



Centers for Disease Control and Prevention (CDC)
Office of Financial Resources

Catalog of Federal Domestic Assistance (CFDA): 93.197
CDC-RFA-EH17-1701SUPP18

Lead Poisoning Prevention-Childhood Lead Poisoning Prevention
National Center for Environmental Health (NCEH)

Purpose:

The purpose of this program SUPPLEMENT is to enhance childhood lead poisoning prevention activities related to four key program strategies that are within the scope of CDC-RFA-EH17-1701: Lead Poisoning Prevention-Childhood Lead Poisoning Prevention.

Background:

This funding is intended to enhance childhood lead poisoning prevention activities to reduce childhood lead exposure and lead poisoning related to four key program strategies including: 1) strengthen blood lead testing and reporting; 2) strengthen surveillance of blood lead levels; 3) strengthen linkages of lead-exposed children to recommended services; and 4) strengthen targeted population-based interventions.

For a complete description of program strategies, please refer to the original NOFO for CDC-RFA-EH17-1701: Lead Poisoning Prevention-Childhood Lead Poisoning Prevention.

Eligibility:

This award will be a program supplement intended only for the recipient(s) previously awarded under CDC-RFA-EH17-1701: Lead Poisoning Prevention-Childhood Lead Poisoning Prevention.

Program Supplement Activities:

The goal of this supplemental award is to enhance childhood lead poisoning prevention activities for state and local health agencies, or their bona fide agents, supported by CDC to address four key strategies related to strengthening: blood lead testing and reporting, surveillance, linkages to recommended services, and targeted population-based interventions.

Some examples of such activities of Program interest are listed below (and additional information for each provided in attached document "Descriptions of Proposed Project Activities of Program Interest for FY18 Supplement to CDC-RFA-EH17-1701"):



Strategy 1: Strengthen Blood Lead Testing and Reporting

- Design and implement targeted assessment of blood lead levels in localized, high-risk areas
- Develop and implement provider report cards on blood lead testing
- Assess laboratory capacity and reporting of blood lead level test results
- Validate the CDC/ATSDR Lead Exposure Risk Index (LERI), under development, as a tool for identifying high-risk areas

Strategy 2: Strengthen Surveillance

- Integrate childhood blood lead surveillance into the state's Environmental Public Health Tracking Network
- Integrate child and adult blood lead surveillance systems to better respond to "take-home" lead exposure from occupational sources
- Improve health care provider collection and inclusion of sociodemographic variables associated with blood lead tests
- Apply "enhanced passive surveillance methods" to identify unusual patterns or increases in elevated blood lead levels among children

Strategy 3: Strengthen Linkages of Lead-exposed Children to Recommended Services

- Improve follow-up of elevated blood lead levels among transient populations and identify gaps to reduce loss-to-followup among at-risk children
- Establish/improve linkages to early education or child developmental disabilities services
- Establish/strengthen linkages between departments of health and local housing agencies/code enforcement in order to lower lead exposure and blood lead levels

Strategy 4: Strengthen Population-Based Interventions

- Evaluate educational interventions for lead-exposed children
- Evaluate CDC's "Lead Poisoning Prevention in Newly Arrived Refugee Children: Tool Kit"
- Evaluate CDC's Guide "Pay for Success: A How-To Guide for Local Government Focused on Lead-Safe Homes"
- Develop a plan for a lead-free model city

Application Submission:

Applications must be submitted by **8/15/2018, 11:59 PM Eastern Standard Time** via GrantSolutions by selecting amendment type: **Supplement**. The Performance Reporting Period for this supplement is **09/30/2018 – 09/29/2019**. Late or incomplete applications could result in an enforcement action such as a delay in the award or a reduction in funds. CDC will accept requests for a deadline extension on rare occasions and after adequate justification has been provided.



Centers for Disease Control
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Atlanta GA 30333

If you need information regarding the application process, please contact Victoria McBee, Grants Management Specialist, at 770-488-2825 or yig9@cdc.gov. For programmatic information, please contact Monica Leonard, Program Services Team Lead, at 404-498-1826 zgf7@cdc.gov.



General Application Packet Tips:

- Properly label each item of the application packet
- Each section should use 1.5 spacing with one-inch margins
- Number all pages
- This report must not exceed 25 pages, excluding administrative reporting, but web links are allowed
- Where the instructions on the forms conflict with these instructions, follow these instructions
- GrantSolutions allows for several file types to be uploaded within the system. Refer to grantsolutions help support for a list of the file types.

Checklist of required contents of application packet:

1. SF-424 Application for Federal Domestic Assistance Version 2 (online form)
2. SF-424A Budget Information-Non-Construction (online form)
3. Indirect Cost Rate Agreement (miscellaneous attachment)
4. Project Narrative
5. Budget Justification (miscellaneous attachment)
6. Interim Federal Financial Report SF-425 (FFR), *if requesting carryover* (miscellaneous attachment)

1. SF-424 Application for Federal Domestic Assistance-Version 2:

- A. In addition to inserting the legal name of your organization in Block #5a, insert the CDC Award Number provided in the CDC Notice of Award under **CDC-RFA-EH17-1701 Lead Poisoning Prevention- Childhood Lead Poisoning Prevention**. Failure to provide your award number could cause delay in processing your application.
- B. Please insert your organization’s Financial Official information in Block #8.

2. SF-424A Budget Information and Justification:

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

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



For guidance on completing a detailed budget, see Budget Preparation Guidelines at:
<https://www.cdc.gov/grants/applying/application-resources.html>.

3. Indirect Cost Rate Agreement (This is not applicable to grantees subject to OMB Guidance A-21 – Educational Institutions. The rates stay the same as the first year award.):

- A. If indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Grantees under such a plan.
- B. Clearly describe the method used to calculate indirect costs. Make sure the method is consistent with the Indirect Cost Rate Agreement.
- C. To be entitled to use indirect cost rates, a rate agreement must be in effect at the start of the budget period.
- D. If an Indirect Cost Rate Agreement is not in effect, indirect costs may be charged as direct if (1) this practice is consistent with the grantee’s/applicant’s approved accounting practices; and (2) if the costs are adequately supported and justified. Please see the Budget Guidelines ([Funding main page](#)) for additional information.
- E. If applicable, attach in the “**Miscellaneous Attachments.**” Name document “Indirect Cost Rate.”

4. Project Narrative:

Budget Period Proposed Objectives and Activities for SUPPLEMENT: 9/30/2018 – 09/29/2019

Section 1: Approach (Maximum of 1-2 pages)

Please provide a description of how this program supplement will be utilized to enhance your existing efforts under CDC-RFA-EH17-1701 for one or more of the following four key program strategies:

- 1) Strengthen blood lead testing and reporting
- 2) Strengthen surveillance of blood lead levels
- 3) Strengthen linkages to ensure lead-exposed children receive recommended services
- 4) Strengthen targeted population-based interventions

Section 2: Work Plan (Maximum of 2-8 pages)

Please provide a work plan that describes the following

- a. Description of the enhanced strategy & new activities
- b. Timeline for completion within the budget period
- c. Responsible party(-ies)
- d. Anticipated outcomes (short-term, intermediate, and long-term)



Section 3: Evaluation (Maximum of 1-2 pages)

Please provide a brief description of the following:

- a. How evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities.
- b. Describes any evaluation studies underway and how this supplement may enhance those efforts.
- c. Describes how evaluation and performance measurement will contribute to developing an evidence base for programs that lack a strong effectiveness evidence base.

Updated evaluation plans that reflect supplemental activities must be submitted to CDC 90-days after the project period start date (December 30, 2018).

5. Additional Program Requirements (if applicable)

All proposed supplemental activities must be within the scope of the original Notice of Funding Opportunity (NOFO) ([CDC-RFA-EH17-1701](#)).

6. Reporting Requirements

For a complete description of reporting requirements, please refer to the original Notice of Funding Opportunity (NOFO) ([CDC-RFA-EH17-1701](#)).

Performance Measure Reporting: For a complete description of performance monitoring and evaluation requirements, please refer to the original Notice of Funding Opportunity (NOFO) ([CDC-RFA-EH17-1701](#)).

7. Award Notices

Pending Availability of funds, recipients will receive an electronic copy of the Notice of Award (NOA) from CDC OGS. The NOA shall be the only binding, authorizing document between the recipient and CDC. The NOA will be signed by an authorized GMO and emailed via the agency awarding system (GrantSolutions) to the recipients Authorizing Official listed in application and the Program Director. Any applicant awarded funds in response to this supplement will be subject to the DUNS, SAM Registration, and Federal Funding Accountability and Transparency Act of 2006 (FFATA) requirements.