

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention (CDC)

National Environmental Public Health Tracking Program

Announcement Type: New – Type 1

Funding Opportunity Number: CDC-RFA-EH09-907

Catalog of Federal Domestic Assistance Number: 93.070

Key Dates:

Application Deadline: June 29, 2009

Pre-application conference: June 8, 2009

I. Funding Opportunity Description

Authority: This program is authorized under Sections 311 and 317(k)(2) of the Public Health Service Act, [42 U.S.C. Sections 243 and 247b(k)(2)] as amended. The Catalog of Federal Domestic Assistance number is 93.070.

Background: Public health tracking systems are critical in preventing and controlling disease in populations. Having accurate and timely tracking data permits public health authorities to determine disease impact and trends, recognize clusters and outbreaks, identify populations and geographic areas most affected, and develop and assess the effectiveness of policy and environmental public health interventions. The utilization of data and information regarding health outcome, environmental hazards, and human exposure/biomonitoring, or a combination of them, provide important information for

public health practice and comprise environmental public health tracking activities. The availability of these types of data in a standardized tracking network will enable researchers, public health authorities, healthcare practitioners, and the public to begin to understand the possible associations between the environment and adverse health effects. A key characteristic of environmental public health tracking is the emphasis on data integration across health, human exposure, and hazard information systems. The National Environmental Public Health Tracking Network (Tracking Network) is the first national effort to provide the United States with standardized data from multiple health, exposure, and hazard information systems that includes linkage of these data as part of regular tracking activities. The network builds on separate ongoing efforts within the public health and environmental sectors to improve health tracking, hazard monitoring, and response capacity. Development of the National Tracking Network depends on the availability, quality, timeliness, compatibility, and utility of existing hazard, exposure, and health effect data.

This cooperative agreement will support grantee collaboration with CDC and other appropriate partners to build statewide networks, to adopt already developed standards and specifications for the implementation of these networks, and to participate in the development of future standards and specifications.

Purpose: The purpose of the program is to establish and maintain a nationwide tracking network to obtain integrated health and environmental data and use it to provide information in support of actions that improve the health of communities. The program also aims to build state and local public health capacity in the area of environmental

health surveillance. The Tracking Network is a Web-based, secure network of standardized electronic health and environmental data. **See Appendix I** for additional description of the functions of the Network. This goal of the funding opportunity announcement is to expand the reach of the Tracking Network to eligible jurisdictions not currently funded under CDC RFA EH06-601. This announcement will provide state and local health departments, including eligible Tribes, territories, and municipalities, the resources to develop and implement tracking networks within the funded jurisdictions that will be part of the National Tracking Network. These networks must meet standards established by CDC for interoperability and assessment of environmental health at the local, state, and national levels. For the purposes of this funding opportunity announcement, the term jurisdiction will be used to capture the geographic regions represented by eligible applicants (states, counties, municipalities, tribes, etc).

This program addresses the “Healthy People 2010” focus area(s) of Environmental Health and Public Health Infrastructure in addition to CDC’s Health Protection Goal of “Healthy People in Healthy Places” to protect and promote people’s health and safety, especially those at greater risk of health disparities. A description of the CDC Health Protection Goals is located on the CDC Web site at:

<http://www.cdc.gov/osi/goals/goals.html>

Measurable outcomes of the program will be in alignment with the following performance goals for the National Center for Environmental Health (NCEH): Prevent or reduce illnesses, injury and death related to environmental risk factors; and increase the understanding of the relationship between environmental exposures and health effects.

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be reviewed. For the definition of research, please see the CDC Web site at the following Internet address:

<http://www.cdc.gov/od/science/regs/hrpp/researchDefinition.htm>

Awardee Activities:

In conducting activities to achieve the purpose of this program, the recipient will be responsible for completing all necessary planning and capacity building activities within 18 months of the award. These include, but are not limited to, coalition building, establishment of data-sharing agreements or memoranda of understanding (MOU), and establishing partnerships required to begin implementing the grantee jurisdiction's network that will be a part of the national network. Funding for implementation activities will be based on grantee's capability and readiness to transition to full network deployment, as well as to track and make available on their networks and to CDC core data and measures that meet Tracking's standards for national consistency (hereafter referred to as Nationally Consistent Data and Measures (NCDMs)). All grantees will be expected to begin implementation activities by Budget Year 03 of this award. No planning activities will be funded beyond Year 2. In addition, grantee must begin data transfer of nationally-consistent data and measures (NCDMs) (http://www.cdc.gov/nceh/tracking/pdfs/CDC_NCDM.pdf) and their associated metadata to the national Tracking data repository within 6 months of entering implementation phase. Grantees must be prepared to deploy its jurisdiction's secure and public tracking portals within 12 months of beginning their implementation phase.

Applicants with sufficient capacity and infrastructure in place to initiate the implementation phase of this activity in Year 1 are required to document this in their application and to propose a work plan and budget that supports this enhanced capability, and intent to enter the program at the network implementation phase. Those entering the program at this phase must demonstrate the existence or capacity to fulfill the requirements outlined for the planning grantees. Funding levels during each budget period will be commensurate with phase of work, and level of activities proposed.

Applicants have the option of receiving funding for Years 1 and 2 to conduct planning and capacity building. Awardee activities specific to planning and capacity building include the following:

1. Evaluate and build existing data and systems capacity and establish agreements needed to facilitate submission and use of NCDMs to state and national networks. At a minimum, activities should include:
 - i. Conduct an inventory of existing hazard and exposure monitoring and non-infectious health effect surveillance systems maintained within the jurisdiction to identify potential data sources for the Tracking Network and to identify issues related to interoperability and needed surveillance system/data enhancements.
 - a. At the minimum, this activity should include an assessment of the data and surveillance systems needed for the Tracking Network's current NCDMs as outlined in http://www.cdc.gov/nceh/tracking/pdfs/CDC_NCDM.pdf). The awardee will be required to evaluate additional systems and data over the time period of this award as new NCDMs are developed and adopted. Guidance

for conducting this assessment is provided in Appendix **II**.

- ii. Develop a data re-release plan and establish necessary data sharing agreements with data stewards for the purposes of tracking and making available NCDMs, as well as data and measures related to jurisdiction priorities.
 - iii. Establish procedures for expediting response to requests for access to restricted datasets (primarily county level data) from the awardee that are maintained on the CDC Tracking Network's Secure Portal.
2. Assess the capacity of health/environmental staff to analyze and build an environmental public health tracking network and to respond to potential environmental health problems. Identify training needs.
3. Facilitate the training of state and local health department workforce and their partners on basic EPHT principles that will establish a common understanding of the Program. At a minimum, this will include completing the CDC training course, EPHT 101.
4. Develop partnerships with local, state, tribal, and Federal governments; health care providers; non-governmental organizations; and private for-profit and non-profit groups whose participation is critical to the success of the program and to the development and implementation of the environmental public health tracking (surveillance) network.
 - i. Establish a technical advisory group for your jurisdiction that includes epidemiologists, informatics/information technology specialists, environmental professionals, communications specialists, laboratorians, and public health program officials to provide recommendations on implementing

State EPHT Networks that are interoperable and compatible with the national network standards and architecture.

- ii. Develop a strategy for identifying and communicating with key internal and external partners within the health and environmental agencies, including community stakeholders. This strategy must include a communications plan for delivering key national and local EPHT messages to targeted local level audiences and a risk communication component intended to help people make more informed decisions about perceived threats to their health and safety.
5. Prioritize state and local needs related to tracking of health effects, exposures, and hazards with the goal of incorporating these data into a tracking network for the jurisdiction.
 6. Examine existing state/local legislation and/or regulations to determine if additional authority is required to collect, integrate, and share data (with appropriate security and confidentiality restrictions).
 7. As needed, enhance environmental public health capacity and tracking of health effects, exposures, and/or hazards. This effort can supplement existing activities, but funding associated with this effort should not supplant existing funding.
 8. Develop a technical network implementation plan and establish needed capacity for implementing and maintaining a standardized tracking network in the jurisdiction. At a minimum, the plan should address:
 - i. Adoption/establishment of EPHT and other appropriate standards within the awardees' agency for the purposes of implementing the jurisdiction's tracking network.

- ii. An approach to addressing program requirements, including but not limited to staffing needs, equipment, and software.
- iii. An evaluation of jurisdiction or agency standards and policies governing information technology, for example front-end format/style guides and policies, information technology environment, and security requirements of the awardees' agency.
- iv. Requirements for jurisdiction's network and an evaluation of technical options for network architecture and infrastructure.
- v. Approach for making NCDMs available on the grantee and national network, and developing capacity to track data and measures on state-specific priorities.
- vi. A schedule for key milestones for network implementation.

Awardee activities specific to the network implementation phase of this project include the following:

1. Improve existing or establish new tracking data to ensure the availability and accessibility of data for development and reporting of nationally consistent, standardized data and measures on environmental hazards, exposures and health effects and other jurisdictional priorities.

2. Within 12 months of beginning network implementation, track and make available NCDMs on *both the local and national networks* See

http://www.cdc.gov/nceh/tracking/pdfs/CDC_NCDM.pdf) for specifications. These include:

- i. Hospitalizations for Asthma
- ii. Hospitalizations for Myocardial infarction

- iii. Ozone and Particulate Matter hazards or exposures
- iv. Drinking water hazards or exposures
- v. Birth defects
- vi. Cancer
- vii. Child blood lead levels
- viii. Reproductive health outcomes from vital statistics
- ix. Carbon Monoxide

3. For each year thereafter, track and make available newly developed NCDMs that are adopted by CDC as EPHT standards to CDC and on the grantee's network.

4. Applicants may also track health, exposure, and hazard data that are not included in the current NCDMs. These data and measures may be made available either via the jurisdiction directly or via a state or federal data steward. Multiple states tracking the same non-standard data and measures should collaborate with CDC to develop data standards and share lessons learned.

5. Compile metadata on data included on the grantee and National Tracking networks using the tracking metadata standard and tools and make the metadata available on the state tracking network as well as on the national metadata registry.

6. Using the standards and architecture developed and adopted by Tracking (which includes standards of CDC's Public Health Information Network, PHIN,) implement, deploy and maintain the funded jurisdiction's network that will be part of the National Tracking Network. Activities include:

- i. Work with Information Technology managers and data owners within the appropriate state and local departments to develop or enhance Tracking/PHIN

compatible IT Infrastructure that would allow controlled access to and exchange of data relevant to the National Tracking Network. Awardees must ensure that appropriate security controls are specified, designed into, tested, and accepted in developed products in accordance with appropriate guidance issued by the National Institute of Standards and Technology (NIST) (Sources and Further Readings: OMB Circular A-130, Appendix III; NIST SP 800-12 – *Introduction to Computer Security: The NIST Handbook*; NIST SP 800-26 – *Security Self-Assessment Guide for Information Technology Systems*)::

- ii. Establish web-based portals that utilize Tracking/PHIN metadata, data, and functional standards to facilitate the query, linkage, analysis, and utilization of Tracking data and information. These portals (or a combined single portal) shall support controlled user access and general public access. See “Tracking Grantee Portal Standards and Recommendations” at:
<http://www.cdc.gov/nceh/tracking/pdfs/GranteePortalRequirements.pdf>
- iii. For the controlled access portal (secure), establish role-based access controls to allow different users to have varying degrees of access based on their established role
- iv. Implement a “gateway” infrastructure to facilitate transfer of NCDMs and associated metadata across the Tracking Network
- v. Implement Tracking/PHIN Network messaging and data exchange standards to facilitate the exchange of Tracking data and information among partners, including Academic Partners for Excellence in Tracking, US Environmental Protection Agency (EPA), and among other states and their local partners. See

Section 3.10 of the Tracking Network Technical Network Implementation Plan

7. As part of network implementation and deployment, collaborate with CDC to develop and adopt a three-phase outreach and network promotion strategy consistent with those of the national outreach plan that drives use, participation, and support of the Network

8. Conduct a comprehensive assessment of all tracking activities in the grantee's jurisdiction. Based on the assessment, develop a written report outlining lessons learned from all activities designed to implement the state EPHT network. Refer to the Morbidity and Mortality Weekly Reports (See

<ftp://ftp.cdc.gov/pub/Publications/mmwr/rr/rr4811.pdf>) and (See

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5013a1.htm>)

All awardees are expected to carry out the following:

1. Participate in workgroups, including the Standards and Network Development (SND), Program Marketing and Outreach (PMO), the Network Content workgroups, and any new CDC workgroup that may be convened to address emerging Tracking priorities and focus areas. Due to the importance of these workgroups to the success of network implementation, participation and attendance at related meetings, and workshops is mandatory for all grantees.
2. Submit quarterly earned value management (EVM) reports that effectively integrate the project scope of work with cost, schedule, and performance elements for optimum project planning and control to assigned project officer.

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

CDC activities for this program are as follows:

1. Maintain and revise the National Tracking Architecture as Tracking/PHIN standards evolve to meet grantee needs.
2. Manage and maintain the National Tracking Network based on specifications in the National Network Implementation Plan (NNIP - <http://www.cdc.gov/nceh/tracking/pdfs/nnip.pdf>) and Technical Network Implementation Plan (TNIP - http://www.cdc.gov/nceh/tracking/pdfs/TNIP_V1.pdf), with input from grantees and other Tracking partners.
3. Implement the CDC gateway of the National Tracking Network.
4. Develop and publish network and content standards.
5. Foster collaboration with:
 - i. CDC's National Center for Public Health Informatics (NCPHI) to facilitate the creation and adoption of Tracking-related technical and data standards
 - ii. Federal data partners such as U.S. Environmental Protection Agency (EPA), the U.S Geological Survey (USGS), and National Aeronautics and Space Administrations (NASA).
 - iii. EPA to provide modeled air quality data for use by Tracking grantees and to address other environmental media in the grantees' state tracking programs.
 - iv. National data stewards and other professional organizations to facilitate data and information sharing that will support the grantees' Tracking activities.
6. Coordinate:

- i. technical assistance to grantees in work plan development; and the design and implementation of program activities, including analysis and presentation of data; and facilitation of regional trainings.
 - ii. with the U.S. Environmental Protection Agency (EPA) and NCPHI to ensure interoperability between CDC's PHIN and EPA's National Environmental Information Exchange Network
 - iii. the identification, development, and/or maintenance of appropriate methods and tools for use in the National Tracking Network and facilitate license agreements, where appropriate, to provide broad access among Tracking partners to these tools.
 - iv. interactions between and among recipient organizations by assisting in the sharing of information through CDC Web sites, the national Tracking program website, related stakeholders meetings, and direct communications.
 - v. activities at the national level among Centers, Institutes and Offices at CDC and the Agency for Toxic Substances and Disease Registry as well as other federal partners, national data organizations, and national partners.
 - vi. grantees' need for methodological consultation and evaluation and coordinate expertise from funded academic partners of excellence, CDC, and others to provide appropriate assistance to Tracking partners
7. Facilitate the development of Tracking-specific communication and outreach strategy guidelines with input from grantees and other Tracking partners, and the criteria to evaluate the effectiveness of the strategy.

8. Provide specific NCDM from federal partners for use on state and local network portals as appropriate
9. Facilitate:
 - i. a monthly forum for principal investigators via teleconference to promote the discussion of key Tracking issues and exchange of ideas.
 - ii. A National Tracking Program conference approximately once every other year, and up to two grantee workshops annually.
10. Work with grantees on standards and network development, EPHT Network content, and EPHT Program Marketing and Outreach, and other network and program-specific topics as needed to solicit input from state/local partners, academic partners, and other stakeholders on issues relevant to the implementation of the state and National EPHT Networks.
11. Conduct a comprehensive program assessment of overall progress toward network development at the state and national levels, including efforts directed at training, partnership, outreach and communication.

II. Award Information

Type of Award: Cooperative Agreement.

CDC's involvement in this program is listed in the Activities Section above.

Award Mechanism: U38 - Cooperative Agreements to Develop or Improve Facets of the

Public Health Information: In cooperation with eligible applicants, to facilitate the exchange and sharing of information, methods, and techniques for the enrichment and improvement of public health programs, including specialized health information data bases; to elicit the cooperation and coordination of national, public, private, and

voluntary agencies in promoting public health programs; or, to facilitate improved public health communications.

Fiscal Year Funds: 2009

Approximate Current Fiscal Year Funding: \$ 4,115,000

Approximate Total Project Period Funding: \$ \$20,575,000. This amount is an estimate, and is subject to availability of funds. The projected total includes both direct and indirect costs.

Approximate Number of Awards: 5

Applicants proposing planning and capacity-building activities during the first year will be considered for funding as follows:

Approximate Average Award: \$ 600,000. This amount is for the first 12-month budget period, and includes both direct and indirect costs.

Floor of Individual Award Range: \$ 500,000.

Ceiling of Individual Award Range: \$ 700,000 this ceiling is for the first 12-month budget period and it includes both direct and indirect costs.

Applicants proposing implementation activities during the first year will be considered for funding as follows:

Approximate Average Award: \$ 800,000. This amount is for the first 12-month budget period, and includes both direct and indirect costs.

Floor of Individual Award Range: \$ 650,000.

Ceiling of Individual Award Range: \$ 950,000 this ceiling is for the first 12-month budget period and it includes both direct and indirect costs.

Anticipated Award Date: August 31, 2009

Budget Period Length: 12 months

Project Period Length: 5 years.

Throughout the project period, CDC's commitment to continuation of awards will be conditioned on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the Federal government. In addition, funding for Year 3 and beyond will be contingent of grantee's capability and readiness to transition to full network implementation.

III. Eligibility Information

III.1. Eligible Applicants

Eligible applicants that can apply for this funding opportunity are listed below:

- Federally recognized or state-recognized American Indian/Alaska Native tribal governments
- State and local governments or their Bona Fide Agents (this includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau)
- Political subdivisions of States (in consultation with States)

A Bona Fide Agent is an agency/organization identified by the state as eligible to submit an application under the state eligibility in lieu of a state application. If applying as a bona fide agent of a state or local government, a letter from the state or local government as documentation of the status is required. Attach with "Other Attachment Forms" when submitting via www.grants.gov. Reasons to Justify Limited Competition for new or competing continuation awards or program expansion supplements where eligibility is not limited by statute or regulation and the circumstances are not urgent.

Congressional language that authorized the "Coordinated Environmental Public Health Network" declared that "***States, local communities, territories, and Indian tribes*** need assistance with public health efforts that would lead to prevention of chronic disease,

including the establishment and maintenance of necessary infrastructure for disease and environmental hazard exposure surveillance...” The act further outlined a purpose and charge to CDC for carrying out the initiative by calling on the Director to “...develop, ensure oversight of the operation of, and maintain a Coordinated Environmental Public Health Network and State Environmental Public Health Networks, and operate and maintain rapid response capabilities so that the *Federal Government, States, local governments, territories, and Indian tribes* can more effectively monitor, investigate, respond to, research, and prevent increases in the incidence and prevalence of certain chronic diseases and relevant environmental and other risk factors.” Environmental Health portion of H.R. 3043 - Conference Report.

The limited eligibility proposed in this program expansion effort is consistent with the entities listed in the congressional language, the entities with the public health and regulatory authority to effect the integration of the requisite health, hazard, and exposure information for public health surveillance purposes, and the previously approved funding mechanism initiated at the founding of the program in CDC Program Announcement 02179 of 2002, Program Announcement 03074 of 2003, and CDC RFA EH06-601 of 2006.

Due to an increase in congressional appropriation for the program, this announcement seeks to expand the scope of national Tracking network coverage by up to 5 additional states, tribes or territories, building on the initiatives currently underway. The staged increase in congressional funding for this program supports the staged expansion proposed in this funding announcement, and only through this eligibility limitation can the resources be effectively applied to agencies of states, tribes and territories with the public health authority to deliver the nationwide health surveillance infrastructure mandated by this congressional authorization.

The limitation proposed is therefore designed to be in compliance with the call to fund governmental agencies with the authority to “monitor, investigate, respond to, and prevent diseases.” In addition to abiding by congressional directive that targets these funds to states, tribes, and territories, this limited eligibility represents a judicious use of these limited funds by channeling them to agencies best positioned to carry out the mandated activities.

III.2. Cost Sharing or Matching

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

III.3. Other

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

Special Requirements:

If the application is incomplete or non-responsive to the special requirements listed in this section, it will not be entered into the review process. The applicant will be notified the application did not meet submission requirements.

- Late applications will be considered non-responsive. See section “IV.3. Submission Dates and Times” for more information on deadlines.
- An important component of this announcement is to build partnerships among state environmental and health agencies, their subordinate departments and staff, county, city, tribal, and territorial health departments, data stewards, and public health laboratories. Therefore, applicants must demonstrate that their program will be a collaborative effort by including the following with their application:
 1. A letter of collaboration signed by both the applicant jurisdiction’s Secretary/Director of Health or equivalent and the jurisdiction’s Secretary/Director of Environmental Quality/Protection/Natural Resources or the equivalent agency/department confirming that partnerships exist or will be developed within the first **90** days of notice of award:
 - a) Across Health and Environmental Agencies/Departments. (Evidence of a partnership may be a confirmation of an existing memorandum of

understanding (MOU) between Health and Environment that covers activities related to this RFA).

- b) Between appropriate organizational units within each Agency/Department (Within the Health Department this may include birth defect programs, cancer registries, vital statistics, lead programs, environmental epidemiology, the state laboratory, chronic disease directors, and others).
- c) If Health and Environment are organized under one agency/department, a letter of intent from the Secretary/Director or equivalent of that agency/department confirming that partnerships exist or will be developed across appropriate organizational units within the Agency/Department is required.

2. A letter designating a public health liaison within the environmental agency/department, and an environmental liaison within the health agency/department.

3. Eligible local/municipal health departments must provide letter from responsible state authority assuring that activities related to this program will be coordinated with the State Health Department, and that the state will cooperate in providing relevant data to support NCDMs on the local and CDC network portals.

4. A letter of collaboration from the applicant jurisdiction's Public Health and/or Environment Health Laboratory director.

5. Letter of commitment from applicant's agency that travels will be authorized for mandatory national conferences and workshops each year, including funded and required travel for workgroup members performing under this award.

6. A letter of commitment from applicant's information technology management office indicating intent for collaboration and coordination on all IT focused activities listed in under "Awardee Activities."

These documents should be uploaded to Grants.gov under "Other Attachment Forms," and should be labeled clearly to reflect which special requirement each supports.

Applications that fail to submit documentation requested above will be considered non-responsive and returned to the applicant without review.

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

IV. Application and Submission Information

IV.1. Address to Request Application Package

To apply for this funding opportunity use the application forms package posted in Grants.gov.

Electronic Submission:

Applicant must submit the application electronically by utilizing the forms and instructions posted for this announcement on www.Grants.gov, the official Federal agency-wide E-grant Web site.

Registering your organization through www.Grants.gov is the first step in submitting applications online. Registration information is located in the “Get Registered” screen of www.Grants.gov.

Please visit www.Grants.gov at least 30 days prior to filing your application to familiarize yourself with the registration and submission processes. Under “Get Registered,” the one-time registration process will take three to five days to complete; however, as part of the Grants.gov registration process, registering your organization with the Central Contractor Registry (CCR) annually, could take an additional one to two days to complete. We suggest submitting electronic applications prior to the closing date.

IV.2. Content and Form of Submission

Letter of Intent (LOI): Not applicable.

Pre-application Conference Call:

A pre-application conference call is scheduled for interested applicants. This will occur June 8, 2009 from 2:00 to 4:00 P.M. (Eastern Standard Time [EST]). The purpose of this call is to discuss program requirements and to respond to any questions regarding the program announcement. To confirm your intent to participate and receive a meeting agenda and call-in instructions, applicants should send an e-mail or write Tonica Gleaton at TGleaton@cdc.gov or 4770 Buford Hwy, NE; MS F57, Atlanta, GA 30341.

Application:

A Project Abstract must be submitted with the application forms. The Project Abstract must contain a summary of the proposed activity suitable for dissemination to the public.

It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader. This Abstract must not include any proprietary/confidential information.

A project narrative must be submitted with the application forms. All electronic narratives must be uploaded in a PDF file format. The narrative must be submitted in the following format:

- Maximum number of pages: **35**. If your narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed.
- Font size: 12 point unreduced, Times New Roman
- Double spaced
- Paper size: 8.5 by 11 inches
- Page margin size: One inch
- Printed only on one side of page.
- Number all narrative pages; not to exceed the maximum number of pages.

The narrative should address activities to be conducted over the entire project period and must include the following items in the order listed:

- a) Operational plan and methods
- b) Existing resources
- c) Collaborative relationships
- d) Understanding of the purpose

e) Organizational and program personnel capability

f) Budget narrative and justification.

The budget and budget justification should be included as a separate attachment, and will not be counted in the narrative page limit.

Additional information may be included in the application appendices. The appendices will not be counted toward the narrative page limit. This additional information includes:

- Curriculum Vitae/Resumes for the proposed Principal Investigator and all other key personnel
- Organizational Charts
- Letters of Support
- Indirect Cost Rate Agreement

The agency or organization is required to have a Dun and Bradstreet Data Universal Numbering System (DUNS) number to apply for a grant or cooperative agreement from the Federal government. The DUNS number is a nine-digit identification number, which uniquely identifies business entities. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the [Dun and Bradstreet website](#) or call 1-866-705-5711.

Additional requirements that may request submission of additional documentation with the application are listed in section “VI.2. Administrative and National Policy Requirements.”

IV.3. Submission Dates and Times

Letter of Intent (LOI) Deadline Date: Not Applicable

Application Deadline Date: June 29, 2009

Explanation of Deadlines: Not Applicable

Applications must be received by 5:00 p.m. Eastern Time on the deadline date.

Applications must be submitted electronically at www.Grants.gov. Applications completed on-line through Grants.gov are considered formally submitted when the applicant organization's Authorizing Organization Representative (AOR) electronically submits the application to www.Grants.gov. Electronic applications will be considered as having met the deadline if the application has been successfully submitted electronically by the applicant organization's AOR to Grants.gov on or before the deadline date and time.

When submission of the application is done electronically through Grants.gov (<http://www.grants.gov>), the application will be electronically time/date stamped and a tracking number will be assigned, which will serve as receipt of submission. The AOR will receive an e-mail notice of receipt when HHS/CDC receives the application.

This announcement is the definitive guide on LOI and application content, submission address, and deadline. It supersedes information provided in the application instructions. If the application submission does not meet the deadline above, it will not be eligible for review. The application face page will be returned by HHS/CDC with a written

explanation of the reason for non-acceptance. The applicant will be notified the application did not meet the submission requirements.

IV.4. Intergovernmental Review of Applications

The application is subject to Intergovernmental Review of Federal Programs, as governed by Executive Order (EO) 12372 ([Executive Order 12372, GIL 06-005](#)

[http://pgo.cdc.gov/pgo/webcache/Regulations/GIL_06-](http://pgo.cdc.gov/pgo/webcache/Regulations/GIL_06-005_State_Govt_input_on_grant_applications.pdf)

[005 State Govt input on grant applications.pdf](http://pgo.cdc.gov/pgo/webcache/Regulations/GIL_06-005_State_Govt_input_on_grant_applications.pdf)). 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) as early as possible 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/spoc.html>

IV.5. Funding Restrictions

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

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- Awardees may not generally use HHS/CDC/ATSDR funding for the purchase of furniture. Any such proposed spending must be identified in the budget.

- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Reimbursement of pre-award costs is not allowed.

If requesting indirect costs in the budget, a copy of the indirect cost rate agreement is required. If the indirect cost rate is a provisional rate, the agreement should be less than 12 months of age. The indirect cost rate agreement should be uploaded as a PDF file with “Other Attachment Forms” when submitting via Grants.gov

The recommended guidance for completing a detailed justified budget can be found on the CDC Web site, at the following Internet address:

<http://www.cdc.gov/od/pgo/funding/budgetguide.htm>.

IV.6. Other Submission Requirements

A letter of intent is not applicable to this funding opportunity announcement.

Application Submission Address:

Electronic Submission:

HHS/CDC requires applicants to submit applications electronically at www.Grants.gov.

The application package can be downloaded from www.Grants.gov. Applicants are able to complete it off-line, and then upload and submit the application via the Grants.gov Web site. E-mail submissions will not be accepted. If the applicant has technical difficulties in Grants.gov, customer service can be reached by E-mail at support@grants.gov or by phone at 1-800-518-4726 (1-800-518-GRANTS). The

Customer Support Center is open from 7:00a.m. to 9:00p.m. Eastern Time, Monday through Friday.

HHS/CDC recommends that submittal of the application to Grants.gov should be prior to the closing date to resolve any unanticipated difficulties prior to the deadline.

The applicant must submit all application attachments using a PDF file format when submitting via Grants.gov. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than PDF may result in the file being unreadable by staff.

V. Application Review Information

V.1. Criteria

Applicants are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the cooperative agreement.

Measures of effectiveness must relate to the performance goals stated in the “Purpose” section of this announcement. Measures must be objective and quantitative and must measure the intended outcome. The measures of effectiveness must be submitted with the application and will be an element of evaluation.

The application will be evaluated against the following criteria:

1) Operational Plan and Methods (35 points)

The extent to which the applicant has clearly described a proposed approach for carrying out the activities listed under Section I. “Awardee Activities.” This includes

(1) description of specific, realistic, measurable and objectives that will lead to the implementation of the jurisdiction’s EPHT Network; inclusion of an implementation schedule/timeline that is reasonable and appropriately reflects major steps in recipient activities (**6 points**); (2) sound scientific methods for conducting needs assessments, evaluations, systems analysis and design, and other activities (**3 points**); (3) commitment to adopting and using existing Tracking/PHIN standards and specifications referred to in recipient activities and to the development of specifications with environmental health tracking partners and standards-setting organizations (**7 points**); (4) a plan for coordination across existing surveillance activities to promote the development of a state-wide and national network of integrated and interoperable public health systems (**7 points**); 5) a discussion of potential limitations and anticipated difficulties (including policy, legislation, issues or needed changes) of the proposed project and provide alternative approaches to be used to achieve the defined aims, with a tentative timetable for the 5-year project (**5 points**); and 6) if applicable, the extent to which the applicant clearly describes how it will implement its Tracking Network and how the local network will become part of the national Tracking Network (**7 points**).

2) Existing Resources (30 points)

The extent to which the applicant has described the need for funding under Awardee activities, including the following: (1) a description of results from any previous needs assessments and inventories of hazard, exposure, and health tracking (surveillance) or a preliminary assessment and inventory of current needs and systems (**3 points**); (2) level of integration of current surveillance systems (**6 points**); (3) coordination with other programs/initiatives in the grantee’s jurisdiction to improve surveillance (**6 points**); (4) a

description of existing and potential data sources, including existing MOUs, data sharing agreements, data release plans/policy (**7 points**); (5) a plan that clearly describes how applicant will allocate resources to ensure that it will track NCDMs and make them available on the jurisdiction's and national Tracking Networks (**5 points**); and (6) a description of existing Information technology infrastructure, including IT security policy, personnel, hardware and software integration and enhancement needs (**3 points**).

3) Collaborative Relationships (15 points)

The extent to which the applicant describes past, current, and proposed collaborations with relevant organizations and agencies within the applicant's jurisdiction and provides evidence that these organizations/agencies are willing to support and be actively involved in carrying out the project. In addition, applicant should 1) describe how it has or will collaborate with the state programs and stewards of data such as hospital discharge data, birth defects, cancer, lead, vital statistics, or other additional tracking conditions, to develop plans to access, manage, and analyze data in the jurisdiction's Tracking Network (**10 points**); and 2) provide letters of support from key partners, including the jurisdiction's CDC funded programs for asthma, birth defects, cancer and childhood lead poisoning. Specifically describe how these partners will work with the applicant's Tracking program to implement the local and national Tracking Networks, especially with regards to access to and presentation of data. Applicants must also describe what support/services its Tracking program will provide to its partners (**5 points**). If one or more of the partners listed above are not (and will not in the future be) participating with

the local Tracking program, the applicant will be considered ineligible for this announcement.

4) Understanding of the purpose (10 points)

The extent to which the applicant has a clear, concise understanding to the requirements, objectives, and purpose of the cooperative agreement; **(5 points)**, and evidence that applicant has identified a resources sharing plan to facilitate effective partnerships with relevant Tracking partners within collaborating health and environmental agencies **(5 points)**.

5) Organizational and program personnel capability (10 points).

The extent to which the proposed staffing, organizational structure, staff experience and background, job descriptions indicate that the applicant is capable of carrying out this program. In addition, applicant should document 1) adequate description of staff with appropriate training and experience to implement the jurisdiction's tracking network - **(5 points)**; and 2) evidence that staff roles are clearly defined and will be sufficient to accomplish the program goals - **(5 points)**.

6) Budget Narrative and Justification (Reviewed, but not scored)

The extent to which the proposal demonstrates appropriateness and justification of the requested budget relative to the activities proposed.

V.2. Review and Selection Process

Applications will be reviewed for completeness by the Procurement and Grants Office (PGO) staff, and for responsiveness jointly by the National Center for Environmental Health (NCEH) and PGO. Incomplete applications and applications that are non-

responsive to the eligibility criteria will not advance through the review process. Applicants will be notified the application did not meet submission requirements.

An objective review panel will evaluate complete and responsive applications according to the criteria listed in the “V.1. Criteria” section above.

The objective review process will follow the policy requirements as stated in the Grants Policy Directive 2.04 at <http://198.102.218.46/doc/gpd204.doc>. Applications will be reviewed objectively by a minimum of three qualified independent reviewers. A primary, secondary, and tertiary objective reviewer will assess each full application using only the criteria published in this announcement. One consistent voting panel will vote on all applications, presided over by a non-voting chairperson. All objective reviewers and panel members will be external to the Branch funding this announcement.

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

In addition, the following factors may affect the funding decision:

- Geographic distribution to ensure equal dispersion across the United States.

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

V.3. Anticipated Announcement and Award Dates

Anticipated Award Date: August 31, 2009

Anticipated Notification Date: On or before July 15, 2009

VI. Award Administration Information

VI.1. Award Notices

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

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

VI.2. Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 CFR Part 74 and Part 92, as appropriate. The following additional requirements apply to this project:

- AR-7 Executive Order 12372
- AR-8 Public Health System Reporting Requirements
- AR-9 Paperwork Reduction Act Requirements
- AR-10 Smoke-Free Workplace Requirements
- AR-11 Healthy People 2010
- AR-12 Lobbying Restrictions
- AR-14 Accounting System Requirements
- AR-24 Health Insurance Portability and Accountability Act Requirements
- AR-25 Release and Sharing of Data

Additional information on the requirements can be found on the CDC Web site at the following Internet address: http://www.cdc.gov/od/pgo/funding/Addtl_Reqmnts.htm.

CDC Assurances and Certifications can be found on the CDC Web site at the following Internet address: <http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>

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

VI.3. Reporting Requirements

The applicant must provide CDC with an annual interim progress report via www.grants.gov:

1. The interim progress report is due no less than 120 days before the end of the budget period. The progress report will serve as the non-competing continuation application, and must contain the following elements:
 - a. Standard Form (“SF”) 424S Form.
 - b. SF-424A Budget Information-Non-Construction Programs.
 - c. New Budget Period Narrative including:
 - i. New Proposed program activity and objectives, showing timelines, and measures of effectiveness
 - ii. Detailed budget for non-competing continuation.

- d. Indirect Cost Rate Agreement.
- e. Current Project Period Narrative must include:
 - i. Current budget period activities and objectives.
 - ii. Current budget period interim financial status report.
- f. Other Additional Information as Requested in Continuation Guidance.

Additionally, the applicant must provide CDC with an original, plus two hard copies of the following reports:

- 2. Financial status report and annual progress report, no more than 90 days after the end of the budget period.
- 3. Final performance and Financial Status reports, no more than 90 days after the end of the project period.

These reports must be submitted to the attention of the Grants Management Specialist listed in the “VII. Agency Contacts” section of this announcement.

VII. Agency Contacts

CDC encourages inquiries concerning this announcement.

For program technical assistance, contact:

Rosalyn Bell, MPA, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
4770 Buford Hwy, NE; MS F-57

Telephone: 770-488-3670

E-mail: RBell@cdc.gov

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

Terrian Dixon, Grants Management Specialist

Department of Health and Human Services

CDC Procurement and Grants Office

2920 Brandywine Road, MS K-70

Atlanta, GA 30341

Telephone: 770-488-2774

E-mail: TDixon@cdc.gov

For general 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

CDC Telecommunications for the hearing impaired or disabled is available at: TTY 770-488-2783.

VIII. Other Information

Other CDC funding opportunity announcements can be found on the CDC Web site,

[Internet address: http://www.cdc.gov/od/pgo/funding/FOAs.htm.](http://www.cdc.gov/od/pgo/funding/FOAs.htm)

Appendix I

Background and Scope of Program

In January 2001, the Pew Environmental Health Commission called for the creation of a coordinated public health system to prevent disease in the United States. Specifically, the commission saw the need for a system to track and combat environmental health threats. In Fiscal Year 2002, in response to the commission, the U.S. Congress appropriated funding to the CDC to initiate development of the Tracking Program.

The purpose of the Tracking Program is to establish and maintain a nationwide tracking network to obtain integrated health and environmental data and use it to provide information in support of actions that improve the health of communities. The Tracking Network is a Web-based, secure network of standardized electronic health and environmental data. The major functions of the Tracking Network are to

- enable compilation of a core set of nationally consistent health and environmental data and measures;
- discover, describe, exchange, analyze, and manage data;
- make tools available for managing and analyzing the data; and
- provide environmental public health information to the public.

Key benefits of the Tracking Network include the capability to

- provide timely and consistent information for stakeholders;
- provide access to and ability to integrate local, state, and national databases of environmental hazards, environmental exposures, and health effects;
- enable broad analysis across geographic and political boundaries;
- promote systems that are interoperable across jurisdictions through compliance with standards;
- increase environmental public health capacity at the state and local levels;
- provide the ability to enhance and improve data; and
- provide a secure, reliable, and expandable ability to link environmental and health data.

Data and resources available through the Tracking Network will advance efforts to

- identify populations at risk;
- detect trends in the occurrence of environmental hazards, exposures, and diseases;
- generate hypotheses about the relationship between environmental hazards and disease;
- guide intervention and prevention strategies;
- improve the public health basis for policymaking;

- enable the public's right to know about health and the environment; and
- track progress towards achieving a healthier nation and environment.

Appendix II

Guidance for assessing data systems for purposes of tracking and making available current NCDMs

A description of surveillance systems and data should include, but is not limited to, the following information:

1. Purpose – what is purpose of the system and the intended use of the data
2. Data collection/case identification methods
3. Data elements and format – what data elements are available and what format are they in
4. Completeness – how well does the system capture events/cases, how complete are the data elements for each event/case
5. Time period – what years covered by system
6. Timeliness – when are new data available and how often are they updated
7. Spatial coverage – what geographies are covered
8. Spatial resolution – at what geographic resolution are data collected
9. Geocoded – are data geocoded
10. Data limitations
11. Access constraints
12. Use constraints
13. Policies governing collection and use of data
14. Native data environment – what technologies, platforms, tools, software or operating system are used to collect, manage, and store data