it on www.grants.gov.

a. Background: For your jurisdiction or the population served, the applicant must describe the core information to understand how the FOA will address the public health problem and supports public health priorities.

b. Approach

- i. **Purpose:** The applicant must briefly describe how their application will address the problem statement.
- ii. **Outcomes:** The applicant must clearly identify the outcomes the applicant expects to achieve by the end of the project period. Outcomes are the intended results that are expected as a consequence of the program and its strategies. All outcomes should indicate the direction of desired change (i.e., increase, decrease, maintain).
- iii. **Program Strategy:** The applicant must provide a clear and concise description of the program strategy or strategies the applicant intends to use to meet the project period outcomes. As applicable, applicants should use and explicitly reference The Community Guide¹ as a source of evidence-based program strategies whenever possible. In addition, applicants may propose additional program strategies to support the outcomes. Applicants should select existing evidence-based strategies that meet their needs, or describe the rationale for developing and evaluating new strategies or practice-based innovations.

¹ <http://www.thecommunityguide.org/index.html>

1. **Target Populations:** Applicants must describe the specific target population(s) to be addressed in their jurisdiction to allocate limited resources, target those at greatest health risk, and achieve the greatest health impact. Applicants should use data, including social determinants data, to identify communities within their jurisdictions or community served that are disproportionately affected by the public health problem, and plan activities to reduce or eliminate these disparities. Disparities by race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant dimensions (e.g., tribal communities) should be considered.

The PEHSU programs' definition of a pediatric population encompasses all children from the earliest developmental prior to birth through age 18 years, including prenatal exposures and in some instances preconception exposures. While the focus of the PEHSU is on all children, special attention is paid to children who live in areas where exposure to toxic substances and/or environmental toxicants are the greatest, including those living in sub-standard housing, those living near known contaminated areas, those in areas of higher air and/or water pollution, and those without access to quality medical care.

2. Inclusion The awardee shall ensure its strategic awareness, programmatic activities, and standards address the potential(s) for toxic substance exposure for these populations:
 - Historically, the PEHSU Program has maintained a vigilance and understanding that there are two age-specific population groups of interest for its' service delivery strategy. The primary purpose of the program focuses on children, from conception to 18 years of age, because of their developmental and other vulnerability and sensitivity to many forms of toxic substances released in their communities and living environments. However, due to the normal aging process, even older persons in good health may experience increased health risks from exposures to environmental pollutants. As we age, our bodies are more susceptible to hazards from the environment which may worsen chronic or life threatening conditions. Older persons also have accumulated a lifetime of environmental and occupational contaminants which are capable of remaining in their bodies. "In 2011, the U.S. Census estimated there were 41.4 million persons aged 65 and older, or 13% of the population. By 2030, the number of older persons is expected to increase to more than 72 million (20 percent) and continue to increase thru 2050. Persons over 85 years of age and older represent the fastest growing age cohort in the U.S." [EPA Aging Initiative; 12-18-12: <http://www.epa.gov/aging/>] Based on these

findings the PEHSU Program will continue its' consultative service delivery to families/caregivers of the elderly who present concerns of potential toxic substance exposures.

- As a medical specialty resource consider the possibility of providing expert pediatric and reproductive environmental medicine consultations and toxicological guidance for emergency preparedness and response actions needed during natural and/or technological disasters where people, and their families, are threatened with exposure or illness from hazardous substance spills or releases during these events.
- As a medical specialty referral resource: engage, collaborate with state and local health departments and other federal agencies to plan and deliver relevant pediatric and reproductive environmental medicine consultations services to assist communities, families, and health care providers to address environmental health threats to persons at sites where ATSDR and the Environmental Protection Agency (EPA) have ongoing health risk evaluation and remediation activities.

Note: The last two scenarios would require compliance with AR-18: Cost Recovery – ATSDR. (AR-18 link:

http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm)

3. **Collaborations:** Applicants must describe how they will collaborate with CDC funded programs as well as with organizations external of CDC.

Applicants must describe collaborations and partnerships which accords or demonstrate “national reach” capacity to deliver FOA workplan activities and/or services.

Applicants must provide MOUs/MOAs and name the file “MOUs/MOAs” and upload as PDF files on www.grants.gov.

Applicants must provide letters of support and name the file “Letters of Support” and upload them as one (1) PDF file on www.grants.gov.

c. Organizational Capacity of Awardees to Execute the Approach:

i. Organizational Capacity Statement:

The organizational capacity statement may describe how the applicant agency (or the particular division of a larger agency with responsibility for this project) is organized, the nature and scope of its work and/or the capabilities it possesses. Applicants may include a detailed description of the entity’s experience, program management components, the entity’s readiness to establish contracts in a timely

manner, and a plan for long-term sustainability of the project, if applicable. Applicants may describe how they will assess staff competencies and develop a plan to address gaps through organizational and individual training and development opportunities. Also, applicants may describe their current status in applying for public health department accreditation or evidence of accreditation. Information on accreditation may be found at <http://www.phaboard.org>.

ii. Project Management:

This section may include a clear delineation of the roles and responsibilities of project staff and their qualifications. This section will also include a clear understanding of the need to establish, with a specific charge from its executive board or governing body, and convene a national PEHSU Program Steering Committee and subcommittees' of the steering committee to address PEHSU Program strategic planning and subcommittee workplan activities as presented in the FOA. Also, a clear delineation on how consultants and partner organizations will contribute to achieving the project's outcomes. Include information about any contractual organization(s) that will have a significant role(s) in implementing program strategies and achieving project outcomes. Specify who would have day-to-day responsibility for key tasks such as: leadership of project; monitoring the project's on-going progress; preparation of reports; program evaluation; and communication with other partners and CDC/ATSDR. ATSDR requires applicant submission of CVs/Resumes and Organizational Charts as a compliance requirement for this section.

Applicants should name file "CVs/Resumes" or "Organizational Charts" and upload to www.grants.gov.

d. Evaluation and Performance Measurement: Evaluation and performance measurement help demonstrate achievement of program outcomes; build a stronger evidence base for specific program interventions, clarify applicability of the evidence base to different populations, settings, and contexts, and drive continuous program improvement. Evaluation and performance measurement also can determine if program strategies are scalable and effective at reaching target populations.

- Applicants must provide an overall jurisdiction/community specific evaluation and performance measurement plan that is consistent with the CDC evaluation and performance measurement strategy.

The plan must:

- Describe how key program partners will be engaged in the evaluation and performance measurement planning processes
- Describe the type of evaluations to be conducted (i.e. process and/or outcome)

- Describe key evaluation questions to be answered
- Describe other information, as determined by the CDC program (e.g., performance measures to be developed by the applicant) that should be included
- Describe potentially available data sources and feasibility of collecting appropriate evaluation and performance data
- Describe how evaluation findings will be used for continuous program and quality improvement
- Describe how evaluation and performance measurement will contribute to development of that evidence base, where program strategies are being employed that lack a strong evidence based of effectiveness

ATSDR has presented specific level of effectiveness and performance measurement requirement and reporting of the same. However, ATSDR is seeking applicant concepts, strategies, and annual expectations for process and outcome evaluations for the National PEHSU Program and how evaluation results will further program improvements and efficiencies for the out-years of the funded project period.

If awarded funds, awardees must provide a more detailed plan within the first year of programmatic funding. This more detailed evaluation and performance measurement plan should be developed by awardees with support from CDC/ATSDR as part of first year project activities. This more detailed evaluation plan will build on the elements stated in the initial plan. This plan should be no more than 35 pages. At a minimum, and in addition to the elements of the initial plan, it must:

- Describe the frequency that evaluation and performance data are to be collected
- Describe how data will be reported
- Describe how evaluation findings will be used for continuous quality and program improvement
- Describe how evaluation and performance measurement will yield findings to demonstrate the value of the FOA (e.g., impact on improving public health outcomes, effectiveness of FOA, cost-effectiveness or cost benefit)
- Describe dissemination channels and audiences (including public dissemination)
- Describe other information requested, as determined by the CDC/ATSDR program

In developing evaluation and performance measurement plans, applicants are encouraged to use the following resource:

In developing evaluation and performance measurement plans, visit the following link:

Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide,
<http://www.cdc.gov/eval/guide/index.htm>

11. Work Plan:

(Maximum of 25 pages, single spaced, Calibri 12 point, 1-inch margins)

Applicants must prepare a detailed work plan for the first year of the award and a high-level plan for subsequent years. ATSDR will provide feedback and technical assistance to awardees to finalize the work plan post-award.

This workplan narrative must address the FOA, Awardee Workplan Section providing concepts and strategies to successfully achieve establishment and delivery of the PEHSU Programmatic operations and achieving the required deliverables and reporting on a quarterly basis.

Applicants must name this file “Work Plan” and upload it as a PDF file on www.grants.gov

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

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

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

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

State and local governments or their Bona Fide Agents (this includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), political subdivisions of States (in consultation with States), Federally recognized or state-recognized American Indian/Alaska Native tribal governments, and American Indian/Alaska native tribally designated organizations may, if consistent with statutory authority, use funds for activities, as they relate to the intent of this FOA, to meet national standards and/or seek health department accreditation through the Public Health Accreditation Board (<http://phaboard.org>). This includes activities that enable a public health organization to deliver public health services such as activities that ensure: a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds should focus on achieving one or more national standards that support the intent of this FOA. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

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

13. Tobacco and Nutrition Policies: Awardees are encouraged to implement tobacco and nutrition policies.

- Unless otherwise explicitly permitted under the terms of a specific CDC award, no funds associated with this FOA can be used to implement the optional policies, and no applicants will be evaluated or scored on whether they choose to participate in implementing these optional policies.
- The CDC supports implementing evidence-based programs and policies to reduce tobacco use and secondhand smoke exposure, and to promote healthy nutrition. CDC encourages all awardees to implement the following optional recommended evidence-based tobacco and nutrition policies within their own organizations. This builds upon the current federal commitment to reduce exposure to secondhand smoke, which includes The Pro-Children Act, 20 U.S.C. 7181-7184, that prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, or early childhood development services are provided to children.

- **Tobacco Policies:**

1. Tobacco-free indoors – no use of any tobacco products (including smokeless tobacco) or electronic cigarettes in any indoor facilities under the control of the awardee
2. Tobacco-free indoors and in adjacent outdoor areas – no use of any tobacco products or electronic cigarettes in any indoor facilities, within 50 feet of doorways and air intake ducts, and in courtyards under the control of the awardee
3. Tobacco-free campus – no use of any tobacco products or electronic cigarettes in any indoor facilities and anywhere on grounds or in outdoor space under the control of the awardee

Nutrition Policies:

1. Healthy food service guidelines should at a minimum, align with Health and Human Services and General Services Administration Health and Sustainability Guidelines for Federal Concessions and Vending Operations for cafeterias, snack bars, and vending machines in any facility under the control of the awardee and in accordance with contractual obligations for these services
(http://www.gsa.gov/graphics/pbs/Guidelines_for_Federal_Concessions_and_Vending_Operations.pdf)
2. The following are resources for healthy eating and tobacco free workplaces:
<http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/tobacco/index.htm>
<http://www.thecommunityguide.org/tobacco/index.html>
<http://www.cdc.gov/chronicdisease/resources/guidelines/food-service-guidelines.htm>

14. Intergovernmental Review:

Executive Order 12372 does not apply to this program.

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

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care.
- Awardees may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- In most cases, awardees may not use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs is not allowed.
- Awardees may not use funds for any kind of impermissible lobbying activity designed to influence proposed or pending legislation, appropriations, regulations,

administrative actions, or Executive Orders (“legislation and other orders”). These restrictions include grass roots lobbying efforts and direct lobbying. Certain activities within the normal and recognized executive-legislative relationships within the executive branch of that government are permissible. See Additional Requirement (AR) 12 for further guidance on this prohibition.

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

16. Other Submission Requirements:

- Electronic Submission:** Applications must be submitted electronically at www.grants.gov. Electronic applications will be considered as having met the deadline if the application has been successfully made available to CDC for processing from www.grants.gov on the deadline date. The application package can be downloaded from www.grants.gov. Applicants can complete the application package off-line, and then upload and submit the application via the www.grants.gov website. The applicant must submit all application attachments using a PDF file format when submitting via www.grants.gov. Directions for creating PDF files can be found on the www.grants.gov website. Use of file formats other than PDF may result in the file being unreadable by staff.
 - Submit the application electronically by using the forms and instructions posted for this funding opportunity on www.grants.gov. If access to the Internet is not available or if the applicant encounters difficulty in accessing the forms on-line, contact the HHS/CDC, PGO TIMS staff at 770. 488.2700 or email pgotim@cdc.gov Monday-Friday 7:30am-4:30pm.
- Tracking Number:** Applications submitted through www.grants.gov, are electronically time/date stamped and assigned a tracking number. The Authorized Organization Representative (AOR) will receive an email notice of receipt when www.grants.gov receives the application. The tracking number serves to document submission and initiate the electronic validation process before the application is made available to CDC.
- Validation Process:** Application submission is not concluded until successful completion of the validation process. After submission of the application package, applicants will receive a “submission receipt” email generated by www.grants.gov. The www.grants.gov site will then generate a second email message to applicants which will either validate or reject their submitted application package. This validation process may take as long as two (2) business days. Applicants are strongly encouraged to check the status of their application to ensure submission of their application package is complete and no submission errors exist. To guarantee that you comply with the application deadline published in the FOA, applicants are also strongly encouraged to allocate additional days prior to the published

deadline to file their application. Non-validated applications will not be accepted after the published application deadline date.

- ***In the event that you do not receive a “validation” email within two (2) business days of application submission, please contact www.grants.gov. Refer to the email message generated at the time of application submission for instructions on how to track your application or the Application User Guide, Version 3.0 page 57.***
- d. **Technical Difficulties:** If the applicant encounters technical difficulties with www.grants.gov, the applicant should contact www.grants.gov Customer Service. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, with the exception of Federal Holidays. You can reach the www.grants.gov Contact Center at 1-800-518-4726 or by email at support@www.grants.gov. Submissions sent by email, fax, CD's or thumb drives of applications will not be accepted. Please note that www.grants.gov is managed by the U.S. Department of Health and Human Services.
- e. **Paper Submission:** Organizations that encounter technical difficulties in using www.grants.gov to submit their application must attempt to overcome those difficulties by contacting the www.grants.gov Contact Center (1-800-518-4726, support@www.grants.gov). After consulting with the www.grants.gov Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible to meet the established deadline, organizations may submit a request prior to the application deadline by email to CDC GMO/GMS for permission to submit a paper application. However, please note that this request may not be approved.
- An organization's request for permission 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
 3. Be submitted to the GMO/GMS at least three (3) calendar days prior to the application deadline. Paper applications submitted without prior approval will not be considered. If a paper application is authorized, the applicant will receive instructions from PGO TIMS to submit the original and two hard copies of the application by mail or express delivery service.

E. Application Review Information

1. **Criteria:** In scoring applications, eligible applications will be evaluated against the following criteria during Phase II review:
 - a. **Approach [40 points]:**
 - i. **Purpose [5 points]:**

1. Did the applicant clearly state an understanding of environmental public health problem(s) and a clear understanding of the types of exposures and health issues to be addressed?
 2. Did the applicant accord additional insights to assist in the reduction of pediatric and reproductive environmental health threats that impact health across life stages and any special risks to other susceptible populations?
 3. Did the applicant present discussions with population/target population demographics and other supporting data? Are the demographic data elements supported by source referenced web-links to validate presented points of view?
 4. Did the applicant clearly articulate its past experience in enhance access to pediatric and reproductive environmental medicine expertise?
 5. Did the applicant provide a clear and pointed summary of its ability to strengthen pediatric and reproductive environmental medicine and public health prevention capacity through education and expanded collaborative relationships with medical schools, residency programs, schools of nursing and other allied health programs, and schools of public health; within the past three years?
- ii. Outcomes [5 points]:
1. Did the applicant describe or propose intermediate outcome strategies of relevance to the Program?
 2. Did the applicant articulate alignment/linkages with ATSDR performance goals? CDC priority area-3: Strengthen public health and health care collaboration -- increase the value of health investment by aligning, coordinating, and integrating public health and health care? HHS goals? Healthy People 2020 focus areas?
- iii. Program Strategy [30 points]: (This is the applicant's workplan)
1. PEHSU Education and Health Promotion [20 points]:
[LM, IP 1-3; ACT 1.1-1.4; OP 1.1.1-1.1.2; OP 1.2.1-1.2.4; IO 1.1-1.6; OC 4.1-4.2]
Did the plan clearly articulate the capacity to deliver Health Education and Promotion services in the following approaches? The applicant was requested to provide discussions on past and present activities demonstrating capability to achieve these activities: **(Section-A, Awardee activities presents the full read for each bullet below.)**
 - Determine, annually, a set of educational health promotion topics.
 - Work with other organizations to define core competencies in environmental medicine practice; collaborate with partners to enhance Clinical Preventive Services; promote population level health norms that

enhance environments and reduce negative health consequences; and enhance the application of environmental medicine in primary care practices. (This addresses CDC Priority Area-3) [LM, IP 3.1-3.2; IO 2.1]

- Identify and promote policies that protect or enhance human health and the environment for targeted and inclusion populations.
- Develop and deliver environmental eLearning Modules, etc.
- Develop environmental medicine eLearning modules that are driven by goals and objectives with direct-linkage to one or more practice-based competencies. [LM, Act 1.1-1.4]
- Review, quarterly, regionally developed PEHSU educational products and PEHSU regional websites to assure appropriate branding and template use
- Assure that PEHSU educational presentations provide culturally relevant information to all groups
- Provide a setting for pediatric and reproductive Environmental Medicine Fellowships, clinical rotations or other environmental medicine training programs. [LM, IP 1.1-1.2]

2. PEHSU Education and Consultation Services [5 points]: [LM, IP 1.1-1.2; Act 3.1; OP 1.2.1-1.2.4; IO 1.1-1.6; IO 2.1; OC 3.1; OC 4.1-4.2]

Did the Applicant clearly present management and oversight strategies for the successful delivery of PEHSU Consultation Services? Were the strategies clearly stated, realistic, and achievable to address all of the following: **(Section-A, Awardee activities presents the full read for each bullet below).**

- Provide consultation on pediatric and reproductive environmental health concerns to health care professionals, caring for potentially exposed patients, and to public health officials, parents regarding environmental exposures and possible health effects through an established toll-free telephone line
- Provide community education and outreach that raises awareness about environmental conditions that may harm children; preventing or reducing harmful environmental exposures in everyday situations; etc.

3. PEHSU Referral Services [5 points]: [LM, IO 1.1-1.6; IO 2.1; OC 4.1-4.2]

Did the Applicant clearly present management and oversight strategies for the successful delivery of PEHSU Referral Services? Were the strategies clearly stated, realistic, and achievable to address all of the following: **(Section-A, Awardee activities presents the full read for each bullet below).**

- Provide medical specialty care referrals for pediatric patients to the child's family or caregiver when the child is impacted by environmental exposures to potentially toxic agents; e.g. hazardous substances that contaminate air, water, soil, and food supply

- Encourage and assist development of regional collaborations with Poison Control Centers (PCC) and other appropriate networks that increase awareness of the PEHSU Program and to increase PCC and other referrals to the PEHSU Program
 - Maintain an accurate list of operating pediatric and reproductive environmental health specialty clinics within each PEHSU region, etc.
 - Medical Confidentiality and Disclosure: The awardee is required to provide documentation that any medical information obtained pursuant to the agreement, pertaining to an individual and therefore considered confidential, will be protected from disclosure, etc. [LM, IP-1]
- b. **Organizational Capacity of Awardees to Execute the Approach [40 points]:** [LM, IP 1-3; Act 1-3; OP 1-2; IO 1-2; OC 2-4 (OC-4 is limited elsewhere in FOA)]; [IP-3 (In collaboration with ATSDR and federal partners)]
 - i. **Eligibility and National Reach Requirements [10 points]: (PGO will determine Eligibility and Responsiveness to requested documentation.)**
 1. Did the applicant provide discussions on its national reach, through its constituent membership and/or collaborative partnerships? [LM, IP-2]
 2. Did the applicant describe its national reach, by Federal ATSDR/EPA operational region, and maximized coverage within **each** operational region?
 3. Did the applicant offer discussions addressing its membership distribution by region and professional expertise sought? Did the applicant present documentation of its well established national reach to operate within the United States through a national network of pediatric and reproductive environmental medicine specialties and academic medical centers across the United States, but not less than **29** states and territories? [LM, IP-1]
 4. Did the applicant clearly describe its capacity to achieve the national focus of the PEHSU Program throughout the United States?
 - ii. **National PEHSU Program & Regional Operations [20 points]:** (Establishment)
 1. Did the applicant present discussions on its ability to establish and administer national Pediatric Environmental Health Programming with regional specialty units in each of the ten U.S. Federal (ATSDR/EPA) regions dedicated to addressing the three primary focus areas of education and health promotion, consultation, and referral of children who may have been exposed to environmental hazards?
 2. Did the applicant clearly articulate how it would establish and manage Regional PEHSU Program Units, one within each of the ten (10) US Federal ATSDR/EPA operational regions?

- Did the applicant further discuss the action it would take in delegating of authorities for regional PEHSU unit directorship (PI), one per region, is authorized for the achievement of awardee workplan activities at the regional level?
 - Did the applicant clearly articulate how it would manage and monitor the “Majority of the Work” requirement, 51% minimum, is being accomplished through the use a dedicated staff structure authorized by the prime awardee?
 - Did the applicant present a clear understanding that; delegated authorities for regional PEHSU unit directorship (PI) cannot be passed to regional sub-units or satellites; nor can it be passed into a regional sub-contract action or instrument.
3. Did the applicant present beneficial rational for Regional Satellite operation(s) formation, funding, and the prime awardee responsibilities for establishment with ATSDR approval? [LM, OP 2.1-2.4]
 4. Did the applicant describe how it would establish a PEHSU Program Steering Committee, appoint and charge its membership, and present additional charging statements to achieve the FOA and ATSDR requirements?
 5. Did the applicant articulate a demonstrated ability to execute FOA program strategies, quarterly progress assessment and reporting of performance measured activities and process evaluations.
 6. Did the applicant accord insights on its computerized electronic systems and capacity to achieve national and regional web-based presence to include systems for gathering, analyzing, and reporting of online regionally derived datasets and reporting elements in a secured manner?
 7. Did the applicant acknowledge the requirement for Materials Developed and ATSDR Review?
 8. Did the applicant provide additional discussions demonstrating capacity to manage national programming utilizing the following skill sets to implement an award?
- iii. PEHSU Budgets: National Program & Regional Operations: Historically, ATSDR has required the awardee to prepare and submit two budgets; this practice will continue. The first budget describes and justifies the total national PEHSU program costs including anticipated funding strategy for ten regional PEHSU program offices and ancillary operations through regional contracts. The second budget describes and justifies the contractual PEHSU regional office and ancillary operations costs; addressing all ten ATSDR/EPA regions through an equitable funding distribution approach.
1. National PEHSU Program [5 points]:

- Overall, did the applicant present a clearly justified budget narrative for the National PEHSU Program that is consistent with the purpose, relates directly to project activities, is clearly justified, and is consistent with intended use of funds as required?
- Did the applicants' budget narrative accord duties and responsibilities for key staff, including designation of a PEHSU Program medical director that would illustrate the applicants' organization capacity to execute the FOA requirements?
- Did the applicant submit CVs/Resumes and an organizational chart? (These are required application attachments for this FOA)
- Did the applicants' budget narrative seek funding for satellite/ancillary operational structures as a year-1 cost factor? If so, did the applicants' workplan or budget narrative address the Regional Satellite operation(s) formation, funding, and the prime awardee responsibilities for establishment?
- Did the applicants' budget narrative accord national PEHSU funding for the subcommittees' of the PEHSU Program Steering Committee to address subcommittee workplan activities as presented in the FOA? The steering committee membership are PEHSU Regional Directors and other select key staff costs are generally funded through their respective region budgets; however, ATSDR requested subcommittee workplan production requirements should receive supplemental national PEHSU funding consideration. Was this funding option considered?
- The bullets in this section above are the criterion for rating the National PEHSU Program budget and justification narrative.

2. Regional PEHSU Offices & Operations [5 points]:

- The CDC Guidelines for Budget Preparation, Budget Appendix B to frame each of the ten (10) regional PEHSU Office budget. The National PEHSU Program Office should designate titles for each regional office structure as part of its delegation of authorities and directorship responsibilities; e.g. New England Pediatric Environmental Health Specialty Unit Regional Office (PEHSU Region-1) or New England Pediatric Environmental Health Specialty Unit Satellite Operation (PEHSU Satellite, Region-1).
- Each of the ten regional PEHSU Office budgets shall incorporate the required contract elements (the six CDC contract guideline elements) with the justification narratives merged within the itemized budget. All regional PEHSU Office budgets shall be packaged as a single document or PDF file.
- Overall, did the applicant present a clearly justified budget narrative for the Regional PEHSU Offices and ancillary operations that are consistent with the

purpose, relates directly to project activities, is clearly justified, and is consistent with intended use of funds as required?

- Did the applicants' regional budget narratives present clearly articulated "Scope of Work" section highlighting national PEHSU Program office expectations, regional requirements for performance measures to be achieved and reported quarterly, and any deliverables required for submission?
- Did the applicants' regional budget narratives present clearly articulated "Method(s) of Accountability" section? Did this section address the monitoring of the "Majority of the Work" requirement, 51% minimum, is being accomplished through the use a dedicated staff structure authorized by the prime awardee?
- The bullets in this section above are the criteria for rating the Regional PEHSU Program Office budgets and justification narratives.

c. **Evaluation and Performance Measurement [20 points]:** Within the FOA, Section 2(c) Evaluation and Performance Measurement; ATSDR has presented specific level of effectiveness and performance measurement requirement and reporting of the same. However, ATSDR is seeking applicant concepts, strategies, and annual expectations for process and outcome evaluations for the National PEHSU Program and how evaluation results will further program improvements and efficiencies for the out-years of the funded project period. This section and criteria will assess the applicants' insights and discussion of contributions that can support and/or address relevant PEHSU evaluation questions and predictive indicators:

i. Performance Measurement [10 points]:

1. Generally, did the applicant clearly state an understanding of the DTHHS performance measures and the rational offered through the "Baseline Deficits at Program Start?"
2. Did the applicant articulate management and national reach capacity that would give you the understanding that they have assets positioned and ready to function upon receipt of an award?
3. Did the applicant describe any organizational needs and/or collaboration building activities it would need to undertake to further enhance its capacity to address baseline deficits at program start?
4. Did the applicant present any discussions on its' perceived timeline for addressing baseline deficits and annual growth rates prior to the close of year-2, after receipt of a notice of award?

ii. Process Evaluations [10 points]:

1. In general, did the applicant present an understanding that the EHMP, Pediatric Environmental Health Specialty Units (PEHSU) Program – Logic Model is meant to provide clarity in what we do at the “system level” and to focus PEHSU Program’s purpose statements to better address requirements for process evaluation?
 - Did the applicant prepare and submit an “Applicant Evaluation and Performance Measurement Plan” that is consistent with ATSDRs Evaluation & Performance Measurement Strategy?
2. Did the applicant offer any discussions regarding PEHSU question-1: Is PEHSU achieving Enhanced Clinician Competency in Environmental Medicine?
 - Did the applicant offer programmatic activities which further enhance PEHSU results for this question?
3. Did the applicant offer any discussions regarding PEHSU question-2: Have the PEHSUs Enhanced Continuity in Relationships and Approach to EH/M Service Delivery?
 - Did the applicant offer programmatic activities which further enhance PEHSU results for this question?
4. Did the applicant offer any discussions regarding PEHSU question-3: Has the PEHSU Program, through partner collaborations, Increased Healthcare System Capacity to Provide EH/M Services and Increased EH/M Services Delivered?
 - Did the applicant offer programmatic activities which further enhance PEHSU results for this question?
5. Did the applicant offer any discussions regarding PEHSU question-4: Has the PEHSU Program, through partner collaborations, Increased Adoption of CPEHS Guidelines for assessing and addressing patient exposures to hazardous substance?
 - Did the applicant offer programmatic activities which further enhance PEHSU results for this question?
6. Did the applicant offer any discussions regarding PEHSU question-5: Has the PEHSU Program through its collaborating partners increase guidance and delivery of CPEHS and Specialty Care for environmentally-impacted patients?
 - Did the applicant offer programmatic activities which further enhance PEHSU results for this question?

2. Review and Selection Process

- a. **Phase I Review:** All eligible applications will be initially reviewed for completeness by the CDC’s Procurement and Grants Office (PGO) staff. In addition, eligible applications will be jointly reviewed for responsiveness by the CDC/ATSDR and PGO. Incomplete applications and applications that are non-responsive to the eligibility criteria will not

advance to Phase II review. Applicants will be notified that the application did not meet eligibility and/or published submission requirements.

- b. Phase II Review:** An objective review panel will evaluate complete and responsive applications according to the criteria listed in the criteria section of the FOA. Applicants will be notified electronically if the application did not meet eligibility and/or published submission requirements thirty (30) days after the completion of Phase II review.

c. Phase III Review:

Applications will be funded in order by score and rank determined by the review panel.

3. Anticipated Announcement and Award Dates:

Anticipated Award Date: August 1, 2014

F. Award Administration Information

- 1. Award Notices:** Awardees will receive an electronic copy of the Notice of Award (NoA) from the CDC PGO. The NoA shall be the only binding, authorizing document between the awardee and CDC. The NoA will be signed by an authorized GMO and emailed to the awardee program director.
 - Any application awarded in response to this FOA will be subject to the DUNS, SAM Registration and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements.
 - Unsuccessful applicants will receive notification of the results of the application review by email with delivery receipt or by mail.
- 2. Administrative and National Policy Requirements:** Awardees must comply with the administrative requirements outlined in 45 Code of Federal Regulations (CFR) Part 74 or Part 92, as appropriate. To view brief descriptions of relevant provisions visit the CDC website at: http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm

The following administrative requirements apply to this project:

Generally applicable administrative requirements (ARs):

- AR-7: Executive Order 12372
- AR-9: Paperwork Reduction Act
- AR-10: Smoke-Free Workplace
- AR-11: Healthy People 2010
- AR-12: Lobbying Restrictions
- AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities
- AR-14: Accounting System Requirements

- AR-24: Health Insurance Portability and Accountability Act
- AR-25: Release and Sharing of Data
- AR-26: National Historic Preservation Act of 1966
- AR-29: Compliance with EO13513, “Federal Leadership on Reducing Text Messaging while Driving,” October 1, 2009
- AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973
- AR- 32: Executive Order 131410: Promoting Quality and Efficient Health Care in Federal Government (*If applicable applicants should be aware of the program’s current business needs and how they align with nationally adopted Public Health Information Network (PHIN) standards, services, practices, and policies when implementing, acquiring, and updating public health information systems.*)
- AR-33: Plain Writing Act of 2010
- AR-34: Patient Protection and Affordable Care Act (e.g. a tobacco-free campus policy and a lactation policy consistent with S4207)

ARs applicable to ATSDR Awards:

- AR-15: Proof of Non-profit Status (Non-profit organizations)
- AR-18: Cost Recovery – ATSDR
- AR-19: Third Party Agreements – ATSDR
- AR-20: Conference Support
- AR-27: Conference Disclaimer and Use of Logos

For more information on the Code of Federal Regulations, visit the National Archives and Records Administration at: <http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>

3. Reporting

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

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

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

As stated section 10(b) (iv) workplan and section 10(c) organizational capacity of awardees to execute approach, “Summary Reports” and “Performance Measures data” are reported to ATSDR on a quarterly basis. Please review these FOA sections for specific reporting details.

Below are the specific reporting requirements:

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

This report must include the following:

- **Performance Measures (including outcomes)** – Awardees must report on performance measures for each budget period and update measures, if needed
- **Evaluation Results** –Awardees must report evaluation results for the work completed to date (including any impact data)
- **Work Plan (Maximum of 25 pages)** – Awardees should update work plan each budget period
- **Successes**
 - ✓ Awardees must report progress on completing activities outlined in the work plan
 - ✓ Awardees must describe any additional successes (e.g., identified through evaluation results or lessons learned) achieved in the past year
 - ✓ Awardees must describe success stories
- **Challenges**
 - ✓ Awardees should describe any challenges that hinder achievement of both annual and project period outcomes, performance measures, or their ability to complete the activities in the work plan
 - ✓ Awardees must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year
- **ATSDR Program Support to Awardees**
 - ✓ Awardees should describe how CDC could assist them in overcoming any challenges to achieve both annual and project period outcomes and performance measures, and complete activities outlined in the work plan
- **Administrative Reporting** (not subject to page limits)
 - ✓ SF-424A Budget Information-Non-Construction Programs

- ✓ Budget Narrative – Must use the format outlined in Section IV. Content and Form of Application Submission, Budget Narrative Section
- ✓ Indirect Cost Rate Agreement
- Each workplan activity should incorporate a reporting of Regional PEHSU Program Office’s as well as National PEHSU Program Office efforts to achieve overall workplan activity/sub-activity outputs and/or accomplishments. Incorporate collaborative partnerships and/or Satellite Operations (funded or non-funded) played a significant role in achieving relevant outputs and/or outcomes; then summarize their work efforts.
- Workplan Successes should accord enough detail to identify contributors (Regional PEHSUs, collaborative partnerships, satellite operations, and national PEHSU Program Headquarters’ involvement); target audiences, actions taken/delivered, and impact realized.
- Workplan Challenges should accord enough detail to determine which parts of the workplan activity/sub-activity where completed; has this become an “ongoing” action due to staff time allocations, resource allocation delays, requires greater expertise than initially planned, unforeseen urgent/emergency response actions required tabling of select activities and a shift in staff and resources to address urgent/emergency response requirement. Challenge statements should also describe ways to recover delayed or under-resourced activities.
- ATSDR Program Support to awardee discussions or requests should accord enough detail to describe activities requiring ATSDR support, workplan activity timelines detailing insertion points where ATSDR support could be beneficial, and other insights that can be helpful to determine staffing and resource needs.

The carryover request must:

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

- Include a list of proposed activities, an itemized budget, and a narrative justification of those activities

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

c. Performance Measure Reporting: CDC programs must require awardees to submit performance measures at least annually. CDC may require more frequent reporting of performance measures. Performance measure reporting should be limited to the collection of data. CDC programs should specify reporting frequency, required data fields, and format for awardees at the beginning of the award.

As stated section 10(b) (iv) workplan and section 10(c) organizational capacity of awardees to execute approach, “Summary Reports” and “Performance Measures data” are reported to ATSDR on a quarterly basis. Please review these FOA sections for specific reporting details.

d. Federal Financial Reporting: The Annual Federal Financial Report (FFR) SF 425 is required and must be submitted through eRA Commons ²within 90 days after the end of each budget period. The FFR should only include 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 in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to submit a letter explaining the reason and date by which the Grants Management Officer will receive the information.

e. Final Performance and Financial Report: At the end of the project period, awardees should submit a final report to include a final financial and performance report. This report is due 90 days after the end of the project period. The page limit for this report is 40 pages.

- At a minimum, this report must include the following:
 - Performance Measures (including outcomes) – Awardees should report final performance data for all performance measures for the project period.
 - Evaluation results – Awardees should report final evaluation results for the project period
 - Impact/Results – Awardees should describe the impact/results of the work completed over the project period, including success stories.

²<https://commons.era.nih.gov/commons/>

- FFR (SF-425)

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

4. **Federal Funding Accountability and Transparency Act of 2006:** Federal Funding Accountability And Transparency Act Of 2006 (FFATA), Public Law 109-282, the Federal Funding Accountability and Transparency Act of 2006 as amended (FFATA), 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, www.USASpending.gov.
 - Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over \$25,000.
 - For the full text of the requirements under the FFATA, go to:
 - http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109_cong_bills&docid=f:s2590enr.txt.pdf.

G. Agency Contacts

CDC encourages inquiries concerning this announcement.

For **programmatic technical assistance**, contact:

James (Jim) Tullos, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
Agency for Toxic Substances and Disease Registry
1600 Clifton Road, N.E., MS F-57
Atlanta, Georgia, 30333
Telephone: 770-488-3498
Email: JTullos@cdc.gov

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

Valerie McCloud, Grants Management Specialist

Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS – K70
Atlanta, GA 30341
Telephone: 770-488-4790
Email: FYQ4@cdc.gov

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

For all other **submission** questions, contact:

Technical Information Management Section
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700
Email: pgotim@cdc.gov

CDC Telecommunications for individuals with hearing loss is available at:
TTY 1.888.232.6348

H. Other Information

- Agency for Toxic Substances and Disease Registry (ATSDR) – Home Page:
<http://www.atsdr.cdc.gov/index.html>
- About ATSDR – ATSDR Reorganization:
http://www.atsdr.cdc.gov/about/atsdr_reorganization.html
- ATSDR Regional Office Map: http://www.atsdr.cdc.gov/dro/dro_org.html

- ATSDR – Environmental Health Education for the Public:
<http://www.atsdr.cdc.gov/emes/public/index.html>
- ATSDR - Environmental Medicine Education for Professionals:
http://www.atsdr.cdc.gov/emes/health_professionals/index.html
- ATSDR – State/Tribal Cooperative Agreement Program:
<http://www.atsdr.cdc.gov/states/index.html>
- CDC - Environmental Health – Home Page: <http://www.cdc.gov/Environmental/>
- American Academy of Pediatrics Council on Environmental Health. In: Etzel RA and Balk SJ. *Pediatric Environmental Health 3rd Edition*. Elk Grove Village, IL. American Academy of Pediatrics, 2012

Below is a list of acceptable attachments for applicants to upload as part of their www.grants.gov application as PDF files. Applicants may not attach other documents. If applicants do so, they will not be reviewed.

- Project Abstract
- Project Narrative
- Budget Narrative
- CDC Assurances and Certifications
- Work Plan
- Table of Contents for Entire Submission
- Special Eligibility Required Documentation
- Resumes/CVs
- Letters of support
- Organizational Charts
- Non-profit organization IRS status forms, if applicable
- Regional budget Narrative
- Indirect cost rate , if applicable
- Memorandum of Agreement (MOA)
- Memorandum of Understanding (MOU)

I. Glossary

Administrative and National Policy Requirements, Additional Requirements (ARs): outline the Administrative requirements found in 45 CFR Part 74 and Part 92 and other requirements as mandated by statute or CDC policy. CDC programs must indicate which ARs are relevant to the FOA. All ARs are listed in the template for CDC programs. Awardees must then comply with the ARs listed in the FOA. To view brief descriptions of relevant provisions visit the CDC website at: http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm.

Authority: Legal authorizations that outline the legal basis for the components of each individual FOA. An OGC representative may assist in choosing the authorities appropriate to any given program.

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 recipient.

Budget Period/Year: the duration of each individual funding period within the project period. Traditionally, budget period length is 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 forward to another budget period to cover allowable costs of that budget period (whether as an offset or additional authorization). Obligated, but unliquidated, funds are not considered carryover.

Catalog of Federal Domestic Assistance (CFDA): A catalog published twice a year which describes domestic assistance programs administered by the federal government. This government-wide compendium of Federal programs lists projects, services, and activities which provide assistance or benefits to the American public.
<https://www.cfda.gov/index?s=agency&mode=form&id=0bebbc3b3261e255dc82002b83094717&tab=programs&tabmode=list&subtab=list&subtabmode=list>

CDC Assurances and Certifications: Standard government-wide grant application forms.

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

Competing Continuation Award: An award of financial assistance which adds funds to a grant and extends one or more budget periods beyond the currently established project period.

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

Contracts: An award instrument establishing a binding legal procurement relationship between CDC and a recipient obligating the latter to furnish a product.

Cooperative Agreement: An award of financial assistance that is used to enter into the same kind of relationship as a grant; and is distinguished from a grant in that it provides for substantial involvement between the Federal agency and the awardee in carrying out the activity contemplated by the award.

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

Direct Assistance: assistance given to an applicant such as federal personnel or supplies. See <http://intranet.cdc.gov/ostlts/directassistance.html>.

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

Fiscal Year: The year that budget dollars are allocated to fund program activities. The fiscal year starts October 1st and goes through September 30th.

Grant: A legal instrument used by the Federal government to enter into a relationship, the principal purpose of which is to transfer anything of value to a recipient to carry out a public purpose of support or stimulation authorized by statute. The financial assistance may be in the form of money, or property in lieu of money. The term 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 individuals. The main difference between a grant and a cooperative agreement is that there is no anticipated substantial programmatic involvement by the Federal Government under an award.

Grants.gov: A "storefront" web portal for use in electronic collection of data (forms and reports) for Federal grant-making agencies through the www.grants.gov site, www.grants.gov.

Health Disparities: are differences in health outcomes and their determinants between segments of the population, as defined by social, demographic, environmental, and geographic attributes.

Healthy People 2020: Provides national health objectives for improving the health of all Americans by encouraging collaborations across sectors, guiding individuals toward making informed health decisions, and measuring the impact of prevention activities.

Inclusion: Inclusion refers to both the meaningful involvement of community members in all stages of the program process, and maximum involvement of the target population in the benefits of the intervention. An inclusive process assures that the views, perspectives, and needs of affected communities, care providers, and key partners are actively included.

Indirect Costs: Those costs that are incurred for common or joint objectives and therefore cannot be identified readily and specifically with a particular sponsored project, program, or activity but are nevertheless necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries are generally treated as indirect costs.

Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions or Executive Orders (“legislation or other orders”), or other similar deliberations at all levels of government through communications that directly express a view on proposed or pending legislation or other orders and which are directed to members of staff, or other employees of a legislative body or to government officials or employees who participate in the formulation of 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.

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

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

New FOA: Any FOA that is not a continuation or supplemental award.

Non-Governmental Organization: A non-governmental organization (NGO) is any non-profit, voluntary citizens' group which is organized on a local, national or international level.

Notice of Award: The only binding, authorizing document between the recipient and CDC confirming issue of award funding. The NoA will be signed by an authorized Grants Management Officer, and provided to the recipient fiscal officer identified in the application.

Performance Measures: Performance measurement is the ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals. It is typically conducted by program or agency management. Performance measures 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

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 individuals responsible for making award decisions.

OGC: Office of the General Counsel (OGC) is the legal team for the Department of Health and Human Services (HHS), providing representation and legal advice on a wide range of national issues. OGC supports the development and implementation of HHS's programs by providing legal services to the Secretary of HHS and the organization's various agencies and divisions.

Outcome: The observable benefits or changes for populations and/or public health capabilities that will result from a particular program strategy

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

Program Strategies: Public health interventions or public health capabilities

Program Official: The person responsible for developing the FOA – whether a project officer, program manager, branch chief, division leadership, policy official, center leadership or similar

Project Period Outcome: An outcome that will result by the end of the FOA period of funding

Public Health Accreditation Board: PHAB is the national accrediting organization for public health departments. A nonprofit organization, PHAB is dedicated to advancing the continuous quality improvement of Tribal, state, local and territorial public health departments by advancing the quality and performance of all public health departments in the United States through national public health department accreditation.

SAM: The System for Award Management (SAM) is the primary vendor database for the U.S. Federal Government. SAM validates applicant information and electronically shares the secure and encrypted data with the Federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). The SAM stores organizational information, allowing www.grants.gov to verify your identity and to pre-fill organizational information on grant applications.

Statute: An act of a legislature that declares, proscribes, or commands something; a specific law, expressed in writing. A statute is a written law passed by a legislature on the state or federal level. Statutes set forth general propositions of law that courts apply to specific situations.

Statutory Authority: A legal statute that provides the authority to establish a Federal financial assistance program or award

Technical Assistance: The providing of advice, assistance, and training pertaining to the development, implementation, maintenance, and/or evaluation of programs.