

CDC-RFA-EH17-1701PPHF17

Informational Call: April 5, 2017 | **Frequently Asked Questions (FAQs)**

Created: April 5, 2017 | *Revised: April 6, 2017*

<p>1. Who should the letters of support be addressed to?</p>	<p>Generally, the letter of support should be addressed to the appropriate contact in the agency that is applying for support under CDC-RFA-EH17-1701PPHF17.</p>
<p>2. Could we propose to conduct water testing/analyses as part of a research service agreement with these funds?</p>	<p>CDC-RFA-EH17-1701PPHF17 is solely focused on the following Strategies and Activities: 1) Strengthen blood lead level testing, 2) Strengthen surveillance, 3) Strengthen population-based interventions, and 4) Strengthen processes to identify lead-exposed children and linkage to services.</p> <p>Funding from this FOA cannot be spent on water testing/analyses or on research activities.</p>
<p>3. We have a work plan for the entire 3-year period that is 5 pages long. (It isn't set up as 'year 1, year 2, year 3') and then the rest of the narrative is 15 pages.</p> <p>When it says "high level work plan for years 2 & 3" is this a separate document submitted at the same time? Or are we supposed to have 3 (5-page) work plans, which would only leave 5 pages for the rest of the information?</p> <p>I'm confused because it says that a separate work plan with more detail will be required within 6 months. Is this when we would do one that separates everything into year 1, year 2, year 3?</p>	<p>The Project Narrative must include all Work Plans within the Project Narrative's page limit (maximum of 20 pages).</p> <p>The 3-year work plan must reflect the strategies and activities of CDC-RFA-EH17-1701PPHF17. Applicants must provide a detailed plan to describe work to be conducted in Year 1 of this award. Applicants should also include a high-level plan to describe work to be conducted in Years 2 & 3 of the award.</p> <p>Please note there is no requirement to use the 5-page maximum for each work plan. Content beyond the allowed number of pages will not be reviewed.</p> <p>In addition, awardees will be required to submit a more detailed Evaluation and Performance Measurement plan, including a Data Management Plan, within the first 6 months of award, as described in the Reporting section of the FOA.</p>
<p>4. Pages 5-6. Section iii. Strategies and Activities. The RFA specifies activities that <u>must be</u> undertaken, <u>should be</u> undertaken, and <u>should be considered</u>. Please clarify what is meant by "should be considered" within the context of responding to the RFA.</p>	<p>"Should be considered" means that it is up to the discretion of the Applicant whether or not to include these types of strategies and activities based on local conditions.</p> <p>While these activities and/or strategies are not required, it is expected that the decision to undertake such strategies and activities, or not, will be discussed by the Applicant in responding to the FOA.</p>

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<p>5. Page 5. “Strengthen Blood Level Testing”. Please explain whether “testing” refers to screening for blood lead, confirmatory testing of children with an elevated screening result, or both in a collective sense.</p>	<p>“Testing” and “screening” are defined by jurisdictional conditions, including existing laws and regulations, and should be clearly defined by the Applicant based on local conditions.</p>
<p>6. Page 6. Quarterly reporting requirements. Can you please provide more detail on reporting requirements? Specifically, can you please provide additional information on the following terms: a. “Number of children who are <u>exposed</u> to lead in housing”: Is there a specific blood lead level used to define “exposed” (e.g., a blood lead level of 5 ug/dL or higher)? Does “exposed” infer this a confirmed elevated blood lead level or a capillary screening result?</p>	<p>“Exposed” is defined by jurisdictional conditions, including existing laws and regulations, and should be clearly defined by the Applicant based on local conditions.</p>
<p>7. b. “Number of houses identified with lead and nature and extent of lead in housing”: How much detail is expected on “nature and extent”? For example, are you requesting all lead dust test results? XRF readings? Or are you just looking for a categorical presence/absence of lead hazards? And is this aggregated data or individual level data?</p>	<p>“Nature and extent of lead in housing” is defined by local conditions but, at a minimum, should include information on the distribution of known population-based risk factors for lead exposure such as: housing age, number of children <72 months of age, race/ethnicity, population living below poverty level. Any additional information to define conditions at the local level should be included, if known.</p>
<p>8. Page 6. Strengthen Population-based Interventions: Please explain what is meant by collected data shall “interface” with other types of data.</p>	<p>“Interface” in this context refers to a connection between two electronic systems or sources of data.</p> <p>It is the intent to this FOA to increase collaborations across agencies to ensure the appropriate identification and follow-up of lead-exposed children. To assist in the development and implementation of appropriate interventions, it may be necessary for such agencies and organizations to share data (preferably electronically).</p>

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<p>9. Page 6. Strengthen processes to identify lead-exposed children and linkage to services: Please define the scope of services expected (e.g., environmental inspections, home visits, education, follow-up testing, etc.).</p>	<p>The “scope of services expected” is guided by local laws and conditions but, in general, the range of such services should be based on those indicated in “Managing Elevated Blood Lead Levels Among Young Children: Recommendations from the Advisory Committee on Childhood Lead Poisoning Prevention” (2002), available at: https://www.cdc.gov/nceh/lead/casemanagement/managingEBLLs.pdf</p>
<p>10. Page 9. Outcomes: 1) Increased numbers of children less than 6 years of age tested for blood lead: Please define the definition of Medicaid-enrolled. Is it the HEDIS measure of 11 months continually enrolled or some other measure?</p>	<p>It is the intent of this FOA to increase blood lead testing among Medicaid-eligible, as well as Medicaid-enrolled, children less than 6 years of age (with a particular focus on 1- and 2- year old children).</p> <p>Because Medicaid eligibility and enrollment is characterized by each State, a specific standardized definition for “Medicaid enrollment” is not required here.</p>
<p>11. Page 14. Intergovernmental Review. The specified link for the SPOC list does not appear to be functional. Is there another way to obtain the SPOC list?</p>	<p>Executive Order 12372, “Intergovernmental Review of Federal Programs,” was issued with the desire to foster the intergovernmental partnership and strengthen federalism by relying on State and local processes for the coordination and review of proposed Federal financial assistance and direct Federal development. The order allows each State to designate an entity to perform this function. If you are located within a State that does not have a SPOC, you may send application materials directly to a Federal awarding agency. Contact information for State single point of contacts (SPOC) is available at: http://www.thecre.com/fedlaw/legal16/ispocs.htm</p>
<p>12. Page 38. “Work Plan” is included on the list of acceptable attachments, but on page 20, under the description of the Project Narrative, it appears that the work plan is to be included in the project narrative. Please clarify how we are to submit the work plan: as part of the file called Project Narrative or as a separate attachment called “Work Plan.” If submitted as separate attachment, does the work plan count toward the page limit?</p>	<p>The Work Plan should not be included as a separate attachment.</p> <p>The Project Narrative must include all Work Plans within the Project Narrative’s page limit (maximum of 20 pages). Applicants must provide a detailed work plan of no more than 5 pages to describe work to be conducted in Year 1 of this award. Applicants should include a high-level work plan of no more than 5 pages to describe work to be conducted in Years 2 & 3 of the award. Please note there is no requirement to use the 5-page maximum for each work plan. Content beyond the allowed number of pages will not be reviewed.</p>
<p>13. Travel funds to annual meeting?</p>	<p>Applicants should designate travel funds in their budget narrative for up to two participants to annual meetings.</p>

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<p>14. Can you provide us some insight about this new grant? We have some trepidations to the fact that our current grant funding is so low, and transitioning into year 2 and 2, and the difference in funding going from year 1 to year 2, and how this will impact us, if at all.</p>	<p>These awards are based upon availability of funds. Throughout the project period, CDC will continue the award based upon: 1) the availability of funds; 2) the evidence of satisfactory progress by the Awardee (as documented in the required reports), and 3) the determination that continued funding is in the best interest of the Federal government.</p>
<p>15. What is the indirect cost limit?</p>	<p>The indirect costs that you are approved for are based on the negotiated indirect cost rate agreement that your agency has with the Federal government.</p>
<p>16. Can a university apply as a bona fide agent of the state?</p>	<p>If applying as a bona fide agent of a State or local government, the Applicant must submit documentation that establishes the validity of the agent and the agent should be registered by the System for Award Management (SAM) (formerly CCR).</p> <p>In addition, a letter of agreement from the State or local government for which an Applicant organization is acting as the bona fide agent must be submitted stating the understanding and agreement that the respective Applicant organization be the bona fide agent.</p>
<p>17. Are we required to collaborate with CDC and a community partner and, if so, how do we go about identifying appropriate CDC programs with which to collaborate?</p>	<p>There are no specific preferred collaboration requirements; however, any potential or existing collaborations should be documented through letters of support, memorandums of agreement or memorandums of understanding, as appropriate.</p>
<p>18. Are Applicants expected to use the indicators for success (listed on page 8) under the CDC Evaluation and Performance Measurement Strategy as the performance measures they are proposing in their evaluation plan?</p>	<p>Yes.</p>
<p>19. On page 19, under the section on duplication of efforts, a) is there any required attachment that applicants are expected to submit and, if so, b) is there any preferred or required format?</p>	<p>Applicants are responsible for reporting “duplication of efforts” <u>only if</u> this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e., grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year.</p> <p>Applicants must upload the report in Grants.gov under “Other Attachment Forms.” The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap.”</p>

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<p>20. Would the purchase of a LeadCare II analyzer be excluded under the budgetary exclusions?</p>	<p>It is not the intent of this FOA to pay for direct services. Awardees will be <u>expected to demonstrate that processes are in place</u> to identify lead-exposed children and link them to recommended services. Awardees will be expected to work closely with other agencies, partners, and stakeholders serving children to ensure that a comprehensive system of referral, follow up, and evaluation is in place for lead-exposed children.</p>
<p>21. Page 6, under strategy and activities, it states that “Strengthening Blood Lead Surveillance: Applicants are expected to implement a childhood lead poisoning surveillance system that can report to CDC quarterly on the number of children who are exposed to lead in housing, the number of houses that are identified with lead, and the nature and extent of lead in housing.” Does this indicate that, in addition to our blood lead surveillance, we are now beginning to include houses and lead hazards within the house in our surveillance program?</p>	<p>Yes, if the Applicant has the ability to track housing and lead-hazard conditions in its surveillance system, it would be in alignment with the strategic direction of this FOA.</p>
<p>22. What is the maximum indirect cost rate for contractors?</p>	<p>CDC does not have a direct relationship with the contractors. The indirect cost rate is negotiated between the contractors and the Awardee, who is responsible for ensuring that the indirect cost rate is in agreement with HHS Federal regulations.</p>
<p>23. Page 38. “Work Plan” is included on the list of acceptable attachments, but on page 20, under the description of the Project Narrative, it appears that the work plan is to be included in the project narrative. Please clarify how we are to submit the work plan: as part of the file called Project Narrative or as a separate attachment called “Work Plan.” If submitted as separate attachment, does the work plan count toward the page limit?</p>	<p>The Work Plan should not be included as a separate attachment.</p> <p>The Project Narrative must include all Work Plans within the Project Narrative’s page limit (maximum of 20 pages). Applicants must provide a detailed work plan of no more than 5 pages to describe work to be conducted in Year 1 of this award. Applicants should include a high-level work plan of no more than 5 pages to describe work to be conducted in Years 2 & 3 of the award.</p> <p>Please note there is no requirement to use the 5-page maximum for each work plan. Content beyond the allowed number of pages will not be reviewed.</p>

Lead Poisoning Prevention – Childhood Lead Poisoning Prevention --- financed partially by Prevention and Public Health Funds

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<p>24. Can we use these funds for infrastructure costs, such as to buy office furniture?</p>	<p>Generally, Awardees may not use funds to purchase furniture or equipment and funds should be spent on activities and strategies outlined in this FOA. Any such proposed spending must be clearly identified in the budget. Please see the U.S. Government Code of Federal Regulations (2 CFR 200) UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS to determine what is allowable according to HHS regulations. https://www.ecfr.gov/cgi-bin/textidx?SID=3f11a01c135c66cdc23005f428b3c7fc&mc=true&node=pt2.1.200&rgn=div5</p>
<p>25. Is the “protocol for quarterly data submission” on your website up to date, so we should consider those items listed as required?</p>	<p>Yes.</p>
<p>26. Is it ok in our budget justification to have a staff member coordinating and overseeing the cases we are referring?</p>	<p>Yes. Additionally, if you have any in-kind services that are being performed under this award, you will need to list the names and percent effort devoted to this award on your budget justification.</p>
<p>27. Can these funds pay for a media and marketing campaign such as radio/TV ads, bus wraps and outreach materials such as flyers and posters? If we cannot pay for media can we still pay for outreach materials? These materials will be distributed to partners for distribution in targeted areas with the purpose of meeting the intended goals of the grant.</p>	<p>Funds should be spent on activities and strategies outlined in this FOA. Any such proposed spending must be clearly identified in the budget with justification for the use of funds. Please see the U.S. Government Code of Federal Regulations (2 CFR 200) UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS to determine what is allowable according to HHS regulations. https://www.ecfr.gov/cgi-bin/textidx?SID=3f11a01c135c66cdc23005f428b3c7fc&mc=true&node=pt2.1.200&rgn=div5</p>

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Program Office Contact

For programmatic technical assistance, contact:

Kimball Credle, Project Officer

Department of Health and Human Services

Centers for Disease Control and Prevention

National Center for Environmental Health

Division of Emergency and Environmental Health Services

Telephone: 770.488.3643

Email: kfc2@cdc.gov

Grants Staff Contact

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

Victoria McBee, Grants Management Specialist

Department of Health and Human Services

Office of Grants Services

Grants Management Specialist

Time Solutions, LLC Contractor

Department of Health and Human Services

Centers for Disease Control and Prevention

Office of the Chief Operating Officer

Office of Financial Resources

Office of Grant Services

Telephone: 770.488.2825

Email: yig9@cdc.gov

For all other submission questions, contact:

Technical Information Management Section

Department of Health and Human Services

CDC Office of Financial Resources

Office of Grants Services

2920 Brandywine Road, MS E-14

Atlanta, GA 30341

Telephone: 770-488-2700

E-mail: ogstims@cdc.gov

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