

Frequently Asked Questions

Background

This document provides answers to frequently asked questions (FAQs) associated with Notice of Funding Opportunity (NOFO) announcement EH21-2102. Questions are organized into 14 categories:

- General Information
- Eligibility
- Budget and Funding
- Submission
- Completing the Application
- Work Plan
- MOU/MOA/LOS
- Reporting Requirements and Evaluation
- Review Process
- Awards
- Technical Assistance
- Contacts
- Project Narrative
- Services and Support

Select any question in the Table of Contents to view the answer. If you cannot find the answer email LPPS@cdc.gov.

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General Information

1. What is the purpose of this Notice of Funding Opportunity (NOFO)?

This NOFO supports the following overarching program strategies related to:

- a. secondary prevention of childhood lead poisoning through the core public health functions of assurance (ensuring blood lead testing and reporting, and improving linkages to recommended services) and assessment (enhancing blood lead surveillance) –and–
- b. primary prevention of childhood lead poisoning through targeted, population-based interventions with a focus on community-based approaches for lead hazard elimination.

2. Can the NOFO be used to support research?

No.

3. Where can I view the NOFO?

- <https://www.grants.gov/web/grants/view-opportunity.html?opId=329557>
- <https://www.cdc.gov/nceh/lead/>

4. April 25 is a Sunday. Is the application expected to be submitted earlier than that day?

You can submit early but no later than 11:59 PM EDT on April 25, 2021.

5. What are the expected number of awards?

We anticipate making 51 awards under Component A and 10 awards under Component B.

6. How long is the period of performance?

The total period of performance is 5 years.

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- 7. Do we submit the forms (424, 424A) for Component A and Component B separately?**
It will be one application but separate federal forms for Component A and Component B.
- 8. Should we use separate columns for each Component in the SF424A?**
Yes.
- 9. What are the expectations of the Lead Advisory Committee?**
The criteria will vary depending on local needs.
- 10. Can I get a copy of the slide showing state funding amount based on census tract?**
Slides from the CDC-RFA-EH21-2102 NOFO Informational Webinar were emailed to meeting participants Friday, March 26, 2021. The slides are also posted on the CDC Childhood Lead Poisoning Prevention Website at <https://www.cdc.gov/nceh/lead/>.
- 11. In the “Related Documents” tab, I see the February 24 grant application - but how do I access the new modification in grants.gov?**
The changes you are looking for are in the application package. If you retrieved an application package before March 24, 2021, the following forms have been replaced or removed:
- Application for Federal Assistance (SF-424) [V2.1] has been replaced with [V3.0]
 - Disclosure of Lobbying Activities (SF-LLL) [V1.2] has been replaced by [2.0]
 - HHS Checklist has been removed.
- 12. If I already completed and routed the original forms for signature, do I need to use the new forms in grants.gov?**
You will need to retrieve the new package to submit it through Workspace on Grants.gov. The changes you are looking for are in the application package. If you retrieved an application package before March 24, 2021, the following forms have been replaced or removed:
- Application for Federal Assistance (SF-424) [V2.1] has been replaced with [V3.0]
 - Disclosure of Lobbying Activities (SF-LLL) [V1.2] has been replaced by [2.0]
 - HHS Checklist has been removed.

Frequently Asked Questions

Eligibility

13. What is the definition of “responsiveness”?

Responsiveness is ensuring that eligibility and funding requests have not exceeded the NOFO funding ceiling.

14. Who may apply for funding?

- Native American tribal governments (Federally recognized)
- State governments or their bona fide agents (includes the District of Columbia)
- Local governments (i.e., city, township, or county) or their bona fide agents

15. Are U.S. territories eligible?

No. U.S. territories are not eligible to apply under this NOFO. Eligible applicants are listed on page 18 of the NOFO.

16. Are international organizations eligible?

No.

Budget and Funding

17. How much funding is available for the project period?

The total period of performance funding is \$100,000,000. **This amount is subject to the availability of funds.**

18. How much funding is available for the fiscal year?

The approximate total fiscal year funding is \$20,000,000. **This amount is subject to the availability of funds.**

19. Are cost sharing or matching funds required?

No.

20. When will the budget period begin?

The start date is September 30, 2021.

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21. How long can the project be funded?

The total project period is 5 years. CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (project period) will be shown in the “Notice of Award.”

22. What is a DUNS number and how do I obtain one?

A Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the internet, a DUNS number will be sent within 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>.

23. Where do I find guidance on budget preparation?

Please click this link for detailed information on budget preparation: [CDC Budget Preparation Guidelines](#).

24. Are applicants required to submit a budget for each Component?

Yes. Applicants must include a separate budget for Component A and Component B.

25. Does the detailed Budget Narrative count towards the page limit?

No. The detailed budget narrative does not count towards the page limit.

26. Do I have to submit a detailed budget narrative for the full 5-year performance period?

No. A budget must be submitted only for Year 1.

27. Do I follow the OGS Budget Guidelines? Are all costs in the correct cost category, etc.?

Yes. Please click this link for detailed information about developing the budget narrative: [CDC Budget Preparation Guidelines](#).

28. Who is the budget information contact?

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

Kristal Thompson-Black

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Grants Management Specialist

Department of Health and Human Services

Office of Grants Services Address: Office of Financial Resources Centers for
Disease Control and Prevention

Email: fmn4@cdc.gov

- 29. Separate budgets are required for Components A and B. Because some staff will commit time to both Components, can we submit one overall budget spreadsheet that includes a column for Component A and a column for Component B, showing how staff time and costs will be allocated to each Component? The column totals will then represent the total amount of funding requested for each Component.**

Budgets should be submitted separately as each component will be evaluated independently.

- 30. Could the first annual cooperative agreement meeting be virtual? If so, should applicants' budget for annual in-person travel for the entire award period, or only years 2-5?**

Applicants should budget for in-person travel for the annual recipient meeting. If the meeting is moved to virtual, then programs can work with their Project Officers to redirect funds to another budget category. Additionally, please see page 4 of the [CDC Budget Preparation Guidelines](#). It states the following:

Dollars requested in the Travel category should be for **recipient staff travel only**. Travel for consultants should be shown in the Consultant category. Travel for other participants (e.g., advisory committees, review panel, etc.) should be itemized as specified below and placed on the *Other* category.

For In-State Travel, provide a narrative justification describing the travel staff members will perform. List where travel will be undertaken, number of trips planned, who will be making the trips, and approximate dates. If mileage is to be paid, provide the number of miles and the cost per mile. If travel is by air, provide the estimated cost of airfare. If per diem/lodging is to be paid, indicate the number of days and amount of daily per diem, as well as the number of nights and estimated cost of lodging. Include the cost of ground transportation, when applicable.

For Out-of-State Travel, provide a narrative justification including the same information requested above. Include CDC meetings, conferences, and workshops, if required by CDC. Itemize Out-of-State Travel in the format described above for In-State

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Travel.

- 31. A potential subgrantee would provide services under both Components A and B. Should Components A and B for this subgrantee have separate budgets?**

Yes. Each component will be evaluated separately.

- 32. Can an applicant fund sub-contractors, such as a state funding a local health department?**

Yes.

- 33. For Component A, we will include state staff for budgeting. For Component B, we want to subcontract with our local jurisdictions for the entire \$350,000. For the budget for Component B, can we say that we are contracting with local jurisdictions, or do we need to itemize? The state staff for both Component A and Component B will be the same. For Component A, we will provide the percentage that state staff are on the grant and propose a budget; while for Component B, state staff will be in-kind.**

Applicants must follow the [CDC Budget Preparation Guidelines](#) when developing their budget narrative. The applicant must submit the following information to CDC for each contract when establishing a third-party contract to perform program activities:

1. Name of Contractor: Identify the name of the proposed contractor and indicate whether the contract is with an institution or organization.
2. Method of Selection: State whether the contract is a sole source or competitive bid. If an organization is the sole source for the contract, include an explanation as to why this institution is the only one able to perform contract services.
3. Period of Performance: Specify the beginning and ending dates of the contract.
4. Scope of Work: Describe the specific services/tasks to be performed by the contractor and relate them to the accomplishment of program objectives. Deliverables should be clearly defined.
5. Method of Accountability: Describe how the progress and performance of the contractor will be monitored during and on close of the contract period. Identify who will be responsible for supervising the contract.
6. Itemized Budget and Justification: Provide and itemized budget with appropriate justification. If applicable, include any indirect cost paid under the contract and the indirect cost rate used.

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34. How should budgets be uploaded to Grants.gov?

Two budgets are required, one for Component A and one for Component B. The budgets must be uploaded to www.grants.gov as PDF files and must include all budget categories described in [CDC Budget Preparation Guidelines](#).

35. What type of budget, with what level of detail, should we submit for years 2-5?

Please refer to the [CDC Budget Preparation Guidelines](#).

36. What are the funding restrictions?

For a complete list of funding restrictions, please see page 29 in the NOFO.

37. Are my CCR/DUNS account and my Central Contractor Registration (CCR) active?

If the applicant is unsure, please go to this website: <https://www.sam.gov/SAM/>.

38. Do I provide a narrative to address each cost category line by line?

Yes. Please click this link [CDC Budget Preparation Guidelines](#) for detailed information about developing the budget narrative.

39. Do I upload my NICRA (Negotiated Indirect Cost Rate Agreement) if, applicable?

Yes. The applicant should upload as application attachment in grants.gov.

40. Do I complete the Assurance and Certification form?

Yes. The applicant should verify assurances and certifications via the CDC Grants Assurances. A copy should be uploaded or signed in the grants.gov system. Forms are also attached to application in grants.gov.

41. Do you have more information on the categories of funding available that will be based on population and demonstration of need?

The Average One Year Award Amount listed on the second page of the NOFO is determined using 2019 U.S. Census data. Applicants with the following total state populations may request the **suggested award amounts** below for Component A:

- Populations less than 3 million may receive up to \$300,000
- Populations from 3 million to 6 million may receive up to \$350,000
- Populations from 6 million to 10 million may receive up to \$400,000
- Populations from 10 million to 13 million may receive up to \$450,000

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- Populations over 13 million may receive up to \$500,000

42. Will my application be disqualified if I apply for more than the suggested amounts based on population size?

No. Applicants will be considered non-responsive only if they request more than \$500K for Component A and \$350K for Component B. Applications will be evaluated on their merits and funding. The following lead exposure risk factors also may affect the funding decisions: population of children less than 6 years of age, percent of housing built before 1978, and percent of population living below poverty. Funding determinations will be based upon a combination of rank order, lead risk factors, and other factors to consider diversity of recipients.

43. What page of the NOFO addresses the amount applicants are eligible to apply for as it pertains to population?

This is not addressed in the NOFO.

44. We have over 6 million in population, and the average award is \$350k. Can we apply for \$400K because of the population amount?

These are suggested amounts. We encourage you to submit a budget you can justify as long as the maximum request amount is not exceeded.

45. You are encouraging local health departments to apply — but is there a population limit for Component B?

No.

46. Page 11 of the NOFO mentions separate budgets and work plans. Since the population of our state is just under 3 million, should we just apply for Component A (minimum \$300,000) or could we apply for Component B as well?

Applicants can apply for Component A and B. Applicants must include a separate individual work plan and budget for each Component. Please see page 12 in the NOFO and the response to Question #135 for suggested award amounts an eligible applicant may receive.

47. Please clarify the award amount for Component B only. Is the maximum per budget period \$250,000?

For Component B, applicants are eligible for a maximum of \$350,000 per budget period.

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48. Can applicants request funds above the anticipated average award amount as long as they do not exceed the maximum request amount?

Yes. Applicants will be considered non-responsive only if they request more than \$500K for Component A and \$350K for Component B.

49. Will the award amount be less money or nothing if our funding request exceeds the suggested amount and CDC does not agree with the amount requested? For example, if we request \$500,000 will CDC come back with \$300,00 or \$0 (all or nothing).

Any budget negotiations would happen after the award phase and will depend on the merits of the application and available funds.

50. Will risks beyond population of children under 6 years of age, percent of population living below poverty, and percent of pre-1978 housing be considered? For example, recent immigrants and non-English speaking populations.

Risks beyond population of children under 6 years of age should go into the statement of need and will be considered.

Submission

51. When is my application due?

Applications are due by April 25, 2021, 11:59 pm U.S. Eastern Standard Time, at www.grants.gov. If the application does not meet the submission deadline, it will not be eligible for review and will be discarded.

52. How do I submit my application electronically?

Applications must be submitted electronically by using the forms and instructions posted at www.grants.gov. Please see page 30 in the NOFO for more details.

53. In GrantSolutions under pkg forms, are those forms listed the only required forms for the application?

Only the forms at www.grants.gov are required. There are also places in the application where you can upload attachments.

54. Is applying via GrantSolutions an option or do we have to submit through grants.gov?

All applications must be submitted through www.grants.gov.

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Completing the Application

55. What is included in an application?

Below is a list of acceptable attachments applicants can upload as PDF files as part of their application at www.grants.gov. Applicants may not attach documents other than those listed; if other documents are attached, applications will not be reviewed. See page 47 in the NOFO.

- Table of Contents for Entire Submission
- Project Abstract
- Project Narrative (must include **all** the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan & Data Management Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan.)
- Work plan
- Budget Narrative
- CDC Assurances and Certifications
- Report on Programmatic, Budgetary and Commitment Overlap
- Memorandum of Agreement (MOA)
- Memorandum of Understanding (MOU)
- Letters of Support
- Bona Fide Agent status documentation, if applicable
- Resumes / CVs
- Organization Charts
- Indirect Cost Rate, if applicable
- Staffing plans that clearly define staff roles and expertise as they relate to the activities and outcomes

56. Do I need to include a project abstract summary?

Yes. Please see page 26 in the NOFO for more details about the project abstract summary.

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Work Plan

57. Are applicants required to submit a work plan for each Component?

Yes. Applicants must include a separate individual work plan for Component A and Component B.

58. Must applicants submit a work plan for each year of the performance period?

Applicants should provide a detailed work plan for the first budget year only and a high-level work plan for subsequent years 2-5. Please see page 14 in the NOFO for more details regarding the work plan.

59. Is there a work plan template?

Yes. Please see page 14 in the NOFO for more details regarding the work plan template.

60. An example in the NOFO webinar mentioned the format in the application guide could be modified or expanded upon. I would like to expand on the guide; however, I want to make sure that we submit a work plan that is consistent with expectations. Do you have any additional guidelines as to what is acceptable? Should I use the work plan format that is in the guide?

Applicants can use the work plan template on page 14 in the NOFO or create their own. At a minimum, the work plan must include all elements on page 14.

61. Does CDC want the grant applicant to submit a separate Work Plan and Logic Model for Component A and Component B?

Yes. When applying for Component A and Component B, applicants must include a separate individual work plan and budget for each Component. Applicants are not required to submit a logic model but must clearly identify the outcomes they expect to achieve by the end of the project period, as identified in the logic model on page 4 of the NOFO under the CDC Project Description section.

62. Will there be a total of 10 awards for Strategy 4 (primary prevention) with the rest of the awards focused on the first three strategies 1,2,3?

Yes. These are current estimates.

63. Were only 10 sites awarded for Component B because of funding limits?

Yes. More awards may be made if funding is available.

Frequently Asked Questions

64. If we don't get funded for Component B, can we still add Strategy 4 to our work plan?

Any changes in the work plan would need to be discussed and approved by the assigned Project Officer and Grants Management Specialist prior to implementation.

65. Does the Component B work plan have to support policy development and enforcement?

Component B can be a direct intervention. It does not necessarily have to be focused on policy change.

66. In the NOFO on page 9, do we have to show "Evidence of a detailed policy design and implementation plan, including timeline, objectives, methods, and key stakeholders," or can we create this as an activity in our work plan?

This can be an activity in the work plan. If listed as an activity, the applicant must describe and demonstrate in the work plan how they will develop and/or maintain strategic partnerships and policies to implement targeted, population-based interventions aimed at primary prevention of lead exposure with a focus on community-based approaches for lead hazard elimination. The plan should include timeline, objectives, methods, and key stakeholders. The plan should also describe and demonstrate the applicant's ability to develop and conduct outreach and education to the lead workforce, partners, and other stakeholders. It should also demonstrate the applicant's ability to educate public, partners, and stakeholders about lead-related issues.

67. Can local jurisdictions apply for Components A and B if their state is applying for Component A?

Component A is targeted toward states. For most areas, the state receives blood lead data. Local jurisdictions can apply for Component A if they are able to meet the requirements of the NOFO. However, CDC would like to avoid duplicative reporting by state and local jurisdictions. Local governments are encouraged to apply for Component B.

68. Can a state apply for Component A, and a local health dept apply for Component B separately?

Yes.

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69. Is Component B geared toward local government?

Local governments are encouraged to apply for Component B. However, states can also apply for Component B.

There are no restrictions on sub-awards or sub-awardees.

70. Does Component B have to be an existing intervention?

No. Innovative approaches are encouraged.

71. To apply for Component B, can applicants focus funding on multiple counties for Strategy 4, or should they focus on one county/jurisdiction based on highest risk, and apply on behalf of that county?

There are no restrictions on sub-awards or sub-awardees. If a state applies, they could propose interventions in multiple counties/jurisdictions.

72. Should a state health department applying for Component A not apply for Component B if it knows its target city is applying for Component B as well? Or should it choose another target city and apply for Component B for that area?

States and local governments can apply for Component B. Ideally, a state should not apply for Component B if it intends to partner with a target city or county that is also applying for Component B. In such a case, the state should choose another target city or county if applying for Component B.

73. Can I apply specifically to Strategy 3 under Component A, or must the applicants address each of the three strategies for Component A?

Yes. Applicants applying to Component A must address all three strategies.

74. Will state health departments have to describe their ability to work closely with local health departments and other local agencies and healthcare providers?

Yes. Please see page 13 in the NOFO for more details.

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MOU/MOA/ LOS

75. Are MOUs, MOAs, letters of support, or data sharing agreements required with the application?

Yes. Applicants should upload the MOU, MOA, letter of support, or data sharing agreement as a single PDF, combined with any other documents on collaborations using the file name "MOUs/MOAs" as part of their application at www.grants.gov.

76. What MOAs or MOUs are required for Component B?

Applicants should

- engage relevant federal, state, and local government agencies; tribes or tribal organizations; hospitals and health care providers; clinical laboratories; non-government organizations; non-profit agencies; private foundations and businesses; and academic institutions in their jurisdictions — particularly those with a focus on child health and environmental/occupational health
- leverage resources and opportunities to reach target populations, share data/information, and achieve outcomes expected under this NOFO
- provide MOU, MOA, or letter(s) of support to verify evidence of the collaborations.

For Component B, if the applicant is not a state health department or bona fide agent of the state, applicants must provide a letter of support from the state indicating willingness to coordinate prevention efforts to reduce duplication of efforts. The appropriate document should be uploaded as a single PDF, combined with any other documents on optional collaborations, using the filename "Letter of Support" at www.grants.gov. Please see pages 9-11 of the NOFO.

77. Separate files are requested for letters of support/MOUs/MOAs for Component A (filename "MOUs/MOAs") and Component B (filename "LOS_#"). Should letters applying to both Components be duplicated in both files?

Yes. Each component will be evaluated independently.

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78. Are there any guidelines for when the NOFO needs MOUs and MOAs?

Yes. Applicants should upload the MOU, MOA, letter of support, or data sharing agreement as a single PDF, combined with any other documents on collaborations using the file name "MOUs/MOAs" as part of their application at www.grants.gov.

79. Page 35 of the RFA awards points for “evidence of data-sharing agreements in place with housing, code enforcement, and other health agencies.” Must applicants provide proof of data-sharing agreements with each of these entities to be awarded full points?

Applicants should submit as many data-sharing agreements as possible; however, it is not a requirement to have data-sharing agreements with all the entities.

80. Page 35 of the RFA, under points awarded for the approach of Component B, states that the applicant “describes their ability to use surveillance information to target appropriate population-based, primary prevention interventions in high-risk areas by collaborating with housing rehabilitation, housing and health code enforcement, health care systems and early childhood AND other educational agencies.” Must applicants work with each of these entities to be awarded full points?

No. You do not need to work with each of these entities. Applicants should work only with entities that are appropriate for interventions they are proposing.

81. Letters of support should be addressed to Wilma Jackson. However, is that for the combined document of all LOS, or does each individual letter of support from partners need to be addressed to Wilma?

All MOUs, MOAs, and letters of support may be addressed to Ms. Jackson; however, this is not a requirement. Ms. Jackson’s name has been provided as a point of contact for those that prefer to address a direct person.

82. Is there a required number of letters of support?

There is not a required number. Applicants should submit required documents according to the NOFO.

83. Do I need to submit a Letter of Intent (LOI) and if so, what is the format?

The LOI is optional but encouraged because it will help CDC program staff estimate the number of and plan for the review of submitted applications. The LOI is due by March 26, 2021, should be addressed to Wilma Jackson and emailed to LPPS@cdc.gov. The LOI should include the following:

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- Number and title of this NOFO
 - Descriptive title of proposed project
 - Notice if applying for Component A only, Component B only, or Components A & B and amount of funding requested
 - Name, address, telephone number, and email address of the Principal Investigator.
- 84. Does the LOI need to indicate the funding request per budget year or for the entire 5-year grant period?**
- Year one only. Please ensure funding amounts are included in LOI for each component.
- 85. If our budget amount changes, do we resubmit the LOI?**
- Yes.

Reporting Requirements and Evaluation

- 86. What are the reporting requirements?**
- Please see page 41 in the NOFO for details regarding reporting requirements.
- 87. Will recipients have to report surveillance data to CDC?**
- Yes. Applicants must demonstrate ability to collect and submit required surveillance data variables to CDC on a quarterly basis.
- 88. Are an Evaluation and Performance Measurement Plan and a Data Management Plan (DMP) required in the new application?**
- Yes. Please see pages 12 and 25 in the NOFO for information on the Evaluation and Performance Measurement Plan and pages 29 and 41 in the NOFO for details regarding the Data Management Plan.
- 89. What are the measurable outcomes of this NOFO?**
- a. Improved blood lead testing and reporting rates for children less than 6 years of age at risk for lead exposure (e.g., screening/testing penetrance and the incidence and prevalence of children with blood lead levels greater than or equal to the CDC blood lead reference value) and other important blood lead levels categories.
 - b. Improved use of surveillance system data to capture missing data on child demographic and follow-up information (e.g., address, race/ethnicity, socioeconomic

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status, small geographic area [zip code or census tract], referrals to recommended services, completion of services by type).

- c. Improved rates of children less than 6 years of age who meet state case definitions who are linked to recommended services (e.g., environmental inspections, medical evaluations, nutritional counseling, developmental milestones assessments).
- d. Decreased disparities in blood lead levels by race/ethnicity and socioeconomic status.

For more details, refer to page 6 in the NOFO.

- 90. The NOFO indicates in several places that awardees will have to supply data for performance measures, but the NOFO does not specify what the performance measures are. Should applicants propose measures, or will CDC provide them? Similarly, the NOFO mentions that awardees must collect and submit "complementary data from relevant agencies" (page 16) but does not specify what data. Should applicants propose what data we will collect, or will CDC provide direction?**

Applicants should propose their own measures. CDC will provide guidance on quarterly data submissions. A form will be provided to recipients for reporting on performance measures.

Review Process

- 91. How does CDC review and selection process work?**

Please see page 31 in the NOFO for details regarding the Review and Selection Process.

- 92. How is the written application scored?**

Please see page 31 in the NOFO for details regarding application scoring.

Awards

- 93. How will you notify applicants selected for funding?**

Recipients will receive an electronic copy of the Notice of Award (NoA) from CDC Office of Grants Services (OGS). The NoA shall be the only binding, authorizing document between the recipient and CDC. The NoA will be signed by an authorized Grants Management Officer (GMO) and e-mailed via GrantSolutions to the Recipient Business Officer listed in the application and the Program Director.

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

94. How will you notify applicants not selected for funding?

Applicants not selected for funding will receive notification from CDC Office of Grants Services by e-mail with delivery receipt or by U.S. mail.

Technical Assistance

95. What type of capacity building assistance and/or technical assistance is available for recipients under this cooperative agreement?

In addition to monthly calls, site visits, and performance and financial monitoring, CDC is committed to provide subject matter expertise to support recipients in the development or enhancement of:

- Implementation of blood lead surveillance systems
- Evaluation and performance measurement
- Program effectiveness
- Work plans and program planning
- Capacity building
- Success stories

Additionally, CDC will share, provide, or promote the following:

- "Best practices" and "lessons learned" through required annual recipient meetings and quarterly conference calls, and at other venues, as appropriate.
- Access to information-sharing portals (e.g., SharePoint site).
- "Success Stories" and other reports and publications.
- Healthy Homes and Lead Poisoning Software System (HHPSS) at no cost to support recipients in deployment of the system and migration of data from other systems to HHPSS.
- Assistance by reviewing the use of data and information collected to support development, enhancement, or implementation of population-based interventions.
- Guidance in implementing activities, and identifying major program issues, strategies, and priorities related to the cooperative agreement.

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- Collaboration with other federal, state, and local health, environmental, and housing agencies by initiating contacts, conference calls, and on-site visits to discuss programmatic issues.
- Consultation and technical assistance regarding approaches used to link children to appropriate services.

Contact

96. Who is the point of contact for more information regarding the program?

For programmatic technical assistance, contact:

Wilma Jackson
Public Health Analyst/Project Officer
Lead Poisoning Prevention and Surveillance Branch (proposed)
Division of Environmental Health Science and Practice (DEHSP)
National Center for Environmental Health (NCEH)
Centers for Disease Control and Prevention (CDC)
Email: LPPS@cdc.gov

97. Who is the point of contact for hearing impaired?

Hearing impairment assistance: CDC telecommunications for persons with hearing impairment or other disabilities are available at TTY 1-888-232-6348.

98. Who is the point of contact for Grants.gov?

If technical difficulties are encountered at Grants.gov, applicants should contact Customer Service at www.grants.gov. The 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 email at support@www.grants.gov. Please note that www.grants.gov is managed by HHS.

Project Narrative

99. What information must be included in the project narrative?

The Project Narrative must include **all** the following headings (including subheadings):

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- Background
- Approach
- Applicant Evaluation and Performance Measurement Plan
- Organizational Capacity of Applicants to Implement the Approach
- Work Plan

The Project Narrative must be succinct, self-explanatory, and located in this section. It must address outcomes and activities to be conducted over the entire period of performance as identified in the CDC Project Description section. Failure to follow the guidance and format may negatively affect application score. Please see page 24 in the NOFO for more information regarding the Project Narrative.

100. Page 24 states that the project narrative has a 20-page limit — is that 20 pages for Component A and Component B each, or 20 pages total?

The 20-page limit is per component.

101. Page 36 of the NOFO refer to exposure risks that might affect application ranking. These risks include population of children under 6 years of age, percent of population living below poverty, and percent of pre-1978 housing. Should applicants submit data on these variables in their project narratives, or will CDC use other sources/datasets to identify these variables?

Yes. This information should be included and will be part of the evaluation criteria: Describes existing environmental lead hazards (e.g., homes built prior to 1978 and other known or suspected lead hazards), justifies the need for this program, and adequately describes high-risk areas or subpopulations at greatest risk for lead exposure.

102. If we apply for Components A and B, is the narrative for each Component limited to 20 pages (total of 40 pages)? Is it correct that each Component is worth up to 100 points (200 points combined)?

There is a 20-page limit per component, and each component can earn up to 100 points.

103. Does applying for Part A and Part B require two separate applications, uploaded as separate applications to grants.gov?

They should be uploaded as one application in www.grants.gov.

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Services and Supports

- 104. For Component B, would the direct provision of education count as a "direct service" and therefore not be recommended?**

No. The direct provision of education is not considered a direct service.

- 105. Can funds be used to support the coordination of local services that link to care for lead exposed children?**

Yes. Linkages to services is one of our core strategies.

- 106. Can applicants utilize Component B funds to link lead-exposed children to services?**

Yes. Linkage services are intended for both Component A and Component B.

- 107. Is funding allocation permissible for lead hazard removal projects/efforts?**

Yes.

- 108. Can funds be used to support risk assessor and case management staff support?**

Funds may be used for contracting or hiring staff for environmental risk assessment or case management. Staff must support efforts to identify lead-exposed children and improve linkages to recommended services. Recipients may not use funds for clinical care except as allowed by law.

- 109. Page 12 of the NOFO states the following: "Applicants are also expected to demonstrate that processes are in place to ensure that children with blood lead levels greater than or equal to the CDC blood lead reference value are linked to recommended services." What does CDC mean by "recommended services?"**

This will vary with blood lead level, needs, and resources but could include medical, environmental assessment, case management, behavioral health, housing, social services, educational support, etc.

- 110. If a state is applying for Component A only and would like to maintain a website or provide prevention information to a community, could those tasks work for the first three strategies of Component A?**

Yes.

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- 111. As part of the project to ensure comprehensive referral and follow-up, we rely on lead investigations. Can we use budget funds to pay for ELI training for our Risk Assessors?**

Yes.

- 112. Is the intention of Component B to focus on housing (paint/dust/soil/water) sources of lead exposure, or can non-housing sources be addressed by Component B as well?**

Non-housing sources can be addressed in Component B.

- 113. If applying for Component B, should the applicant have access to Blood Lead surveillance systems?**

Access is not required; however, applicants must provide a letter of support from the state indicating willingness to coordinate prevention efforts to reduce duplication of efforts.

- 114. Can funding be used to support data systems a program uses in addition to HHLPS?**

Yes.

- 115. I have found recent US census data for the population of children under 5. Where would I get the number of children under the age of 6?**

The number of children under age 6 years can be estimated by adding 20% of the total for children under age five to the whole total children less than 5 years of age. In other words, calculate 120% of the population under age 5 as the estimate for the population under age 6.

- 116. Does “population” refer to children under 6 years old?**

The population ranges listed were for total population, not just children under 6 years of age.