

**Funding Opportunity Announcement (FOA)  
TS14-1404 – New, Non-research, Domestic**

# **Community Health Projects Related to Contamination at Brownfield/Land Reuse Sites (ATSDR CHPs)**

**CDC-RFA-TS14-1404**

**ATSDR**

**Effective Date: 01/08/2014**



U.S. Department of Health and Human Services  
Agency for Toxic Substances and Disease Registry

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## Part I. Overview Information

Applicants must go to the synopsis page of this announcement at [www.grants.gov](http://www.grants.gov) and click on the “Send Me Change Notifications Emails” link to ensure they receive notifications of any changes to TS14-1404. Applicants also must provide an e-mail address to [www.grants.gov](http://www.grants.gov) to receive notifications of changes.

### A. Federal Agency Name:

Agency for Toxic Substances and Disease Registry (ATSDR)

### B. Funding Opportunity Title:

Community Health Projects Related to Contamination at Brownfield/Land Reuse Sites

### C. Announcement Type: **New—Type 1**

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

### D. Agency Funding Opportunity Number:

CDC-RFA-TS14-1404

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

93.161 - Health Program for Toxic Substance and Disease Registry

### F. Dates:

- 1. Letter of Intent (LOI) Deadline:**  
February 19, 2014, 11:59 p.m. U.S. Eastern Standard Time
- 2. Application Deadline:**  
March 19, 2014, 11:59 p.m. U.S. Eastern Standard Time, on [www.grants.gov](http://www.grants.gov)
- 3. Informational conference call for potential applicants:**  
February 26, 2014, 2 p.m. U.S. Eastern Standard Time, 1-877-462-8210 Passcode 471637

### G. Executive Summary:

- 1. Summary Paragraph:**

The ATSDR Community Health Projects (CHP) Related to Contamination at Brownfield/Land Reuse Sites purpose is to increase responsive public health actions by promoting healthy and safe environments and preventing harmful exposures related to contamination at Brownfield/Land Reuse Sites. Brownfields are defined by the U.S. Environmental Protection Agency (EPA) as property, the expansion, redevelopment, or reuse of which may be complicated by the presence or potential presence of a hazardous substance, pollutant, or contaminant. Land reuse sites are properties that are being redeveloped from their former use. EPA estimates that there are over 450,000 Brownfield sites in the United States. Addressing public health concerns and issues associated with restoration of contaminated properties is essential.

ATSDR’s mission is to serve the public through responsive public health actions to promote healthy and safe environments and prevent harmful exposures. Sites such as Brownfield/Land Reuse sites may have potentially harmful exposures from contamination from previous site uses. Community health projects that address impacts of contamination at Brownfield/Land Reuse sites further ATSDR’s public health mission to promote healthy and safe environments and prevent harmful exposures. These projects will have a particular emphasis on identifying health issues prior to redevelopment and/or assessing changes in community health associated with reuse plans and redevelopment.

<b>a. Eligible Applicants (select one):</b> limited
<b>b. FOA Type (select one):</b> cooperative agreement
<b>c. Approximate Number of Awards:</b> 2
<b>d. Total Project Period Funding:</b> \$300,000
<b>e. Average One Year Award Amount:</b> \$150,000
<b>f. Number of Years of Award:</b> 1
<b>g. Approximate Date When Awards will be Announced:</b> September 1, 2014
<b>h. Cost Sharing and /or Matching Requirements:</b>
Not applicable

## Part II. Full Text

### A. Funding Opportunity Description

#### 1. Background

Brownfield sites are defined by the U.S. Environmental Protection Agency (EPA) as property, the expansion,

redevelopment, or reuse of which may be complicated by the presence or potential presence of a hazardous substance, pollutant, or contaminant. EPA estimates that there are approximately 450,000 Brownfield sites in the United States. Land reuse sites are properties that are being redeveloped from their former use. These include sites that meet the EPA definition of a Brownfield as well as potentially contaminated sites slated for reuse, such as landfills or Superfund sites. Addressing public health concerns and issues with restoration of potentially contaminated Brownfield/Land Reuse properties is essential.

The ATSDR Brownfield/Land Reuse Health Initiative stimulates collaboration among stakeholders, including local governing officials, community members, community-based organizations, the private sector, and State governments to work together in a timely manner to ensure that public health is considered in the earliest phases of remediation and redevelopment of Brownfield/Land Reuse properties.

ATSDR is fully committed to implementing Executive Order 12898: “Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations.

**a. Statutory Authorities:**

This program is authorized under Sections 104(i)(15) of the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) of 1980, as amended by the Superfund Amendments and Reauthorization Act (SARA) of 1986 [42 U.S.C. Section 9604(i)(15)].

**b. Healthy People 2020:**

Healthy People 2020 strive to identify nationwide health improvement priorities; provide measurable objectives and goals that are applicable at the national, state, and local levels; and engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge. These community health projects related to contamination at Brownfield/Land Reuse sites will have a particular emphasis on identify and reducing exposures, addressing health disparities, identifying health issues prior to redevelopment, and/or assessing changes in community health associated with reuse plans and redevelopment.

(<http://www.healthypeople.gov/2020/default.aspx>)

**c. Other National Public Health Priorities and Strategies:**

This funding aligns and supports other national strategies such as National Partnership for Action to End Health Disparities (NPA), National Conversation on Public Health and Chemical Exposures, and the National Prevention Strategy.

The National Partnership for Action to End Health Disparities (NPA) was established to mobilize a nationwide, comprehensive, community-driven, and sustained approach to combating health disparities and to move the nation toward achieving health equity. Using an approach such as the ATSDR Brownfield/Land Revitalization Action Model (Action Model) and other community health project activities assists people at the front line of community revitalization with the responsibility of identifying and helping to shape core actions, new approaches and new partnerships to help close the health gap in the United States. (<http://minorityhealth.hhs.gov/npa/>)

The National Conversation on Public Health and Chemical Exposures goal is to develop an Action Agenda with clear, achievable recommendations to help government agencies and other organizations strengthen their efforts to protect the public from harmful chemical exposures. CDC and ATSDR engaged a broad range of groups and individuals—government agencies, professional organizations,

tribal groups, community and nonprofit organizations, health professionals, business and industry leaders, and members of the public — to develop the [Action Agenda](http://www.atsdr.cdc.gov/nationalconversation/) (<http://www.atsdr.cdc.gov/nationalconversation/>). ATSDR community health projects promote bringing together diverse members of the development community—all those interested in community revitalization and redevelopment—to educate and protect the public from harmful chemical exposures at Brownfield/Land Reuse sites.

The National Prevention Strategy recognizes that good health comes not just from receiving quality medical care, but also from clean air and water, safe worksites and healthy foods. The National Prevention Strategy includes actions that public and private partners can take to help Americans stay healthy and fit and improve our nation’s prosperity. The strategy outlines these four strategic directions that, together, are fundamental to improving the nation’s health:

- Building Healthy and Safe Community Environments
- Expanding Quality Preventive Services in Both Clinical and Community Settings
- Empowering People to Make Healthy Choices
- Eliminating Health Disparities

ATSDR CHPs support the four strategic directions of the National Prevention Strategy. By addressing contamination, communities improve the environment, consider expanding services, such as by creating health clinics at former land reuse sites, rely on community involvement, and address health disparities through redevelopment approaches.

Information about the National Prevention Strategy is available at:

<http://www.healthcare.gov/prevention/nphpphc/strategy/index.html>

<http://www.hhs.gov/news/press/2011pres/06/20110616a.html>

**d. Relevant Work:**

Community health considerations are important parts of ATSDR’s land revitalization activities. Through its Brownfield/Land Reuse Health Initiative, ATSDR works to conduct the following activities:

- Promote a well-rounded approach to redevelopment;
- Include health as an important part of redevelopment;
- Grow community resources to promote health;
- Measure changes in community health;
- Encourage early community involvement in decision making;
- Restore and revitalize communities in a way that is fair to all community groups;
- Promote relationships among, agencies, partners, and communities; and
- Improve ways to talk about health and environmental risks.

The Agency for Toxic Substances and Disease Registry (ATSDR) Brownfield/Land Reuse Health Initiative projects have a particular emphasis on identifying health issues related to the presence or potential presence of a hazardous substance, pollutant, or contaminant prior to redevelopment and/or assessing changes in community health associated with reuse plans and redevelopment. Historical and current projects include:

- Development of stronger stakeholder partnerships and capacity in the Development Community to leverage additional expertise, tools, resources, and relationships to promote the success of the project.
- Engagement of underrepresented populations in Brownfield/Land Reuse efforts through culturally

specific and culturally competent approaches.

- Evaluation of health risk from environmental contaminant exposures at Brownfield/Land Reuse sites
- Identification of community health status indicators (pre- and post-development)
- Development of risk communication and/or health education programs related to environmental hazards associated with Brownfield/Land Reuse sites or health status of the community
- Development of inventories of current land reuse sites, including associated potential health risks of exposure to contaminants at these sites, former site uses, citizen complaints, accidental releases
- Design of programs to assist communities through implementation of new programs focused on land revitalization activities associated with areas impacted by environmental hazards associated from one or more Brownfield/Land Reuse sites
- Integration of equity through the inclusion of social justice, social determinants of health, and vulnerable populations into Brownfield/Land Reuse planning, environmental assessment and sampling, and site use after redevelopment.
- Assessment of residual contamination at Brownfield/Land Reuse sites before, during, or after redevelopment
- Creation of measurable, short-term intervention strategies focused on Brownfield/Land Reuse sites
- Utilization of geospatial analysis maps to characterize land reuse sites and associated health risks and connect the community to available services

Examples of community health projects are on the ATSDR Brownfield/Land Reuse Health Initiative website at <http://www.atsdr.cdc.gov/sites/brownfields/>.

Examples of prior Funding Opportunity Announcements are found at grants.gov.

Funding Number	Name
CDC-RFA-TS12-1202	Community Health Projects Related to Contamination at Brownfield and Land Reuse Sites
CDC-RFA-TS11-1103	Community Health Projects Related to Contamination at Brownfield and Land Reuse Sites
CDC-RFA-TS11-1104	Public Health Support for Land Reuse/Brownfield and Legacy Sites in the Areas of Concern (AOC) for the Great Lakes
CDC-RFA-TS10-1002	Community Health Projects Related to Brownfield and Land Reuse Sites
CDC-RFA-TS10-1003	Public Health Support for Land Reuse/Brownfield and Legacy Sites in the Areas of Concern (AOC) for the Great Lakes
CDC-RFA-TS09-904	Community Health Projects Related to Brownfield/Land Reuse

Examples of community health projects are on the ATSDR Brownfield/Land Reuse Health Initiative website at <http://www.atsdr.cdc.gov/sites/brownfields/>.

## 2. CDC Project Description

### a. Approach:

To address potential contamination issues, public health impacts, and redevelopment concerns related to Brownfield/Land Reuse sites, a strategy to promote healthy, safe environments while preventing harmful exposures is needed. Projects that propose such strategies and show success in implementing the strategies may improve overall community health status in these communities.

The ATSDR CHP Logic Model depicts how the problem statement, purpose, outcomes, and strategy are interrelated.

ATSDR CHP Logic Model				
STRATEGIES	ACTIVITIES		OUTCOMES	LONG TERM OUTCOMES/ IMPACTS
	EARLY ACTIVITIES	LATER ACTIVITIES		
<b>Build the Development Community</b>	Promote collaboration within the development community	Assist development community in developing models, strategies, and/or initiatives on promoting community health in Brownfield/Land Reuse redevelopment projects	<p>Strengthen relationships among the development community</p> <p>Promote community health involvement in Brownfield/Land Reuse redevelopment projects</p> <p>Increase community and health agency involvement in redevelopment</p>	<p>Increase community health involvement in Brownfield/Land Reuse redevelopment projects</p> <p>Prevent or reduced exposures to contaminants</p>
<b>Measure Success of Environmental and Health Change</b>	Educate development community on measuring improvement of community health and other issues related to Brownfield/Land Reuse	<p>Assess short- and long-term changes in indicators</p> <p>Develop recommendations for</p>	<p>Increase development community capacity</p> <p>Develop community health model to address community health concerns through Brownfield/Land Reuse projects</p> <p>Develop plan to measure and track success of environmental and health change through Brownfield/Land Reuse projects</p>	<p>Health and other community issues addressed by redevelopment</p> <p>Long term tracking success of environmental and health change through</p>

	<p>Collaborate with development community to develop community health model to address health disparities</p> <p>Build capacity of development community through education and sharing of resources</p> <p>Promote development community adoption of indicators</p>	<p>sustainability once funding period has ended</p>	<p>Baseline or short term tracking of environmental and health change through Brownfield/Land Reuse projects</p>	<p>Brownfield/Land Reuse projects</p> <p>Inclusion of community health model into city master plan or other means of sustainability to address health issues</p> <p>Reduce health disparities through redevelopment</p>
<p><b>Characterize and Address Health Risks and Health-Related Community Concerns</b></p>	<p>Catalog the Brownfield/Land Reuse sites in the redevelopment area</p> <p>Characterize potential environmental exposures using the best science</p>	<p>Communicate health risks to the community</p> <p>Recommend changes to address health risks</p> <p>Educate the community on the health risks</p>	<p>Increase risk communication and health education knowledge of community</p> <p>Decrease or prevent the risks of human health effects from toxic exposures at Brownfield/Land Reuse sites</p>	<p>Decrease the risks of human health effects from toxic exposures</p>

<b>Expand ATSDR CHP Promotion</b>	Report the success story of the project, including project results, health impact, and lessons learned.	Assist ATSDR in developing videos, fact sheets, books, and other resources to promote models for including health in redevelopment	Increase public health considerations in redevelopment  Expand resources for promoting community health considerations in redevelopment	Decrease the risks of human health effects from toxic exposures  Reduce health disparities through redevelopment
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**i. Problem Statement:**

ATSDR’s mission is to serve the public through responsive public health actions to promote healthy and safe environments and prevent harmful exposures. Sites such as Brownfield/Land Reuse sites may have potentially harmful exposures from contamination from previous site uses. Addressing public health concerns and issues related to the restoration of contaminated properties is essential. ATSDR is funding these community health projects to ensure that public health is part of the land reuse process.

**ii. Purpose:**

These projects will identify, address, and improve public health ensuring that in redeveloping Brownfield/Land Reuse sites, particular attention is paid to identifying and addressing health issues prior to redevelopment and assessing changes in community health associated with reuse plans and redevelopment. These community health projects that address impacts of contamination at Brownfield/Land Reuse sites will further ATSDR’s public health mission to promote healthy and safe environments and prevent harmful exposures.

**iii. Outcomes:**

- The applicants are expected to achieve the following outcomes by the end of the project:
1. Strength relationships among the development community
  2. Promote community health involvement in Brownfield/Land Reuse redevelopment projects
  3. Increase community and health agency involvement in redevelopment
  4. Increase development community capacity
  5. Develop community health model to address community health concerns through Brownfield/Land Reuse projects
  6. Develop plan to measure and track success of environmental and health change through Brownfield/Land Reuse projects
  7. Baseline and/or short term tracking of environmental and health change through Brownfield/Land Reuse projects
  8. Increase risk communication and health education knowledge of community
  9. Decrease or prevent the risks of human health effects from toxic exposures at Brownfield/Land

Reuse sites

10. Increase public health considerations in redevelopment

11. Expand resources for promoting community health considerations in redevelopment

ATSDR allows applicants to propose additional non-research project related outcomes.

**iv. Funding Strategy:**

N/A

**v. Strategies and Activities:**

Listed below are the primary programmatic strategies (i.e. public health interventions or public health capabilities) applicants could use to achieve the project period outcomes. Listed below are the primary strategies the applicants will use.

Key program strategies include:

- **Build the Development Community:** Promote collaboration within the development community - community stakeholders (including residents who live in communities of the target areas, health agencies, city officials, developers, planners, environmental agencies, ATSDR, EPA, or any other stakeholders in the redevelopment area) to develop strategies and/or initiatives on how community health could be improved by the Brownfield/Land Reuse redevelopment project
  - Promote collaboration within the development community
  - Assist development community in developing models, strategies, and/or initiatives on promoting community health in Brownfield/Land Reuse redevelopment projects.
  
- **Measure Success of Environmental and Health Change:** Collaborate with community stakeholders to develop a model of measuring improvement of community health and other issues related to Brownfield/Land Reuse redevelopment project (i.e., ATSDR Action Model, Health Impact Assessment, PACE EH, or other community developed indicator models). As a grassroots, community-level model designed to foster dialogue, communication, and vision among the diverse members of the development community, the ATSDR Action Model (<http://www.atsdr.cdc.gov/sites/brownfields/model.html>), encourages the development community to focus on broad community health topics to address health disparities and other concerns through redevelopment.
  - Educate development community on measuring improvement of community health and other issues related to Brownfield/Land Reuse
  - Collaborate with development community to develop community health model to address health disparities
  - Build capacity of development community through education and sharing of resources
  - Promote development community adoption of indicators
  - Assess short- and long-term changes in indicators
  - Develop recommendations for sustainability once funding period has ended (i.e., incorporate community health status (environmental data, community health concerns, and public health data) or issues assessment in the city/county master plan).
  
- **Characterize and Address Health Risks and Health-Related Community Concerns:** Characterize potential environmental exposures, recommend further site characterization, recommend actions to reduce or

eliminate environmental exposures, and provide health education for each Brownfield/Land Reuse site that may be complicated by the presence or potential presence of a hazardous substance, pollutant, or contaminant in the redevelopment project area before redevelopment occurs. The ATSDR Site Tool [http://www.atsdr.cdc.gov/sites/brownfields/site\\_inventory.html](http://www.atsdr.cdc.gov/sites/brownfields/site_inventory.html) alone or combined with Brownfield Inventory Tool or EPA's ACRES is useful for connecting Brownfield/Land Reuse sites with contaminant data and health concerns.

- Catalog the Brownfield/Land Reuse sites in the redevelopment area
  - Assess the Brownfield/Land Reuse sites in the redevelopment area using the best science
  - Characterize the potential for environmental exposures
  - Communicate the health risk to the community
  - Recommend changes address the health risks
  - Educate the community on the health risks
- **Expand ATSDR CHP Promotion:** Collaborate with ATSDR in expanding the ATSDR Brownfield/Land Reuse Health Initiative (<http://www.atsdr.cdc.gov/sites/brownfields/index.html>)
    - Report the success story of the project, including project results, health impact, and lessons learned.
    - Assist ATSDR in developing videos, fact sheets, books, and other resources to promote the success of including health in redevelopment

In addition to these primary strategies, ATSDR encourages all applicants to develop new, innovative strategies.

**1. Collaborations –**

**a. With CDC/ATSDR funded programs:**

If applicable, applicants should describe how they will collaborate with CDC/ATSDR funded programs. Collaborations are optional.

**b. With organizations external to CDC/ATSDR:**

Collaborations and strategic partnerships are crucial to implement program strategies and sustain outcomes. They allow for more efficient use of existing resources and exchange of information between experts working in various areas of public health and other sectors. Applicants are encouraged to use evidence-based collaboration models (e.g. PRECEDE/PROCEED model (<http://www.lgreen.net/precede.htm>) or Mobilizing for Action through Planning and Partnerships [MAPP] (<http://www.naccho.org/topics/infrastructure/mapp/framework/>)) as appropriate. Partnerships include, but are not limited to: health agencies, environmental agencies, economic development agencies, citizen/community groups, community leaders, government or tribal entities, universities, planners, and developers. If applicable, applicants should describe how they will collaborate with other organizations external to CDC/ATSDR. Collaborations are optional.

**2. Target Populations:**

Applicants are required to target populations in areas with one or more Brownfield/Land Reuse sites. Applicants are encouraged to identify additional populations in their community based on

relevant criteria such as health risk or public health impact. If additional target populations are identified, applicants must use data, including social determinants data, to identify communities within their jurisdictions that are affected disproportionately by the public health problem. Plan activities to reduce or eliminate these disparities. Disparities could be based on race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, access to services (i.e., healthcare, food, transportation, etc.), or other relevant dimensions.

**Inclusion:**

If applicable, applicants should address how they will be inclusive of how specific populations who can benefit from programmatic strategies. These populations include groups such as people with disabilities, non-English speaking populations, Lesbian, Gay, Bisexual, and Transgender (LGBT) populations, appropriate age groups, or other populations who may otherwise be missed by the program.

**b. Evaluation and Performance Measurement:**

**i. ATSDR Evaluation and Performance Measurement Strategy:**

In order to evaluate the work of the project, a program evaluation and performance measurement will be conducted by ATSDR at the end of the project period. The ATSDR Community Health Projects (CHP) Related to Contamination at Brownfield/Land Reuse Sites is to increase responsive public health actions to promote healthy and safe environments and prevent harmful exposures related to contamination at Brownfield/Land Reuse Sites.

The ATSDR CHP logic model presented earlier will serve as a planning mechanism for the CHP Program Evaluation.

There will be a strong process evaluation component. Information will be collected from grantees on the implementation of the activities relevant to their strategies and timetable including: who are the partners, how the sites were categorized and evaluated, how the Action Model or other indicators are developed and measured, which community designated activities are undertaken, the nature of the activities, the specific outcomes the program is accomplishing, and what is the impact of the program.

Evaluation findings will be used for continuous program and quality improvement. In addition, evaluation and performance measurement will contribute to the development of strategies to enhance the ATSDR Brownfield/Land Reuse Health Initiative.

**ii. Applicant Evaluation and Performance Measurement Plan:**

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

The ATSDR CHP logic model presented earlier will serve as a planning mechanism for the CHP Program Evaluation.

There will be a strong process evaluation component. Information will be collected from grantees on the implementation of the activities relevant to their strategies and timetable including: who are the partners, how the sites were categorized and evaluated, how the Action Model or other

indicators are developed and measured, which community designated activities are undertaken, the nature of the activities, the specific outcomes the program is accomplishing, and what is the impact of the program.

Evaluation findings will be used for continuous program and quality improvement. In addition, evaluation and performance measurement will contribute to the development of strategies to enhance the ATSDR Brownfield/Land Reuse Health Initiative.

**c. Organizational Capacity of Awardees to Execute the Approach:**

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 entities readiness to establish contracts or partnerships in a timely manner, and a plan for long-term sustainability of the project, if applicable. Applicants describe how they will assess staff competencies and develop a plan to address gaps through organizational training and development opportunities.

**d. Work Plan:**

Applicant must prepare a detailed work plan for the award. The work plan should describe how applicants will implement the proposed strategies to meet the outcomes of this FOA. ATSDR will provide feedback and technical assistance to awardees to finalize the work plan post-award.

At a minimum, the work plan demonstrates how the outcomes, strategies, activities, timelines, and staffing/collaborations work together. Additional information on performance measures, data sources, and target population can also be included (see sample work plan below).

<p>Expected Outcomes for the Project Period</p> <ul style="list-style-type: none"> <li>• Strengthen stakeholder relationships</li> <li>• Increase stakeholder capacity</li> <li>• Develop plan to reduce health disparities</li> <li>• Develop plan to maintain and track indicators adopted by stakeholders</li> <li>• Decrease or prevent the risks of human health effects from toxic exposures at Brownfield/Land Reuse sites</li> <li>• Develop plan improve overall health of community</li> <li>• Increase public health considerations in redevelopment</li> </ul>				
Program Strategies	Performance Measures	Data Sources, if applicable	Target	Timeframes
Activities			Person Responsible	Activity Completion Date

Applicants should name this file “Work Plan” and upload it as a PDF on [www.grants.gov](http://www.grants.gov).

**e. ATSDR Monitoring and Accountability Approach:**

Monitoring activities include routine and ongoing communication between ATSDR and awardees, site visits, and awardee reporting (including work plans, performance, and financial reporting). The HHS Awarding Agency Grants Administration Manual (AAGAM)\* specifies the following HHS expectations for post-award monitoring for grants and cooperative agreements:

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

Monitoring may also include the following activities:

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

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

These may include monitoring and reporting activities as outlined in Chapter 2.01.101 of the HHS AAGAM\* that assists grants management staff (e.g., grants management officers and specialists) in the identification, notification, and management of high-risk grantees.

\*Beginning 10/01/2014, AAGAM will be replaced with GPAM.

**f. ATSDR Program Support to Awardees:**

In a cooperative agreement, ATSDR staff is substantially involved in the program activities, above and beyond routine grant monitoring.

- Collaborating with and assisting the recipient in the collection and assessment of environmental data, public health data, and other relevant community health information.
- Providing technical assistance and expertise to assist the recipient in implementing project activities to be most protective of human health and the environment.
- Providing expertise to assist the recipient in structuring project activities to meet program objectives.
- Evaluating recommendations prepared by the recipient and providing timely advice and assistance to further the objectives of this program.
- Collaborating with the recipient to promote the successful projects as national models

**B. Award Information**

<p><b>1. Type of Award:</b> Cooperative Agreement ATSDR's substantial involvement in this program appears in the ATSDR Program Support to Awardees section.</p>
<p><b>2. Award Mechanism:</b> E11 – Grant for Public Health Special Projects</p>
<p><b>3. Fiscal Year:</b> 2014</p>
<p><b>4. Approximate Total Fiscal Year Funding:</b> \$300,000</p>
<p><b>5. Approximate Total Project Period Funding:</b> \$300,000</p>
<p><b>6. Total Project Period Length:</b> 1 year</p>
<p><b>7. Approximate Number of Awards:</b> 2</p>
<p><b>8. Approximate Average Award:</b> \$150,000</p>
<p><b>9. Floor of Individual Award Range:</b> None (This amount is subject to the availability of funds.)</p>
<p><b>10. Ceiling of Individual Award Range:</b> \$150,000 (This amount is subject to the availability of funds.)</p>
<p><b>11. Anticipated Award Date:</b> September 30, 2014</p>
<p><b>12. Budget Period Length:</b> 12 months</p>
<p>*Beginning FY 14, AAGAM will be replaced with GPAM.</p>
<p><b>13. Direct Assistance:</b></p> <p>Direct Assistance (DA) is not available through this FOA.</p>

<p><b>C. Eligibility Information</b></p>
<p><b>1. Eligible Applicants:</b> Government Organizations:</p> <ul style="list-style-type: none"> <li>• State or their bona fide agents (includes the District of Columbia)</li> <li>• Local governments or their bona fide agents</li> <li>• Territorial governments or their bona fide agents in 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</li> <li>• State controlled institutions of higher education</li> <li>• American Indian or Alaska Native tribal governments (federally recognized)</li> <li>• Public Housing Authorities/Indian Housing Authorities as entity of the state/local/tribal government</li> </ul>
<p><b>2. Special Eligibility Requirements:</b></p>

N/A
<b>3. Justification for Less than Maximum Competition:</b>
N/A
<b>4. Cost Sharing or Matching:</b>
<p>Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this FOA exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.</p> <p>Sources for cost sharing or matching include complementary foundation funding, other U.S. government funding sources including programs supported by HHS or other agencies (e.g., Department of Agriculture, Department of Education, Department of Housing and Urban Development, Department of Transportation, Environmental Protection Agency, U.S. Park Service) and other funding sources. Applicants should coordinate with multiple sectors such as public health, transportation, education, health care delivery, and agriculture.</p>
<b>5. Maintenance of Effort:</b>
Maintenance of effort is not required for this program.

#### D. Application and Submission Information

Additional materials that may be helpful to applicants: <http://www.cdc.gov/od/pgo/funding/docs/FinancialReferenceGuide.pdf> .

- 1. Required Registrations:** An organization must be registered at the three following locations before it can submit an application for funding at [www.grants.gov](http://www.grants.gov).
  - a. Data Universal Numbering System:** All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements.
 

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at <http://fedgov.dnb.com/webform/displayHomePage.do>. The DUNS number will be provided at no charge.

If funds are awarded to an applicant organization that includes sub-awardees, those sub-awardees must provide their DUNS numbers before accepting any funds.
  - b. System for Award Management (SAM):** The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information

required to conduct business as an awardee. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by ATSDR. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process usually requires not more than five business days, and registration must be renewed annually. Additional information about registration procedures may be found at [www.SAM.gov](http://www.SAM.gov).

- c. **Grants.gov:** The first step in submitting an application online is registering your organization at [www.grants.gov](http://www.grants.gov), the official HHS E-grant Web site. Registration information is located at the "Get Registered" option at [www.grants.gov](http://www.grants.gov).

All applicant organizations must register at [www.grants.gov](http://www.grants.gov). The one-time registration process usually takes not more than five days to complete. Applicants must start the registration process as early as possible.

2. **Request Application Package:** Applicants may access the application package at [www.grants.gov](http://www.grants.gov).
3. **Application Package:** Applicants must download the SF-424, Application for Federal Assistance, package associated with this funding opportunity at [www.grants.gov](http://www.grants.gov). If Internet access is not available, or if the online forms cannot be accessed, applicants may call the CDC PGO staff at 770-488-2700 or e-mail PGO [PGOTIM@cdc.gov](mailto:PGOTIM@cdc.gov) for assistance. Persons with hearing loss may access CDC telecommunications at TTY 1-888-232-6348.

4. **Submission Dates and Times:** If the application is not submitted by the deadline published in the FOA, it will not be processed. PGO personnel will notify the applicant that their application did not meet the deadline. The applicant must receive pre-approval to submit a paper application (see Other Submission Requirements section for additional details). If the applicant is authorized to submit a paper application, it must be received by the deadline provided by PGO.

**Letter of Intent (LOI) Deadline** (must be emailed or postmarked by): **February 19, 2014, 11:59 p.m. U.S. Eastern Standard Time**

- a. **Application Deadline:** **March 19, 2014, 11:59 p.m. U.S. Eastern Standard Time, at [www.grants.gov](http://www.grants.gov)**

5. **CDC Assurances and Certifications:** All applicants are required to sign and submit "Assurances and Certifications" documents indicated at <http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>.

Applicants may follow either of the following processes:

- Complete the applicable assurances and certifications, name the file "Assurances and Certifications" and upload it as a PDF file at [www.grants.gov](http://www.grants.gov)
- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at <http://wwwn.cdc.gov/grantsassurances/Homepage.aspx>

Assurances and certifications submitted directly to CDC will be kept on file for one year and

will apply to all applications submitted to CDC within one year of the submission date.

**6. Content and Form of Application Submission:** Applicants are required to include all of the following documents with their application package at [www.grants.gov](http://www.grants.gov).

**7. Letter of Intent (LOI):**

The optional Letter of Intent is strongly encouraged.

Descriptive title of proposed project:

- Name, address, telephone number, and email address of the Principal Investigator or Project Director, or both
- Name, address, telephone number, and e-mail address of the primary contact for writing and submitting this application
- Number and title of this FOA
- Page limit: 2 pages

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

Leann Bing  
ATSDR Region IV (9<sup>th</sup> Floor)  
Address: 61 Forsyth St SW, Atlanta, GA 30303  
Telephone number: 404.562.1784  
Fax: 404.562.1790  
Email address: [KBing@cdc.gov](mailto:KBing@cdc.gov)

**8. Table of Contents:** (No page limit and not included in Project Narrative limit)  
Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the “Project Narrative” section. Name the file “Table of Contents” and upload it as a PDF file under “Other Attachment Forms” at [www.grants.gov](http://www.grants.gov).

**9. Project Abstract Summary:** (Maximum 1 page)  
A project abstract is included on the mandatory documents list and must be submitted at [www.grants.gov](http://www.grants.gov). The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the “Project Abstract Summary” text box at [www.grants.gov](http://www.grants.gov).

**10. Project Narrative:** (Maximum of 25 pages, single spaced, Calibri 12 point, 1-inch margins, number all pages. Content beyond 25 pages will not be considered. 25 page limits includes the work plan.)

The Project Narrative must include all of the bolded headings shown in this section. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire project period as identified in the CDC Project Description section.

Applicants must submit a Project Narrative with the application forms. Applicants must name this

file "Project Narrative" and upload it at [www.grants.gov](http://www.grants.gov).

- a. **Background:** Applicants must provide a description of relevant background information that includes the context of the problem. (See ATSDR Background.)
- b. **Approach**
  - i. **Problem Statement:** Applicants must describe the core information relative to the problem for the jurisdictions or populations they serve. The core information must help reviewers understand how the applicant's response to the FOA will address the public health problem and support public health priorities. (See ATSDR Project Description.)
  - ii. **Purpose:** Applicants must describe in 2-3 sentences specifically how their application will address the problem as described in the ATSDR Project Description.
  - iii. **Outcomes:** Applicants must clearly identify the outcomes they expect to achieve by the end of the project period. Outcomes are the results that the program intends to achieve. All outcomes must indicate the intended direction of change (i.e., increase, decrease, maintain). (See the program logic model in the Approach section of the ATSDR Project Description.)

In addition to the project period outcomes required by ATSDR, applicants should include any additional outcomes they anticipate.

- iv. **Strategy and Activities:** Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the project period outcomes. Whenever possible, applicants should use evidence-based program strategies as identified by the Community Guide<sup>1</sup> (or similar reviews) and reference it explicitly as a source. Applicants may propose additional strategies and activities to achieve the outcomes. Applicants must select existing evidence-based strategies that meet their needs, or describe the rationale for developing and evaluating new strategies or practice-based innovations. (See ATSDR Project Description: Strategies and Activities section.)

1. **Collaborations:** Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC.

Applicants must file letters of support, as appropriate, name the file "Letters of Support", and upload it as a PDF file at [www.grants.gov](http://www.grants.gov).]

2. **Target Populations:** Applicants must describe the specific target population(s) in their community. Refer back to the ATSDR Project Description section – Approach: Target Population.

**Inclusion:** If applicable, applicants should address how they will include specific populations who can benefit from the program, refer back to the ATSDR Project

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

Description section – Approach: Inclusion.

- c. Applicant Evaluation and Performance Measurement Plan:** Applicants must provide an overall jurisdiction or community-specific evaluation and performance measurement plan that is consistent with the ATSDR Evaluation and Performance Measurement Strategy section of the ATSDR Project Description of this FOA. Data collected must be used for ongoing monitoring of the award to evaluate its effectiveness, and for continuous program improvement.

The plan must:

- 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 ATSDR program (e.g., performance measures to be developed by the applicant) that must 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 base of effectiveness.

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

- d. Organizational Capacity of Applicants to Implement the Approach:**

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

Applicants must name this file “**CVs/Resumes**” or “**Organizational Charts**” and upload it at [www.grants.gov](http://www.grants.gov).]

**11. Work Plan:** *(Included in the Project Narrative’s 25 page limit)*

Applicants must prepare a work plan consistent with the ATSDR Project Description Work Plan section. The work plan integrates and delineates more specifically how the awardee plans to carry out achieving the project period outcomes, strategies, and activities, evaluation and performance measurement, including key milestones.

Applicants must name this file “**Work Plan**” and upload it as a PDF file at [www.grants.gov](http://www.grants.gov).

**12. Budget Narrative:**

Applicants must submit an itemized budget narrative as part of the Organizational Capacity of Awardees to Execute the Approach. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. The budget must include:

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

For guidance on completing a detailed budget, see *Budget Preparation Guidelines* at: <http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>.

If applicable and consistent with statutory authority, applicant entities may use funds for activities as they relate to the intent of this FOA to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: <http://phaboard.org>). Applicant entities include state, local, territorial governments (including 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), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs.

Applicants must name this file “**Budget Narrative**” and upload it as a PDF file at [www.grants.gov](http://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 must have been made less than 12 months earlier. Applicants must name this file “Indirect Cost Rate” and upload it at [www.grants.gov](http://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 may be used to implement the optional policies, and no applicants will be evaluated or scored on whether they choose to implement these optional policies.

CDC supports implementing evidence-based programs and policies to reduce tobacco use and secondhand smoke exposure, and to promote healthy nutrition. CDC encourages all awardees to implement the following optional recommended evidence-based tobacco and nutrition policies

within their own organizations. The tobacco policies build upon the current federal commitment to reduce exposure to secondhand smoke, specifically The Pro-Children Act, 20 U.S.C. 7181-7184, that prohibits smoking in certain facilities that receive federal funds in which education, library, day care, health care, or early childhood development services are provided to children.

**Tobacco Policies:**

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

**Nutrition Policies:**

1. Healthy food-service guidelines must, at a minimum, align with HHS and General Services Administration Health and Sustainability Guidelines for Federal Concessions and Vending Operations. These guidelines apply to cafeterias, snack bars, and vending machines in any facility under the control of the awardee and in accordance with contractual obligations for these services (see: [http://www.gsa.gov/graphics/pbs/Guidelines\\_for\\_Federal\\_Concessions\\_and\\_Vending\\_Operations.pdf](http://www.gsa.gov/graphics/pbs/Guidelines_for_Federal_Concessions_and_Vending_Operations.pdf)).
2. Resources that provide guidance for healthy eating and tobacco-free workplaces are: <http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/tobacco/index.htm>  
<http://www.thecommunityguide.org/tobacco/index.html>  
<http://www.cdc.gov/chronicdisease/resources/guidelines/food-service-guidelines.htm>.

**14. Health Insurance Marketplaces:**

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

**15. Intergovernmental Review:**

The application is subject to Intergovernmental Review of Federal Programs, as governed by Executive Order 12372, which established a system for state and local intergovernmental review of proposed federal assistance applications. Applicants should inform their state single point of contact (SPOC) as early as possible that they are applying prospectively for federal assistance and request

instructions on the state's process. The current SPOC list is available at: [http://www.whitehouse.gov/omb/grants\\_spoc/](http://www.whitehouse.gov/omb/grants_spoc/).

#### **16. Funding Restrictions:**

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

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care.
- Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, awardees may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs is not allowed.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
  - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
  - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See [Additional Requirement \(AR\) 12](#) for detailed guidance on this prohibition and [additional guidance on lobbying for CDC awardees](#).
- 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 activities.
- Projects that involve the collection of information from 10 or more individuals and are funded by a grant/cooperative agreement will be subject to review and approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

#### **17. Other Submission Requirements:**

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

Applications must be submitted electronically by using the forms and instructions posted for this funding opportunity at [www.grants.gov](http://www.grants.gov).

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

deadline date.

- b. Tracking Number:** Applications submitted through [www.grants.gov](http://www.grants.gov) are time/date stamped electronically and assigned a tracking number. The applicant's Authorized Organization Representative (AOR) will be sent an e-mail notice of receipt when [www.grants.gov](http://www.grants.gov) receives the application. The tracking number documents that the application has been submitted and initiates the required electronic validation process before the application is made available to CDC/ATSDR.
- c. Validation Process:** Application submission is not concluded until the validation process is completed successfully. After the application package is submitted, the applicant will receive a "submission receipt" e-mail generated by [www.grants.gov](http://www.grants.gov). A second e-mail message to applicants will then be generated by [www.grants.gov](http://www.grants.gov) that will either validate or reject the submitted application package. This validation process may take as long as two business days. Applicants are strongly encouraged to check the status of their application to ensure that submission of their package has been completed and no submission errors have occurred. Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the FOA. Non-validated applications will not be accepted after the published application deadline date.

If you do not receive a "validation" e-mail within two business days of application submission, please contact [www.grants.gov](http://www.grants.gov). For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Application User Guide, Version 3.0, page 57.

- d. Technical Difficulties:** If technical difficulties are encountered at [www.grants.gov](http://www.grants.gov), applicants should contact Customer Service at [www.grants.gov](http://www.grants.gov). The [www.grants.gov](http://www.grants.gov) Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by e-mail at [support@www.grants.gov](mailto:support@www.grants.gov). Application submissions sent by e-mail or fax, or on CDs or thumb drives will not be accepted. Please note that [www.grants.gov](http://www.grants.gov) is managed by HHS.
- e. Paper Submission:** If technical difficulties are encountered at [www.grants.gov](http://www.grants.gov), applicants should call the [www.grants.gov](http://www.grants.gov) Contact Center at 1-800-518-4726 or e-mail them at [support@www.grants.gov](mailto:support@www.grants.gov) for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail or call CDC GMO/GMS, *before the deadline*, and request permission to submit a paper application. Such requests are handled on a case-by-case basis. An applicant's request for permission to submit a paper application must:
1. Include the [www.grants.gov](http://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](http://www.grants.gov) Contact Center to submit electronically; and
  3. Be postmarked at least three calendar days before the application deadline.

Paper applications submitted without prior approval will not be considered. If a paper application is authorized, PGO will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

## E. Application Review Information

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

#### a. Phase I Review:

All applications will be reviewed initially for completeness by CDC PGO staff and will be reviewed jointly for eligibility by the ATSDR DCHI and PGO. Incomplete applications and applications that do not meet the eligibility criteria will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility or published submission requirements.

#### b. Phase II Review:

A review panel will evaluate complete, eligible applications in accordance with the "Criteria" section of the FOA.

##### i. Approach (50 points):

Evaluate the extent to which the applicant addresses the items below.

- Describes an overall strategy to achieve the outcomes, with specific and appropriate time lines.
- Describes activities that are achievable and appropriate to achieve the outcomes of the project.
- Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities.
- Feasibility of the applicant's plan to meet the outcomes, the extent to which the specific methods described is likely to achieve the outcomes, and whether the proposed use of funds is efficient.
- Describe the target populations in an area(s) with one or more Brownfield/Land Reuse sites. Describe any health disparities within the target population?
- Describe inclusion of specific populations, if applicable.
- Describe potential collaboration with ATSDR funded programs or programs external to ATSDR. Include letters of support.

##### ii. Evaluation and Performance Management (30 points):

Evaluate the extent to which the applicant addresses the items below.

- Describes an evaluation plan that clearly identifies key evaluation questions, type(s) of evaluations to be conducted, how and by whom evaluation will be conducted, data collection and analysis plans, how data will be reported, and how evaluation and performance measurement findings will be used to demonstrate the outcomes of the FOA and for continuous program quality improvement.

- Provides an evaluation plan that is feasible, ethical, methodologically sound, and engages key stakeholders.
- Describes how evaluation and performance measurement will contribute to developing an evidence base for programs that lack a strong effectiveness evidence base.

iii. Applicant's Organizational Capacity to Implement the Approach (20 points):  
Evaluate the extent to which the applicant addresses the items below.

- Demonstrates relevant experience and capacity (both management, administrative, and technical) to achieve the goals of the project.
- Demonstrates experience and capacity to implement the evaluation plan.
- Provides a staffing plan and project management structure that will be sufficient to meet the goals of the proposed project and which clearly defines staff roles. Provides an organizational chart.

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

**c. Phase III Review:**

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

**2. Announcement and Anticipated Award Dates:**

Awards will be announced to the public on the ATSDR Brownfield/Land Reuse Health Initiative website (<http://www.atsdr.cdc.gov/sites/brownfields/index.html>) between 10/1/2014 and 10/30/2014.

**F. Award Administration Information**

**1. Award Notices:**

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

Any applicant awarded funds in response to this FOA will be subject to the DUNS, SAM Registration, and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements.

Unsuccessful applicants will receive notification of these results by e-mail with delivery receipt or by U.S. mail.

## **2. Administrative and National Policy Requirements:**

Awardees must comply with the administrative requirements outlined in 45 C.F.R. Part 74 or Part 92, as appropriate. Brief descriptions of relevant provisions are available at [http://www.cdc.gov/od/pgo/funding/grants/additional\\_req.shtm](http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm).

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

Generally applicable 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-21: Small, Minority, And Women-owned Business
- 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-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)
- AR-35: Nutrition Policies

ARs applicable to awards by ATSDR:

- AR-18: Cost Recovery – ATSDR
- AR-19: Third Party Agreements – ATSDR

ARs applicable to awards related to conferences:

- AR-20: Conference Support
- AR-27: Conference Disclaimer and Use of Logos

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

## **3. Reporting**

### **a. ATSDR Reporting Requirements:**

Reporting provides continuous program monitoring and identifies successes and challenges that awardees encounter throughout the project period. Reporting helps ATSDR and awardees because it:

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

As described in the following text, awardees must submit ongoing performance measures data, quarterly performance reports, and a final performance and financial report. A detailed explanation of any additional reporting requirements will be provided in the Notice of Award to successful applicants.

**b. Specific reporting requirements:**

- i. Awardee Evaluation and Performance Measurement Plan:** Awardees must provide a more detailed evaluation and performance measurement plan within the first six months of the project to the project officer. This more detailed plan must be developed by awardees as part of the project activities, with support from ATSDR. This more detailed plan must build on the elements stated in the initial plan, and must be no more than 25 pages. At a minimum, and in addition to the elements of the initial plan, this plan must:
- Indicate the frequency that evaluation and performance data are to be collected.
  - Describe how data will be reported.
  - Describe how evaluation findings will be used to ensure continuous quality and program improvement.
  - Describe how evaluation and performance measurement will yield findings that will demonstrate the value of the FOA (e.g., effect on improving public health outcomes, effectiveness of FOA as it pertains to performance measurement, cost-effectiveness, or cost-benefit).
  - Describe dissemination channels and audiences (including public dissemination).
  - Describe other information requested and as determined by the ATSDR program.

When developing evaluation and performance measurement plans, applicants are encouraged to use the Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide, available at: <http://www.cdc.gov/eval/guide/index.htm>

- ii. Quarterly Performance Report:** This report must not exceed 45 pages excluding administrative reporting; attachments are not allowed, but Web links are allowed.

The awardee must submit the Quarterly Performance Report to the Project Officer 30 days after the end of the quarter period.

This report must include the following:

- **Performance Measures** (including outcomes)—Awardees must report on

performance measures for the budget period and update measures, if needed.

- **Evaluation Results**—Awardees must report evaluation results for the work completed to date (including any data about the effects of the program).
- **Work Plan**—Awardees must update work plan the 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 quarter.
  - Awardees must describe success stories.
- **Challenges**
  - Awardees must describe any challenges that might affect their ability to achieve project-period outcomes, conduct performance measures, or 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 must describe how ATSDR could help them overcome challenges to achieving project-period outcomes and performance measures, and completing activities outlined in the work plan.

Awardees must email the quarterly performance report to the ATSDR PO and the GMS listed in the “Agency Contacts” section of the FOA within 30 days of the end of the quarter period.

**iii. Federal Financial Reporting (FFR):** The FFR form (SF-425) is required and must be submitted through eRA Commons within 90 days after the budget period ends. The report must include only those funds authorized and disbursed during the timeframe covered by the report. The final report must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. The final FFR expenditure data and the Payment Management System’s (PMS) cash transaction data must correspond; no discrepancies between the data sets are permitted. Failure to submit the required information by the due date may affect adversely the future funding of the project. If the information cannot be provided by the due date, awardees are required to submit a letter of explanation and include the date by which the information will be provided. Awardees must email the request for extension to the GMS listed in the “Agency Contacts” section of the FOA.

**iv. Final Performance and Financial Report:** At the end of the project period, awardees must submit a final report including a final financial and performance report. This report is due 90 days after the project period ends. (This report must not exceed 45 pages excluding administrative reporting and attachments).

**v. ).**

At a minimum, this report must include:

- Performance Measures (including outcomes)—Awardees must report final performance data for all performance measures for the project period.
- Evaluation Results—Awardees must report final evaluation results for the project period.
- Impact/ Results—Awardees must describe the effects or results of the work completed over the project period, including success stories.
- FFR (SF-425)

Awardees must email the report to the ATSDR PO and the GMS listed in the “Agency Contacts” section of the FOA.

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

The FFATA and Public Law 109-282, which amends the FFATA, require full disclosure of all entities and organizations that receive federal funds including awards, contracts, loans, other assistance, and payments. This information must be submitted through the single, publicly accessible Web site, [www.USASpending.gov](http://www.USASpending.gov).

Compliance with these mandates is primarily the responsibility of the federal agency. However, two elements of these mandates require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through SAM; and 2) similar information on all sub-awards, subcontracts, or consortiums for greater than \$25,000.

For the full text of these requirements, see: <http://www.gpo.gov/fdsys/browse/collection.action?collectionCode=BILLS>.

#### **G. Agency Contacts**

CDC encourages inquiries concerning this FOA.

For **programmatic technical assistance**, contact:

Leann Bing, Project Officer  
Department of Health and Human Services  
Agency for Toxic Substances and Disease Registry (F-59)  
4770 Buford HWY NE, Atlanta, GA 30341  
Telephone: 404.562.1784  
Email: KBing@cdc.gov

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

Gladys Gissentanna, Grants Management Specialist  
Department of Health and Human Services  
CDC Procurement and Grants Office  
2920 Brandywine Road, MS E-15  
Atlanta, GA 30341  
Telephone: 770-488-2741  
Email: [GCG4@cdc.gov](mailto:GCG4@cdc.gov)

For assistance with **submission difficulties related to [www.grants.gov](http://www.grants.gov)**, contact the Contact Center by phone at 1-800-518-4726.

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

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

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

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

## H. Other Information

Helpful ATSDR resources:

- ATSDR Brownfield/Land Reuse Health Initiative ([www.atsdr.cdc.gov/sites/brownfields](http://www.atsdr.cdc.gov/sites/brownfields))
- ATSDR Webinar and other Videos (<http://www.atsdr.cdc.gov/sites/brownfields/videos.html>)
- ATSDR Action Model (<http://www.atsdr.cdc.gov/sites/brownfields/model.html>)
- ATSDR Site Tool ([http://www.atsdr.cdc.gov/sites/brownfields/site\\_inventory.html](http://www.atsdr.cdc.gov/sites/brownfields/site_inventory.html))
- ATSDR Brownfield/Land Reuse Publications (<http://www.atsdr.cdc.gov/sites/brownfields/publications.html>)
- ATSDR Regional Offices (<http://www.atsdr.cdc.gov/DRO/index.html>)
- ATSDR DCHI (<http://www.atsdr.cdc.gov/hac/index.html>)

Following is a list of acceptable attachments that applicants can upload as PDF files as part of their application at [www.grants.gov](http://www.grants.gov). Applicants may not attach documents other than those listed; if other documents are attached, applications will not be reviewed.

- Project Abstract
- Project Narrative
- Budget Narrative

- CDC Assurances and Certifications
- Work Plan
- Table of Contents for Entire Submission

Optional attachments

- Resumes/CVs
- Letters of Support
- Organizational Charts
- Non-profit organization IRS status forms, if applicable
- Indirect Cost Rate , if applicable
- Bona Fide Agent status documentation, if applicable
- Target Population Map

## I. Glossary

**Action Model:** The ATSDR Brownfield /Land Reuse Action Model helps the diverse members of the development community – officials, developers, community supporters, and residents, find ways to make health part of the renewal process. Communities can use the action model to identify common goals to incorporate these goals in strategic planning. <http://www.atsdr.cdc.gov/sites/brownfields/model.html>

**ACRES:** The Assessment, Cleanup and Redevelopment Exchange System (ACRES) is an online database for Brownfield Grantees to electronically submit data directly to EPA. <http://www.epa.gov/brownfields/pubs/acres/index.htm>

**Administrative and National Policy Requirements, Additional Requirements (ARs):** Administrative requirements found in 45 CFR Part 74 and Part 92 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the FOA; awardees must comply with the ARs listed in the FOA. To view brief descriptions of relevant provisions, see [http://www.cdc.gov/od/pgo/funding/grants/additional\\_req.shtm](http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm).

**Agency for Toxic Substances and Disease Registry (ATSDR):** The Agency for Toxic Substances and Disease Registry (ATSDR), based in Atlanta, Georgia, is a federal public health agency of the U.S. Department of Health and Human Services. ATSDR serves the public by using the best science, taking responsive public health actions, and providing trusted health information to prevent harmful exposures and diseases related to toxic substances. <http://www.atsdr.cdc.gov/>

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

**Bona Fide Agent:** A bona fide agent is an agency or organization identified by the state or county as

eligible to submit an application under the state or county eligibility in lieu of a state or county application. If applying as a bona fide agent of a state or local government, a legal, binding agreement from the state or local government as documentation of the status is required.

**Brownfield:** Brownfield sites are defined as "abandoned, idled, or underused industrial and commercial properties where reuse or redevelopment is complicated by real or perceived contamination." These sites have received funding from EPA Brownfield Program for redevelopment. (Source: EPA). See **Land Reuse**. (<http://www.atsdr.cdc.gov/sites/brownfields/>)

**Brownfield Inventory Tool:** The Brownfield Inventory Tool (BIT) is a Free, web-based, comprehensive brownfields program management tool. Cities, regional coalitions, and tribes can use BIT to create site inventories; submit reports such as the multiple property profile form (in excel); generate maps; and log administrative information about brownfields and other environmental programs. (<https://www.ksutab.org/login?ref=BIT>)

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

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

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

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

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

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

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

**Contracts:** An award instrument that establishes a binding, legal procurement relationship between CDC and a recipient, and obligates the recipient to furnish a product.

**Cooperative Agreement:** A financial assistance award with the same kind of interagency relationship as

a grant except that it provides for substantial involvement by the federal agency funding the award.

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

**Division of Community Health Investigations (DCHI):** ATSDR DCHI serves the public by 1) assessing the public health effects of community exposures to hazardous substances in the environment, 2) engaging stakeholders, and 3) guiding interventions to reduce the public health effects of such exposures. <http://www.atsdr.cdc.gov/hac/index.html>

**Direct Assistance:** An assistance support mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. Direct assistance generally involves the assignment of Federal personnel or the provision of equipment or supplies, such as vaccines. <http://intranet.cdc.gov/ostlts/directassistance/index.html>.

**DUNS:** The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at <http://fedgov.dnb.com/webform/displayHomePage.do>.

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

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

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

**Grants.gov:** A "storefront" Web portal for electronic data collection (forms and reports) for federal grant-making agencies at [www.grants.gov](http://www.grants.gov).

**Grants Management Officer (GMO):** The GMO is the official whose name appears on the NoA and is the official responsible for the business management and other non-programmatic aspects of an award. These activities include, but are not limited to, evaluating grant applications for administrative content and compliance with statutes, regulations, and guidelines; negotiating awards; providing consultation

and technical assistance to applicants and recipients, including interpretation of grants administration policies and provisions; and administering and closing out grants. The GMO is the focal point for receiving and acting on requests for prior approval or for changes in the terms and conditions of award. The GMO is the only official authorized to obligate the OPDIV to the expenditure of Federal funds or to change the funding, duration, or other terms and conditions of an award.

**Grants Management Specialist (GMS):** The GMS is an employee with assigned responsibility for the day-to-day management of a portfolio of grants. The GMS performs many of the activities described above on behalf of the GMO and usually is the primary point of contact for the recipient when dealing with grant-related issues.

**Health Disparities:** Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.

**Health Impact Assessment (HIA):** HIA is a process that helps evaluate the potential health effects of a plan, project or policy before it is built or implemented. An HIA can provide recommendations to increase positive health outcomes and minimize adverse health outcomes. HIA brings potential public health impacts and considerations to the decision-making process for plans, projects, and policies that fall outside the traditional public health arenas, such as transportation and land use.

(<http://www.cdc.gov/healthyplaces/hia.htm>)

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

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

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

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

**Land Reuse:** Land Reuse sites are defined as "any site formally utilized for commercial and industrial purposes complicated by real or perceived contamination" that has not received funding from the EPA Brownfield Program for redevelopment. (Source: ATSDR) <http://www.atsdr.cdc.gov/sites/brownfields/>

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

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

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

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

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

**Nongovernment Organization (NGO):** Any nonprofit, voluntary citizens' group that is organized on a local, national, or international level.

**Notice of Award (NoA):** The only binding, authorizing document between the recipient and CDC that confirms issue of award funding. The NoA will be signed by an authorized GMO and provided to the recipient fiscal officer identified in the application.

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

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

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

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

**Program Strategies:** Public health interventions or public health capabilities.

**Program Official (PO):** Person responsible for developing the FOA; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member. The PO is the official responsible for the programmatic, scientific, and/or technical aspects of assigned applications and grants. The PO's responsibilities include, but are not limited to, development of programs to meet the agency mission; preparation of funding opportunity announcements; provision of programmatic technical assistance; post-award monitoring of project/program performance, including review of progress reports and making site visits; and other activities complementary to those of the GMO. The PO and the GMO work as a team in many of these activities.

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

**Protocol for Assessing Community Excellence in Environmental Health (PACE EH):** PACE EH offers a method for engaging communities to identify their health concerns, take action on their environmental health problems, and improve their health and quality of life.

[http://www.cdc.gov/nceh/ehs/ceha/PACE\\_EH.htm](http://www.cdc.gov/nceh/ehs/ceha/PACE_EH.htm)

**Public Health Accreditation Board (PHAB):** National, nonprofit organization that improves tribal, state, local, territorial, and U.S. public health departments and strengthens their quality and performance through accreditation.

**Site Tool:** The ATSDR Brownfield/Land Reuse Site Tool (Site Tool) helps environmental and health professionals identify and catalog contaminants and health concerns associated with former and current use of the property. [http://www.atsdr.cdc.gov/sites/brownfields/site\\_inventory.html](http://www.atsdr.cdc.gov/sites/brownfields/site_inventory.html)

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

**Statute:** An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular

municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.  
*Black's Law Dictionary 2 Kent, Comma 450.*

**Statutory Authority:** Authority provided by legal statute that establishes a federal financial assistance program or award.

**Technical Assistance:** Advice, assistance, or training pertaining to grant management, program development, implementation, maintenance, or evaluation that is provided by the funding agency.

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