



Centers for Disease Control and Prevention

NATIONAL CENTER FOR ENVIRONMENTAL HEALTH

Strengthening environmental health capacity (EHC) to detect, prevent, and control environmental health hazards through data-driven, evidence-based approaches; pilot Environmental Health Records EHR/COVID-19 community mitigation

CDC-RFA-EH20-20050101SUPP21

07/23/2021

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Part 1. Overview Information

Federal Agency Name:

Federal Centers for Disease Control and Prevention (CDC)

Notice of Funding Opportunity (NOFO) Title:

Strengthening environmental health capacity (EHC) to detect, prevent, and control environmental health hazards through data-driven, evidence-based approaches; pilot Environmental Health Records EHR/COVID-19 community mitigation

Announcement Type:

Revision - Type 3 - (Competitive supplement) Additional funds requested to expand the scope of work have elapsed.

Agency Notice of Funding Opportunity Number:

CDC-RFA-EH20-20050101SUPP21

Assistance Listings Number:

93.070

Key Dates:

Due Date for Applications 07/23/2021

07/23/2021

Application must be successfully submitted to Grants.gov by 11:59 pm Eastern Standard Time on the deadline date.

Additional Overview Content:

Executive Summary

The purpose of the Environmental Health Capacity (EHC) Program is to enhance the nation's capacity to protect public health by strengthening environmental health (EH) programs operated by public health departments and other agencies. The EHC uses three strategies to improve community health. These strategies focus on (1) using informatics and EH data, (2) identifying and addressing EH hazards, and (3) assessing the effectiveness and impact of EH

interventions. These strategies are carried out across three components: Component (A) Build core capacity to use EH data; Component (B) Strengthen the capacity of EH programs and services; Component (C) Enhance capacity to address emerging or priority EH hazards and issues. CDC will use the outcomes of this work to identify and develop EH evidence-based practices.

This EHC Supplemental NOFO includes two projects under EHC Component C. Individual project descriptions with detailed information about the projects are provided as appendices. Applicants can apply for one or both of the following projects.

Project C1: Assessing Environment-related Mitigation Strategy Implementation in Communities Disproportionately Affected by COVID-19. The purpose of this project is to assess the implementation of COVID-19 environment-related mitigation strategies in communities disproportionately affected by COVID-19. Project objectives include identifying any existing challenges and differences in strategy implementation to prevent COVID-19 transmission and reduce impact among racial and ethnic minority groups, people with lower incomes and/or experiencing poverty or homelessness, essential workers with low incomes, and rural communities.

Project C2: Using Electronic Health Record Data to Identify Unusual Occurrence of Pediatric Cancer and Potential Environmental Exposures. The purpose of this project is to determine the feasibility and utility of environmental health records to provide access to more current data with a minimal delay between cancer diagnosis and reporting, to serve as a potential source of environmental risk factor data, and to provide more complete data relative to sociodemographic factors to better identify inequities.

Measurable outcomes of the program will be in alignment with one (or more) of the following performance goal(s) for the NATIONAL CENTER FOR ENVIRONMENTAL HEALTH

GPRA goal(s)

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For this purpose, research is defined at https://www.govregs.com/regulations/title42_chapterI_part2_subpartD_section2.52. Guidance on how CDC interprets the definition of research in the context of public health can be found at <https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html> (See section 45 CFR 46.102(d)).

Section I. Funding Opportunity Description

Statutory Authority

This program is authorized under Sections 311 and 317(k)(2) of the Public Health Service Act, [42 U.S.C. Sections 243 and 247b(k)(2)], as amended. In addition, this program is authorized under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123), the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), 2020 (P.L. 116-136), and the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260).

Background

The Environmental Health Capacity (EHC) program strengthens EH programs and practices by providing financial and technical resources to support the following strategies: 1) use EH data and information for data-driven decision making; (2) identify and address EH hazards; and (3) assess the effectiveness and impact of EH services and interventions. CDC will use the outcomes of this work to identify and develop EH evidence-based practices. The strategies are carried out across three components.

(A): Build core capacity to use EH data – Establish and strengthen systematic procedures to use existing or collect new EH data to identify, characterize, and mitigate an EH hazard(s) and evaluate the effectiveness and impact of EH interventions.

(B): Strengthen the capacity of EH programs and services – Strengthen EH programs and services in areas such as drinking water, recreational water, safe water management plans, rodent control, food safety, exposure assessments, outbreak investigations, and the range of EH programs identified by the UNCOVER EH practice and workforce assessment.

(C): Enhance capacity to address emerging or priority EH hazards and issues – Strengthen capacity to address specific priority or emerging EH hazards or issues such as harmful algal blooms, premise plumbing hazards, extreme weather events, and EH implications related to homelessness and other EH issues.

This supplemental NOFO includes two projects under Component C. The projects and proposed activities address priority EH issues and will advance EH program capacity building. The project timeframe is one year with no plans to fund a continuation project. Applicants can find detailed project descriptions provided as appendices in the related documents area in Grants.gov. Applicants will refer to these project descriptions for proposed activities, outcomes, and other criteria to inform the development of their application and proposed work plans and budgets.

Project C1: Assessing Environment-related Mitigation Strategy Implementation in Communities Disproportionately Affected by COVID-19

The purpose of this project is to assess the implementation of COVID-19 environment-related mitigation strategies in communities disproportionately affected by COVID-19. Project objectives include identifying any existing challenges and differences in strategy implementation to prevent COVID-19 transmission and reduce impact among racial and ethnic minority groups, people with lower incomes and/or experiencing poverty or homelessness, essential workers with lower wages, and rural communities.

Project C2: Using Electronic Health Record Data to Identify Unusual Occurrence of Pediatric Cancer and Potential Environmental Exposures

The purpose of this project is to determine the feasibility and utility of environmental health records to provide access to more current data with a minimal delay between cancer diagnosis

and reporting, to serve as a potential source of environmental risk factor data, and to provide more complete data relative to sociodemographic factors to better identify inequities.

Purpose

The purpose of the Environmental Health Capacity (EHC) program is to increase the capacity of health department environmental health (EH) programs. EH capacity is a crucial part of protecting the nation's public health. Strong EH programs understand the public health needs of their communities and meet those needs with effective solutions. EHC focuses on three strategies to help EH programs build core capacity.

- (1) Use EH data and information for data-driven decision making.
- (2) Identify and address EH hazards.
- (3) Assess the effectiveness and impact of EH services and interventions.

This supplemental NOFO includes two projects under Component C of the EHC program. The purpose of the projects is provided below. Applicants must refer to the individual project descriptions, available in the related documents area in Grants.gov, for more detailed information about the projects and proposed activities.

Project C1: Assessing Environment-related Mitigation Strategy Implementation in Communities Disproportionately Affected by COVID-19

The purpose of this project is to assess the implementation of COVID-19 community mitigation strategies in communities disproportionately affected by COVID-19. Focus will be on environment-related mitigation strategies promoting behaviors that prevent spread of the virus and maintain healthy environments (e.g. cleaning and disinfection, proper ventilation, safe food handling practices, etc.). Project objectives include identifying any existing challenges and differences in strategy implementation to prevent COVID-19 transmission and reduce impact

among racial and ethnic minority groups, persons meeting HHS poverty guidelines criteria and/or experiencing homelessness, essential workers with lower wages and socioeconomically disadvantaged populations in rural and urban communities. At the community level, disparities in access to public health services and resources exist, particularly in communities disproportionately affected by COVID-19. Whether implementing COVID-19 control guidance and measures at early care and education settings, K–12 schools, work environments, and other community settings, environmental health (EH) programs are uniquely positioned to ensure communities are protected from environmental transmission of disease. As we continue to learn more about the impact of COVID-19 on the health of racial and ethnic minority groups, immediate and effective prevention and control strategies are essential to limiting the spread and impact of COVID-19 and ultimately ending the COVID-19 pandemic. This project focuses on assessing state, tribal, local and territorial (STLT) EH program implementation of mitigation strategies addressing environmental factors to identify any differences in strategy implementation in disproportionately impacted communities and use of assessment results to enhance STLT EH program delivery of services for preventing environmental transmission of COVID-19.

Project C2: Using Electronic Health Record Data to Identify Unusual Occurrence of Pediatric Cancer and Potential Environmental Exposures

The purpose of this project is to determine the feasibility and utility of electronic environmental health records EHRs to provide access to more current data with a minimal delay between cancer diagnosis and reporting, to serve as a potential source of environmental risk factor data, and to provide more complete data relative to sociodemographic factors to better identify inequities. With access to enhanced data sources it is anticipated that health departments and environmental health programs will be better prepared to identify and address community concerns about cancer and the environment; with particular interest in identifying unusual patterns in pediatric populations and addressing issues of health equity.

This program addresses the “Healthy People 2030” focus area(s) of Environmental Health (<https://health.gov/healthypeople/objectives-and-data/browse-objectives/environmental-health>) and Public Health Infrastructure (<https://health.gov/healthypeople/objectives-and-data/browse-objectives/public-health-infrastructure>).

Program Implementation

Recipient Activities

This supplemental NOFO includes two projects under EHC Component C: Enhance capacity to address emerging or priority EH hazards and issues.

Project C1: Assessing Environment-related Mitigation Strategy Implementation in Communities Disproportionately Affected by COVID-19

Project C2: Using Electronic Health Record Data to Identify Unusual Occurrence of Pediatric Cancer and Potential Environmental Exposures

Applicants must address the following three strategies for each project they apply for. The individual project descriptions, available as appendices, propose specific activities according to

each of the three EHC strategies that applicants will need to incorporate into their proposed work plans.

Strategy 1: Strengthen EH data use and informatics capacity

Strategy 2: Identify, prevent, and control EH hazards

Strategy 3: Assess EH intervention effectiveness and impact

Addressing those three strategies and proposed project activities is expected to result in these key outputs (as shown in the EHC logic model), which will be assessed through performance measures (please see below for measures) throughout the period of performance:

- Data available for decision making and improving performance
- EH hazards identified and prioritized
- EH interventions planned, implemented, and assessed
- Strategic partnerships formed with key agencies and organizations

Activities and accomplishments for the projects supported under this Supplemental NOFO will contribute to the recipient's overall performance and evaluation using the process and outcomes measures described below. The individual project descriptions identify additional performance measures that applicants should consider. Measures associated with these projects will be incorporated into the applicant's EHC evaluation and performance measurement plan.

Additionally, applicants should expect to complete in-depth assessment activities to accomplish Strategy 3 and generate evidence for the effectiveness and impact of implemented interventions. CDC will provide guidance and assistance with determining and using assessment criteria for addressing Strategy 3.

CDC will work with recipients to determine if the EHC strategies and project activities have been implemented as expected and if the intended project period outcomes have been achieved. This is key information to keep the awardees on track, to demonstrate the effectiveness of the EHC program, and to suggest ways to improve the program. This includes routine and ongoing communication and collaboration between CDC and recipients, site visits, and recipient reporting (including work plans, performance, and financial reporting). CDC will work with recipients to formalize performance measures shortly after award.

Process Performance Measures

Strategy 1: Strengthen EH data use and informatics capacity

Measure: Number of available EH datasets used for making decisions and improving performance

Measure: Number of decisions made based on available EH datasets

Strategy 2: Identify, prevent, and control EH hazards

Measure: Number of identified and prioritized EH hazards

Measure: Number of strategic partnerships formed

Strategy 3: Assess EH intervention effectiveness and impact

Measure: Number of EH interventions assessed for effectiveness and impact

Outcome Performance Measures

Outcome: Addressed, prevented, and controlled EH hazards

Measure: Provide target audience, at-risk population, and exposed population percentages of the total jurisdiction population at baseline and yearly until the project or period end date

Measure: Degree or level of reported EH hazards at baseline and yearly until the project or period end date

Outcome: Generated evidence on effectiveness of EH interventions

Measure: Percentage of population at risk for the EH hazards being addressed at baseline and yearly after intervention implementation until the project or period end date

Measure: Reduction in EH hazards yearly after intervention implementation until the project or period end date

Outcome: Increased efficiency and effectiveness of EH interventions to address EH hazards

Measure: Percentage of the population that has benefited from the intervention

EHC Program Logic Model

Strategies and Activities	Outputs	Intermediate Outcomes	Long-Term Outcomes
<p><u>Use EH data and information for data-driven decision making</u></p> <ul style="list-style-type: none"> • Improve EH program informatics capacity • Make EH data open and publicly accessible • Assess EH-related data sources and increase their utility • Increase data-driven decision making 	<p>Data available for decision making and improving performance</p> <p>EH hazards identified and prioritized</p>	<p>Addressed, prevented, and controlled EH hazards</p> <p>Field has more access to evidence on effectiveness of EH interventions</p> <p>Increased efficiency and effectiveness of EH interventions to address EH hazards</p>	<p>EH programs adopt and implement evidence-based EH best practices</p> <p>Reduction in EH hazards results in improved environmental conditions and community health status</p>
<p><u>Identify and address EH hazards</u></p>	<p>EH interventions</p>	<p>Strengthened capability of EH</p>	<p>Page 17 of 23</p>

CDC Activities

In a cooperative agreement, CDC staff are very much involved with program activities beyond monthly calls, site visits, and routine grant monitoring. CDC activities for this program are as follows:

- Collaborate to ensure coordination and implementation of strategies to provide Capacity Building Assistance (CBA) to governmental and nongovernmental components of the public health system.
- Provide guidance and coordination to improve the quality and effectiveness of work plans, evaluation strategies, products and services, and collaborative activities with other organizations.
- Support ongoing opportunities to foster networking, communication, coordination, and collaboration, and serve as a conduit for information exchange, including fostering collaboration between funded organizations that would not normally interact or collaborate on public health efforts.
- Collaborate to compile and publish accomplishments, best practices, performance criteria, and lessons learned during the period of performance.
- Collaborate, as appropriate, to assess progress toward meeting strategic and operational goals and objectives and to establish measurement and accountability systems for documenting outcomes, such as increased performance improvements and best or promising practices.

Funding Strategy

This supplemental NOFO includes two projects under Component C of the EHC program. The period of performance is one year and there are no plans for a continuation option. Responsive applications submitted under this funding opportunity will be reviewed objectively as described in the Review and Selection Process section of this supplemental NOFO. The projects for this supplemental NOFO will be awarded based on the availability of funds. CDC program office reserves the right to make the final funding determination, if applicable, detailed justification to fund out of rank order will be provided.

Project C1: Assessing Environment-related Mitigation Strategy Implementation in Communities Disproportionately Affected by COVID-19 (\$1,800,000; 10 awards)

Project C2: Using Electronic Health Record Data to Identify Unusual Occurrence of Pediatric Cancer and Potential Environmental Exposures (\$500,000; 2 awards)

Coronavirus Disease 2019 (COVID-19) Funds: A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the “CARES Act”) (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260) and/or the American Rescue Plan of

2021 [P.L. 117-2] agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at: <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.

Section II. Award Information

Type of Award:

CA (Cooperative Agreement)

CDC substantial involvement in this program appears in the Activities Section above.

Award Mechanism:

UEI

Studies of Environmental Hazards and Health Effects - Cooperative Agreements to Develop or Improve Facets of the Public Health Information

Fiscal Year Funds:

2021

Approximate Total Supplemental Funding:

\$ 2,300,000

This amount is subject to availability of funds. Includes direct and indirect costs.

The awards for this one year supplement to CDC-FOA-EH20-2005 hear-in referred to as EHC may vary based on the specific project description. All awards are for one program year and will be awarded as part of EHC component C specific projects. Funding is subject to the

availability of funds, and may be adjusted at the discretion of CDC.

Project C1: \$150,000-\$180,000 (10 awards estimated)

Project C2: \$150,000-\$250,000 (2 awards estimated)

Approximate Number of Awards:

12

The number of estimated awards shall be determined at the discretion of the CDC and is dependent of the availability of funds. This supplement shall fund awards as part of EHC Component C: Environmental Health (EH) Hazards projects C1 ten awards and C2 two awards, estimated .

Approximate Average Award:

\$ 250,000

This amount is for the budget period only and includes direct costs and indirect costs as applicable.

Floor of Individual Award Range:

\$ 150,000

Ceiling of Individual Award Range:

\$ 250,000

This ceiling is for a 12-month budget period.

The funding period for the awards is one program year or a 12 month budget period.

Anticipated Award Date:

August 24, 2021

Budget Period Length:

12 month(s)

Period of Performance Length:

1 year(s)

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

Section III. Eligibility Information

Eligible Applicants

The following recipients may submit an application:

Eligibility Category:

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

Additional Information on Eligibility

This announcement is a supplement to CDC-FOA-EH20-2005. All recipients currently funded through CDC-FOA-EH20-2005 are eligible to submit an application. This announcement will not issue awards to applicants not currently recipients through CDC-FOA-EH20-2005.

This award is a supplement to the existing CDC funding opportunity announcement (FOA): Strengthening environmental health capacity (EHC) to detect, prevent, and control environmental health hazards through data-driven, evidence-based approaches EH20-2005. Eligibility is limited to current recipients of CDC-EH20-2005.

Required Registrations

System for Award Management and Universal Identifier Requirements

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

a. Data Universal Numbering System: All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements. The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or Internet at <http://fedgov.dnb.com/webform/displayHomePage.do>. The DUNS number will be provided at no charge. If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must provide their DUNS numbers before accepting any funds.

b. System for Award Management (SAM): The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a recipient. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process usually requires not more than five business days, and registration must be renewed annually. Additional information about registration procedures may be found at SAM.gov.

c. Grants.gov: The first step in submitting an application online is registering your organization through www.grants.gov, the official HHS E-grant website. Registration information is located at the "Applicant Registration" option at www.grants.gov. All applicant organizations must register with www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants must start the registration process as early as possible.

Cost Sharing or Matching

Cost Sharing / Matching Requirement:

No

Other

If a funding amount greater than the ceiling of the award range is requested, the application will be considered non-responsive and will not be entered into the review process. The recipient will be notified that the application did not meet the eligibility requirements.

Special Requirements

Note: Title 2 of the United States Code Section 1611 states that an organization described in Section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting a grant, loan, or an award.

Maintenance of Effort

Maintenance of Effort is not required for the program.

Section IV. Application and Submission Information

Address to Request Application Package

Applicants must download the application package associated with this funding opportunity from [Grants.gov](https://www.grants.gov).

If the applicant encounters technical difficulties with Grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week, with the exception of all Federal Holidays. The Contact Center provides customer service to the applicant community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it is needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by email, fax, CD's or thumb drives of applications will not be accepted.

Content and Form of Application Submission

Unless specifically indicated, this announcement requires submission of the following information:

Table of Contents

Project Abstract

A Project Abstract must be completed in the Grants.gov application forms. The Project Abstract must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader. This abstract must not include any proprietary/confidential information.

Project Narrative

A Project Narrative must be submitted with the application forms. The project narrative must be uploaded in a PDF file format when submitting via Grants.gov. The narrative must be submitted in the following format:

- 20: Maximum number of pages
- Font size: 12 point unreduced, Times New Roman

- Single spaced
- Page margin size: One inch
- Number of all narrative pages; not to exceed the maximum number of pages.

Applicants must include an individual work plan and budget for each of the applicable projects. Applicants must clearly describe how their proposed work plans and activities crosswalk to the EHC strategies, activities, and the overall EHC logic model and evaluation and performance measures. Work plans should demonstrate alignment among the outcomes, strategies, activities, timelines, and staffing/collaborations. Additional information on performance measures, data sources, and target population can also be included, if applicable. (Note: recipients will incorporate this work plan criteria into their approach for each project they are applying for. (See project descriptions in the appendix)

The narrative should address activities to be conducted over the entire Period of Performance and must include the following items in the order listed.

Budget Narrative

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

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

The budget can include both direct costs and indirect costs as allowed. Indirect costs could include the cost of collecting, managing, sharing and preserving data.

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

If requesting indirect costs in the budget, a copy of the indirect cost rate agreement is required. Include a copy of the current negotiated federal indirect cost rate agreement or cost allocation plan approval letter.

The applicant can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address: <https://www.cdc.gov/grants/documents/Budget-Preparation-Guidance.docx>

Additional information may be included in the application appendices. The appendices must be uploaded to the "Other Attachments Form" of application package in Grants.gov. Note: appendices will not be counted toward the narrative page limit. This additional information includes:

Applicant must submit a discrete and separate itemized budget and budget narrative for each EHC project they are applying for. Applicant budgets must include travel for up to two staff members to travel to meetings, conferences, and or training as deemed necessary by CDC.

Additional information submitted via Grants.gov must be uploaded in a PDF file format, and should be named:

- Resumes / CVs
- Position descriptions
- Organization Charts
- Non-profit organization
- IRS status forms, if applicable
- Indirect Cost Rate, if applicable
- Memorandum of Agreement (MOA)
- Memorandum of Understanding (MOU)
- Bona Fide Agent status documentation, if applicable
- Work plan
- Additional Supporting Information

15: Maximum number of allowable electronic attachments

Submission Dates and Times

This announcement is the definitive guide on application content, submission, and deadline. It supersedes information provided in the application instructions. If the application submission does not meet the deadline published herein, it will not be eligible for review and the recipient will be notified the application did not meet the submission requirements.

This section provides applicants with submission dates and times. Applications that are submitted after the deadlines will not be processed.

If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Application Deadline Date

Due Date for Applications 07/23/2021

07/23/2021

Explanation of Deadlines: Application must be successfully submitted to Grants.gov by 11:59 pm Eastern Standard Time on the deadline date.

N/A

Pilot Program for Enhancement of Employee Whistleblower Protections

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

Copyright Interest Provisions

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

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

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

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over \$25,000.

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

- <https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf>,
- https://www.fsrs.gov/documents/ffata_legislation_110_252.pdf
- <http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA>.

Funding Restrictions

Funding Restrictions:

Restrictions, which must be taken into account while writing the budget, are as follows:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- Recipients may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.

Other than for normal and recognized executive-legislative relationships, no funds may be used for: publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.

See [Additional Requirement \(AR\) 12](#) for detailed guidance on this prohibition and [additional guidance on lobbying for CDC recipients](#).

The recipient can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address: <http://www.cdc.gov/grants/interestedinapplying/applicationprocess.html>

Other Submission Requirements

Application Submission

Submit the application electronically by using the forms and instructions posted for this funding opportunity on www.Grants.gov.

Note: Application submission is not concluded until successful completion of the validation process. After submission of your application package, recipients will receive a "submission receipt" email generated by Grants.gov. Grants.gov will then generate a second e-mail message to recipients which will either validate or reject their submitted application package. This validation process may take as long as two (2) business days. Recipients are strongly encouraged check the status of their application to ensure submission of their application package is complete and no submission errors exists. To guarantee that you comply with the application deadline published in the Notice of Funding Opportunity, recipients 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 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.

Electronic Submission of Application:

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

Applications submitted through www.Grants.gov, are electronically time/date stamped and assigned a tracking number. The Authorized Organizational Representative (AOR) will receive an e-mail notice of receipt when HHS/CDC receives the application. The tracking number serves to document submission and initiate the electronic validation process before the application is made available to CDC for processing.

If the recipient encounters technical difficulties with Grants.gov, the recipient should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week. The Contact Center provides customer service to the recipient community. The extended hours will provide recipients support around the clock, ensuring the best possible customer service is received any time it's needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by e-mail, fax, CD's or thumb drives of applications will not be accepted.

After consulting with the Grants.gov Support 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 the Grants Management Specialist/Officer for permission to submit a paper application. An organization's request for permission must: (a) include the Grants.gov case number assigned to the inquiry, (b) describe the difficulties that prevent electronic submission and the efforts taken with the Grants.gov Support Center (c) be submitted to the Grants Management Specialist/Officer at least 3 calendar days prior to the application deadline. Paper applications submitted without prior approval will not be considered.

Section V. Application Review Information

Eligible recipients are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the CDC-RFA-EH20-20050101SUPP21 Measures of effectiveness must relate to the performance goals stated in the "Purpose" section of this announcement. Measures of effectiveness must be objective, quantitative and measure the intended outcome of the proposed program. The measures of effectiveness must be included in the application and will be an element of the evaluation of the submitted application.

Criteria

Eligible recipients will be evaluated against the following criteria:

Approach**Maximum Points: 40**

Evaluate the extent to which the applicant:

- Describes an overall strategy and activities consistent with the EHC program logic model and outcomes, aligned with the purpose and activities in the project description, and that will help identify and develop evidence-based EH practices. (10 points)
- Describes activities that are achievable, appropriate to achieve the outcomes of the project, and address the three EHC strategies. (10 points)
- Shows that the proposed use of funds is an efficient and effective way to implement the strategies and activities and build the capacity of public health department EH programs. (15 points)
- Presents a work plan aligned with the EHC strategies, activities, outcomes, and performance measures in the approach and is consistent with the content and format proposed by CDC. (5 points)

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

Evaluate the extent to which the applicant:

- Describes experience and capacity to implement the NOFO strategies and activities to use EH data and information, identify and address EH hazards, and assess EH services and intervention effectiveness and impact. This also includes capacity in the following areas: program planning, program evaluation, performance monitoring, technical, fiscal reporting, budget management and administration, and personnel management. (10 points)
- Describes the organizational structure of their agency (including an organizational chart), outlines the proposed staff (including resumes or curriculum vitae for key staff) and day-to-day responsibilities for the key tasks of this cooperative agreement, demonstrates staffing capacity that includes EH subject matter expertise and competencies in data use and evaluation, and clearly indicates that the applicant is capable of carrying out this program and achieving the outcomes (including a staffing plan and project management structure that will be sufficient to achieve the project outcomes, and which clearly defines staff roles). (15 points)

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

Evaluate the extent to which the applicant:

- Shows/affirms the ability to collect data on the process and outcome performance measures specified by CDC in this supplemental NOFO and presented by the applicant in their approach. This includes ability to collect data on populations at-risk for EH hazards, and exposed population percentages of the total jurisdiction population after intervention, at baseline and until the project or period end date. (20 points)
- Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities. (5 points)

- Describes how performance measurement and evaluation findings will be reported and used to demonstrate the period of performance outcomes and for continuous program quality improvement. (5 points)
- Describes in sufficient detail to identify the key evaluation questions, and data sources and analysis methods. (5 points)

Budget (SF 424A) and Budget Narrative

Reviewed, but not scored. Although the budget is not scored recipients should consider the following in development of their budget. Is the itemized budget for conducting the project, and justification reasonable and consistent with stated objectives and planned program activities?

If the recipients requests 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. The indirect cost rate agreement should be uploaded as a PDF file with “Other Attachment Forms” when submitting via Grants.gov.

Review and Selection Process

Review

Eligible applications will be jointly reviewed for responsiveness by NATIONAL CENTER FOR ENVIRONMENTAL HEALTH and Office of Grants Services (OGS). Incomplete applications and applications that are non-responsive will not advance through the review process. Recipients will be notified in writing of the results.

An objective review panel will evaluate complete and responsive applications according to the criteria listed in Section V. Application Review Information, subsection entitled "Criteria".

An objective review will be conducted on eligible applications. Reviews will be conducted by Centers for Disease Control and Prevention staff from multiple Centers, Institutes, and Offices.

Selection

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

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

Anticipated Announcement and Award Dates

Section VI. Award Administration Information

Award Notices

Successful recipients will receive a Notice of Award (NoA) from the CDC Office of Grants Services. The NoA shall be the only binding, authorizing document between the recipient and CDC. The NoA will be signed by an authorized Grants Management Officer and e-mailed to the program director. A hard copy of the NoA will be mailed to the recipient fiscal officer identified in the application.

Unsuccessful recipients will receive notification of the results of the application review by mail.

Administrative and National Policy Requirements

Administrative and National Policy Requirements, Additional Requirements (ARs) outline the administrative requirements found in 45 CFR Part 75 and the HHS Grants Policy Statement and other requirements as mandated by statute or CDC policy. CDC programs must indicate which ARs are relevant to the NOFO. Recipients must then comply with the ARs listed in the NOFO. Do not include any ARs that do not apply to this NOFO. NOFO Recipients must comply with administrative and national policy requirements as appropriate. For more information on the Code of Federal Regulations, visit the National Archives and Records Administration: <https://www.archives.gov/federal-register/cfr>. For competing supplements, ARs remain in effect as published in the original announcement.

Continuing Continuations -

Administrative and National Policy Requirements, Additional Requirements (ARs) outline the administrative requirements found in 45 CFR Part 75 and the HHS Grants Policy Statement and other requirements as mandated by statute or CDC policy. Recipients must comply with the ARs listed in the NOFO. NOFO Recipients must comply with administrative and national policy requirements as appropriate. For more information on the Code of Federal Regulations, visit the National Archives and Records Administration: <https://www.archives.gov/federal-register/cfr>. For competing supplements, ARs remain in effect as published in the original announcement.

http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm#ar1

http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm#ar9

<http://www.cdc.gov/grants/additionalrequirements/index.html>

<http://www.cdc.gov/grants/additionalrequirements/index.html>

<https://www.cdc.gov/grants/additional-requirements/ar-37.html>

The full text of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 45 CFR 75, can be found at:

<https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75>

Reporting

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

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over \$25,000.

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

- <https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf>,
- https://www.frs.gov/documents/ffata_legislation_110_252.pdf
- <http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA>.

As a competing supplement recipients reporting requirements remain in effect as published in the original announcement. CDC reserves the right to request status reports for programs funded for non-competing continuations less than two years. The requirements, format, and time for report will be provided to recipients after awards.

Termination

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

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

- (1) By the HHS awarding agency or pass-through entity, if the non-Federal entity fails to comply with the terms and conditions of the award;
- (2) By the HHS awarding agency or pass-through entity for cause;
- (3) By the HHS awarding agency or pass-through entity with the consent of the non-Federal entity, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated; or
- (4) By the non-Federal entity upon sending to the HHS awarding agency or pass-through entity written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if the HHS awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.

Reporting of Foreign Taxes (International/foreign projects only)

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

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

- 1) Annual Report: The recipient must submit a report on or before November 16 for each foreign country on the amount of foreign taxes charged, as of September 30 of the same year, by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant during the prior United States fiscal year (October 1 – September 30), and the amount reimbursed and unreimbursed by the foreign

government. [Reports are required even if the recipient did not pay any taxes during the reporting period.]

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

3) Terms: For purposes of this clause:

“Commodity” means any material, article, supplies, goods, or equipment;

“Foreign government” includes any foreign government entity;

“Foreign taxes” means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

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

5) Contents of Reports: The reports must contain:

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

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

Section VII. Agency Contacts

CDC encourages inquiries concerning this announcement.

For **programmatic technical assistance and general inquiries**, contact:

First Name:

Connie

Last Name:

Brooks Thomas

Project Officer

Department of Health and Human Services

Centers for Disease Control and Prevention

Street 1:

4770 Buford Highway, Mailstop S106-5

Street 2:

City:

Atlanta

State:

GA Georgia

Zip:

30341

Telephone:

(770) 488-3631

Email:

cbthomas@cdc.gov

For **financial, grants management, budget assistance and general inquiries**, contact:

Address:

First Name:

Wanda

Last Name:

Tucker

Grants Management Specialist

Department of Health and Human Services

Office of Grants Services

Street 1:

District Building 2939

Street 2:

Flowers Road South, MS TV-2

City:

Atlanta

State:

GA Georgia

Zip:

303414146

Telephone:

(770) 488-5056

Email:

wtucker@cdc.gov

Section VIII. Other Information

Other CDC Notice of Funding Opportunities can be found at www.grants.gov.

For more information about the EHC program, please visit

<https://www.cdc.gov/nceh/ehs/ehc/index.html>.