

Billing Code: 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

**National Environmental Public Health Tracking Program -
Network Implementation**

Announcement Type: Competing Continuation

Funding Opportunity Number: CDC-RFA-EH06-601

Catalog of Federal Domestic Assistance Number: 93.283

Key Dates:

Application Deadline: May 24, 2006

Pre-Application conference: April 14, 2006

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 311 and 247b(k)(2)] as amended. The Catalog of Federal Domestic Assistance number is 93.283.

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. Much of the public health tracking currently in place in the United States focuses on infectious diseases. An urgent need exists for a more comprehensive national approach to the collection and analysis of noninfectious disease data. The utilization of data and information regarding 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 (EPHT) is the emphasis on data integration across health, human exposure, and hazard information systems. The National EPHT 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. This system will be used to identify potential relationships between exposure and health conditions that either require intervention to prevent disease, disability, and injury or indicate the need for investigation.

Development of the National EPHT Network depends on the availability, quality, timeliness, compatibility, and utility of existing hazard, exposure, and health effect data.

This announcement will allow successful programs to translate their experiences and knowledge gained from the developmental stage into implementation of State and National EPHT Networks.

This cooperative agreement will support state collaboration with CDC and other appropriate partners to develop standards and specifications for the implementation of these networks.

Purpose:

The purpose of this program is to provide state health departments the resources to implement statewide EPHT networks that will be part of the National EPHT Network,

meeting standards established by CDC for interoperability and assessment of "the state of environmental health" at the local, state, and national levels.

This program addresses the "Healthy People 2010" focus area 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. 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 tracking 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/ads/opspoll1.htm>

Activities:

Awardee activities for this program are as follows:

1. Implement a state (please note this includes District of Columbia, Houston, and New York City) EPHT network that will be part of the National EPHT Network. The following components and attributes in the areas of content, information technology, communications, and coordination will be considered key network activities (See Appendix I for background information and definition of terms used in this sub-section):

a. Content

- i. Participate in the CDC Network Content workgroup established to define appropriate core EPHT measures; develop and adopt standards for nationally consistent data; and identify procedures for accessing network information by various stakeholders, including public health officials and community members, which comply with privacy rules and regulations.
- ii. Identify existing statewide and local water quality data sources related to drinking water contaminants, and assess the utility of this data in the state's tracking system.

iii. Improve existing or establish new tracking data to ensure the availability and accessibility of data for development of nationally consistent, standardized measures of environmental hazards, exposures and health effects. All grantees must track all the core health, exposure and hazards measures identified by CDC and the Content workgroup each year according to the timeline below. The core measures are defined in Appendix II.

- By September 30, 2008, track and make available core environmental health tracking measures on the State and National EPHT Network(see Appendix II for specifications). These include:
 - o Hospitalizations for Asthma
 - o Hospitalizations for Myocardial infarction
 - o Ozone and Particulate Matter hazards or exposures
 - o Data/information on key water contaminants, as defined through the Content Workgroup process.

These may include substances such as heavy metals, pesticides, or others that may influence the health of individuals or communities.

- o Data/information from at least two of the following data sources or tracking systems - birth defects, cancer, child blood lead levels, or vital statistics.
- By September 30, 2010: track and make available on the State and National EPHT Network:
 - o Data/information from ALL of the following data sources or tracking systems - birth defects, cancer, blood lead levels and vital statistics.
- For each year, include additional core tracking health, exposure and environmental measures, based on recommendations of the content workgroup. (See Appendix II)

- Core measures must be tracked each year. However, applicants may also track health, exposure, and hazard data that are not included in the core areas. Multiple states tracking the same non-core measures should collaborate with CDC to develop data standards and share lessons learned.
- iv. Compile metadata on data included on the state EPHT network using PHIN/EPHT standards for metadata content and tools and make the metadata available on the state EPHT network as well as on a national metadata registry.
- b. Information Technology
- i. Implement the standards and architecture developed and adopted by the CDC EPHT/Public Health Information Network (PHIN) within the awardees' State EPHT Network gateway which will be part of the National EPHT Network.
- ii. Implement standard network analysis, visualization, and reporting (AVR) formats, interfaces, and tools established in the National EPHT Network AVR toolkit, thus providing a

standard functionality for user interfaces across the network. For example, the National Network AVR toolkit may include online tools for basic mapping functionality, statistical analysis (including descriptive, temporal, or spatial), and custom report building.

- iii. Work with Information Technology managers and data owners within the appropriate state and local departments to develop or enhance PHIN/EPHT compatible IT Infrastructure that would allow controlled access to and exchange of data relevant to the National EPHT 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*). Awardees must focus on:

- Establishing a web-based portal that utilizes EPHT metadata and controlled vocabularies to facilitate the query, linkage, analysis, and utilization of EPHT data and information. This portal shall support controlled user access and general public access.
- Implementing a role-based directory access system compatible with PHIN/EPHT standards, policies, and procedures.
- Establishing the ability to broker electronic data queries/exchanges between data sources and the grantee's web-based portal; between CDC and the grantee; and implementing PHIN/EPHT Network messaging standards to facilitate the exchange of EPHT data and information among partners, including Academic Partners for Excellence in EPHT, US Environmental Protection Agency (EPA), and among other states and their local partners.

c. Communications

- i. Develop, implement and assess state and/or local level outreach plan for delivering key national EPHT Program messages and information to targeted

local level audiences to address community concerns.

- ii. Develop, implement and assess state and/or local level EPHT-focused risk communication strategy in accordance with guidelines established by CDC's national EPHT Program.

d. Coordination

- i. Collaborate with data owners to establish data sharing agreements and make appropriate data and information accessible on the state and National EPHT Network gateways.

2. 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.
3. Establish a State technical advisory group including 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.

4. Participate in required workgroups including the Standards and Network Development (SND), Program Marketing and Outreach (PMO), and the Network Content workgroups. 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.
5. Collaborate with multidisciplinary environmental and health agencies, and EPHT stakeholder organizations to identify common needs, promote resource and information sharing to advance the national EPHT Program and facilitate public health actions to improve the health of communities.
6. Conduct a comprehensive assessment of all tracking activities in the state. 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>)
7. Collaborate with CDC to develop an annual state of the National EPHT Program report.

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. Finalize the National EPHT Architecture and implement the National EPHT Network based on specifications in the national network implementation plan with input from grantees and other EPHT partners; and implement the CDC gateway of the National EPHT Network.
2. Foster collaboration with:
 - a. CDC's National Center for Public Health Informatics (NCPHI) to facilitate the creation and adoption of EPHT-related technical and data standards, and work with state partners to assist with PHIN compatibility, certification, and evaluation for relevant information systems.
 - b. the U.S. Environmental Protection Agency (EPA) and NCPHI to ensure interoperability between CDC's PHIN and EPA's National Environmental Information Exchange Network.

- c. EPA to provide modeled air quality data for use by EPHT grantees and to address other environmental media in the grantees' state tracking programs.
- d. National Association of Health Data Organizations and the National Association of Public Health Information Systems and other organizations to facilitate data and information sharing that will support grantees' EPHT activities.
- e. The U.S Bureau of Census to facilitate the sharing of data and information useful in environmental health tracking, and to provide appropriate data that will support grantees' EPHT activities.

3. Coordinate:

- a. 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.
- b. Network Content Workgroup meetings to define core data, information, and measures that are required to be collected and shared from state EPHT

Networks with the National EPHT Network in consultation with stakeholders. CDC will be responsible for making final decision regarding content.

- c. the identification and development of appropriate methods and tools for use in the National EPHT Network and facilitate license agreements, where appropriate, to provide broad access among Tracking partners to these tools.
- d. interactions between and among recipient organizations by assisting in the sharing of information through CDC Web sites, the national EPHT program website, related stakeholders meetings, and direct communications.
- e. 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.
- f. grantees' need for methodological consultation and evaluation and coordinate expertise from funded academic partners of excellence, CDC, and

others to provide appropriate assistance to state/local partners

4. Facilitate the development of EPHT-specific risk communication strategy guidelines with input from grantees and other EPHT partners, and the criteria to evaluate the effectiveness of the strategy.
5. Convene:
 - a. National EPHT Program conference and one grantee workshop annually.
 - b. Workgroups on standards and network development, National EPHT Network content, and National EPHT Program Marketing and Outreach, and other topic-specific workgroups as needed to solicit input from state/local partners, academic partners, and other stakeholders on issues relevant to the implementation of the National EPHT Network.
6. 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; and prepare an annual report on overall national program status.

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: 2006

Approximate Current Fiscal Year Funding: \$ 13,000,000

Approximate Total Project Period Funding: \$ 65,000,000.

This amount is an estimate, and is subject to availability of funds, and the activities required to be performed as commensurate with the development life-cycle of the grantee's state network. This should include both direct and indirect costs.

Approximate Number of Awards: 15

Approximate Average Award: \$ 700,000. This amount is for the first 12-month budget period, and includes both direct and indirect costs.

Floor of Individual Award Range: None

Ceiling of Individual Award Range: \$ 950,000. This ceiling is for the first 12-month budget period, and includes the total cost, which would include indirect costs.

Anticipated Award Date: August 01, 2006

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.

III. Eligibility Information

III.1. Eligible applicants:

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

- State and local government health departments, including the District of Columbia, or their Bona Fide

Agents, that were originally selected via a competitive award process under CDC Program Announcements 02179 of 2002 - "National Environmental Public Health Tracking Program," and Program Announcement 03074 of 2003 - "Environmental and Health Effects Tracking." Under these announcements, states have conducted planning and capacity-building activities, infrastructure enhancements, including demonstration projects to serve as building blocks for the implementation of statewide and national EPHT networks. States were also required to develop plans for a staged implementation of a standards-based EPHT network. Successfully completing these phased planning processes is a prerequisite for states to move into the network implementation phase. Therefore, eligibility is limited to applicants who have successfully completed work under Program Announcements 02179 and 03074. **This** supports the program's goal of sustaining EPHT capacity at previously competed states and local programs that currently participate in the development of the nation's first EPHT network. The limited eligibility allows CDC to target the use of these limited resources to states that have developed the greatest

capacity for environmental health tracking. This accommodates legislative appropriations language which began the Tracking initiative in FY 2002 and which specified capacity development of environmental health at state and local health departments.

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. Place this documentation behind the first page of the application form.

III.2. Cost Sharing or Matching

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.

Note: Projects that involve the collection of information from 10 or more individuals and funded by cooperative

agreement will be subject to review and approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

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 environmental and health agencies, their subordinate departments and staff, county health departments, 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 state (or local) Secretary/Director of Health or equivalent and the state (or local)

Secretary/Director of Environmental Quality/Protection/Natural Resources or the equivalent agency/department confirming that partnerships exist or will be developed:

- o 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).
- o 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).
- o If Health and Environment are organized under one state 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. Designation of public health liaison within the environmental agency/department and an environmental liaison within the health agency/department.

3. Eligible local health departments must provide assurances that activities related to this program will be coordinated with the State Health Department.

4. A letter of collaboration from the State Public Health and/or Environment Health Laboratory director.

5. Letter of commitment from applicant's agency that travels will be authorized for mandatory national conference and workshop each year, including funded and required travel for workgroup members.

6. A letter of commitment from applicant's information technology management office indicating intent for collaboration and coordination on the activities listed in "Activities", Part 1.b.

These documents should be placed directly behind the face page (first page) of your application. 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 application form PHS 5161-1.

Electronic Submission:

CDC strongly encourages the applicant to 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. Only applicants who apply on-line are permitted to forego paper copy submission of all application forms.

Registering your organization through www.Grants.gov is the first step in submitting applications online. Registration information is located in the "Get Started" screen of www.Grants.gov. While application submission through www.Grants.gov is optional, we strongly encourage you to use this online tool.

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 Started", the one-time registration process will take three to five days to complete. We suggest submitting electronic applications prior to the closing date so if difficulties are encountered, you can submit a hard copy of the application prior to the deadline.

Paper Submission:

Application forms and instructions are available on the CDC Web site, at the following Internet address:

www.cdc.gov/od/pgo/forminfo.htm

If access to the Internet is not available, or if there is difficulty accessing the forms on-line, contact the CDC Procurement and Grants Office Technical Information

Management Section (PGO-TIM) staff at 770-488-2700 and the application forms can be mailed.

IV.2. Content and Form of Submission

Application: A project narrative must be submitted with the application forms. The narrative must be submitted in the following format:

- Maximum number of pages: **50**. If your narrative exceeds the page limit, only the first pages that are within the page limit will be reviewed.
- Font size: 12 point unreduced
- Double-spaced
- Paper size: 8.5 by 11 inches
- Page margin size: One inch
- Number all pages of the application sequentially from page 1 (Application Face Page) to the end of the application, including charts, figures, tables, and appendices.
- Printed only on one side of page
- Held together only by rubber bands or metal clips; not bound in any other way.

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

1) Executive Summary (2 pages, double-spaced)

This should provide a clear concise summary of the application.

2) Narrative

The narrative should specifically address the "awardee activities" and consist of:

- a) Operational plan and methods
- b) Existing resources
- c) Collaborative relationships
- d) Understanding of the purpose and need for implementation of the State and National EPHT Networks
- e) Organizational and program personnel capability

Additional explanations of the narrative elements above are provided under Section V.1. - Application Review Criteria.

3) Budget and Justification

- a) Provide a detailed budget and line item justification of all proposed operating expenses

consistent with the program activities described in this announcement, including how resources will be shared among collaborating agencies/programs.

b) The annual budget should include funding for key staff members and workgroup representatives to make three 3-day trips to Atlanta for stakeholders/workgroup meetings, one two-day trip to Atlanta for a reverse site visit, and funding for two persons to travel to Atlanta to attend the annual PHIN meeting.

c) If applicable, applicant's proposed contracts should include the name of the person or firm to be contracted, a description of services to be performed, an itemized and detailed budget including justification, the period of performance and the method of selection.

d) Funding levels for years two through five should be estimated.

Budget justification will NOT be counted in the stated 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 should include Curriculum Vitaes, Resumes,

Organizational Charts, Letters of Support, and other similar supporting information.

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 www.dunandbradstreet.com or call 1-866-705-5711.

For more information, see the CDC Web site at:

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

If the application form does not have a DUNS number field, please write the DUNS number at the top of the first page of the application, and/or include the DUNS number in the application cover letter.

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

IV.3. Submission Dates and Times

Pre-Application Conference Call: April 14, 2006

One pre-application conference call is scheduled for interested applicants. This will occur April 14, 2006 from 1:00p.m. to 3:00 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. Applicants may also gather additional clarifying information about this announcement. To confirm your intent to participate and receive a meeting agenda and call-in instructions, applicants should send an e-mail or write Toni Fleming at thf2@cdc.gov or 1600 Clifton Rd., NE., MS E19, Atlanta, GA 30333.

Application Deadline Date: May 24, 2006

Explanation of Deadlines: Applications must be received in the CDC Procurement and Grants Office by 4:00 p.m. Eastern Time on the deadline date.

Applications may be submitted electronically at www.grants.gov. Applications completed on-line through Grants.gov are considered formally submitted when the applicant organization's Authorizing Official electronically submits the application to www.grants.gov.

Electronic applications will be considered as having met the deadline if the application has been submitted electronically by the applicant organization's Authorizing Official to Grants.gov on or before the deadline date and time.

If submission of the application is done electronically through Grants.gov (<http://www.grants.gov>), the application will be electronically time/date stamped, which will serve as receipt of submission. Applicants will receive an e-mail notice of receipt when CDC receives the application.

If submission of the application is by the United States Postal Service or commercial delivery service, the applicant must ensure that the carrier will be able to guarantee delivery by the closing date and time. If CDC receives the submission after the closing date due to: (1) carrier error, when the carrier accepted the package with a guarantee for delivery by the closing date and time, or (2) significant weather delays or natural disasters, the applicant will be given the opportunity to submit documentation of the carrier's guarantee. If the documentation verifies a carrier problem, CDC will consider the submission as having been received by the deadline.

If a hard copy application is submitted, CDC will not notify the applicant upon receipt of the submission. If questions arise on the receipt of the application, the applicant should first contact the carrier. If the applicant still has questions, contact the PGO-TIM staff at (770)488-2700. The applicant should wait two to three days after the submission deadline before calling. This will allow time for submissions to be processed and logged.

This announcement is the definitive guide on 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, and will be discarded. 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. 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:

- Funds may NOT be used for research.
- Reimbursement of pre-award costs is not allowed.
- These funds may not be used to set up or support lobbying by interest/advocacy groups.

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.

Guidance for completing the 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

Application Submission Address:

Electronic Submission:

CDC strongly encourages 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 <http://www.grants.gov/Customersupport> 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.

CDC recommends that submission of the application to Grants.gov should be early to resolve any unanticipated difficulties prior to the deadline. Applicants may also submit a back-up paper submission of the application. Any such paper submission must be received in accordance with the requirements for timely submission detailed in Section IV.3. of the grant announcement. The paper submission must be clearly marked: "BACK-UP FOR ELECTRONIC SUBMISSION." The paper submission must conform to all requirements for non-electronic submissions. If both electronic and back-up

paper submissions are received by the deadline, the electronic version will be considered the official submission.

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.

OR

Paper Submission:

Applicants should submit the original and two hard copies of the application by mail or express delivery service to:

Technical Information Management- CDC-RFA-EH06-601
CDC Procurement and Grants Office
2920 Brandywine Road
Atlanta, GA 30341

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 assessment. The application will be assessed 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 measurable and time-phased objectives that will achieve implementation of the State EPHT Network - (5 points); 2) a description in detail, of the project design for the state EPHT Network and related activities and methods that will be used to achieve the specific aims of the project - (10 points); 3) a specific description of how the project design and methodology will track specific core conditions, exposures and hazards, and pursue public health actions at the state level - (10 points); 4) a discussion of potential limitations and anticipated difficulties 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 5) the extent to which the applicant clearly describes how it will implement the state EPHT Network and how the local network will become part of the National EPHT Network. (5 points)

2) Existing resources (30 points)

The extent to which the applicant has included 1) a detailed explanation of what has already been done that will facilitate the implementation of the state EPHT Network, and adequate evidence that applicant will have access to data to track core EPHT measures during the first year for inclusion in the national and state EPHT network - (12 points); 2) a description of previous work done on metadata and how applicant will make metadata available on the state EPHT Network - (10 points); 3) a description of prior experience in applicant's agency with implementing role-based access to information and data, especially information for public health practitioners, researchers and the public - (5 points), and 4) a plan that clearly describes how they will allocate resources to ensure that they will track core measures and make them available on the National EPHT Network (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 state government 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 State EPHT Network - (10 points); and 2) provide letters of support from key partners, such as CDC funded programs for asthma, birth defects, cancer and childhood or adult lead poisoning, STEPS to a Healthier US, or CDC's Division of Adolescent and School Health asthma activities in the applicant's state, specifically describe how the Tracking program will partner with these subdivisions of the health department to implement the National EPHT Network, especially access to and presentation of data. If one or more of the partners listed above are not (and will not in the future be) participating with the state Tracking program, the applicant should explain why. (5 points)

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 EPHT 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 State EPHT 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 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 NCEH/ATSDR 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 assess complete and responsive applications according to the criteria listed in the "V.1. Criteria" section above. Applications will be funded in order by score and rank determined by the review panel. CDC will provide justification for any decision to fund out of rank order.

V.3. Anticipated Announcement and Award Dates

Anticipated Award Date: August 1, 2006

Anticipated Notification Date: On or before July, 15, 2006

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 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/ARs.htm>.

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>

An additional Certifications form from the PHS5161-1 application needs to be included in the Grants.gov electronic submission only. Applicants should refer to <http://www.cdc.gov/od/pgo/funding/PHS5161-1-Certificates.pdf>. Once the applicant has filled out the form, it should be attached to the Grants.gov submission as Other Attachments Form.

VI.3. Reporting Requirements

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

1. Interim progress report, due no less than 90 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. Current Budget Period Activities Objectives.
 - b. Current Budget Period Financial Progress.
 - c. New Budget Period Program Proposed Activity Objectives.
 - d. Budget.
 - e. Measures of Effectiveness.
 - f. Additional Requested Information.
2. 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.
3. Annual progress report, due 90 days after the end of the budget period.
4. Financial status report, no more than 90 days after the end of the budget period.
5. Final performance reports, no more than 90 days after the end of the project period.

The reports must be mailed to the Grants Management or Contract Specialist listed in the "Agency Contacts" section of this announcement.

VII. Agency Contacts

CDC encourages inquiries concerning this announcement.

For general questions, contact:

Technical Information Management Section
CDC Procurement and Grants Office
2920 Brandywine Road
Atlanta, GA 30341
Telephone: 770-488-2700

For program technical assistance, contact:

Susan Rezai, M.S., Project Officer
1600 Clifton Road, **NE**, Mail stop: E-19
Atlanta GA 30333
Telephone: 404-498-2170
E-mail: aqi6@cdc.gov

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

Edna Green, Grants Management Specialist
CDC Procurement and Grants Office

2920 Brandywine Road, Mail stop: E-14

Atlanta, GA 30341

Telephone: 770-488-2743

E-mail: ecg4@cdc.gov

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/grantmain.htm>.

Appendix I Background

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 by tracking and combating environmental health threats. This recommendation was based on their findings that environmental and health data in the US are fragmented and not easily accessible for tracking environmentally related diseases. In response, the United States Congress appropriated funding to the Centers for Disease Control and Prevention (CDC) in fiscal year 2002. This funding enables the development of CDC's National Environmental Public Health Tracking (EPHT) Program and the National Environmental Public Health Tracking Network (EPHTN).

EPHT is the ongoing collection, integration, analysis, interpretation, and utilization of data from environmental hazard monitoring, and from human exposure and health effects tracking. CDC currently funds several EPHT cooperative agreements (current funding scheduled to end July 31, 2006). These cooperative agreements fund demonstration projects to access and link health and environmental data. The new RFA will build on the experiences and knowledge gained by these demonstration projects to implement state EPHT networks that will be part of the NEPHTN. The NEPHTN will make data and tools available to support the EPHT Program and other public health and environmental health

programs. Various levels of access will be provided to users depending on their role and purpose.

Standards development

The key to the success of the National Network will be implementation of state EPHTNs that adhere to standards used by all state networks. The new cooperative agreement will allow grantees who have begun accessing and linking environmental and health data to work collaboratively with other grantees to shape the National EPHTN. Workgroups led by CDC will facilitate the development of common methods for data collection, integration, analysis and presentation. Data elements and information that will be shared in the National EPHTN need to be managed in a uniform and compatible format. The exchange of information along a secure role-based network will be consistent with what is detailed in CDC's National Network Implementation Plan (<http://www.cdc.gov/nceh/tracking/about.htm>).

Network Content

The two critical content components of the National EPHT Network are 1) core health, exposure and environmental data (core data) that are of national interest to track; and 2) metadata registries that list available sources of data and the type and limitations of the data within each data source.

Core Measures

The core measures are those health, exposure or hazard measures that all grantees will track each year and make available on the NEPHTN. The core health measures that the National EPHT Network will focus on will be non-infectious, such as poisoning by carbon monoxide or lead, or diseases that can last for years, such as asthma, cancers or birth defects. Exposure data can include measurement of the presence of an environmental agent or its metabolite at the individual level. An example of an individual exposure is the level of lead in blood. Hazards include chemical agents, physical agents, biomechanical stressors, and biologic toxins that can be found in our air, water, soil, food and other environmental media. Examples of hazards are arsenic in drinking water and ambient ozone levels. CDC will define core measures that all grantees will track in the first year (see Appendix II). Each year thereafter, CDC will lead Content Workgroups to define additional core measures that will be tracked by all grantees in subsequent years. Eliminating health disparities and improving the quality of life are high priorities for CDC. Achieving these goals will require holistic, integrated strategies linking health and the environment to neighborhood development, housing policy, planning and zoning activities, transportation accessibility, social services, and education. After the first year, the content workgroups will identify measures

necessary to assess and prioritize the most critical determinants of health in a population and empower communities with information that can be used to mobilize resources and apply the most effective evidence-based health promotion strategies.

Metadata

Metadata are a critical aspect of the National EPHT Network content. Metadata registries will describe existing data sets, such as cancer, birth defects and vital statistics registries as well as environmental data sources that may be useful in environmental health. Examples of metadata that could be available on the EPHT Network are: 1) a searchable database of metadata listing databases useful to the mission of environmental health tracking; 2) a searchable database describing details of the characteristics and contents of a database useful for the mission of environmental health tracking and contacts/procedures for accessing the data.

Role-based access

The Network will provide various levels of access to users depending on their role and purpose. Access to data will be granted by the data provider, with different rights of access possible. Access to data will be granted to the maximum extent possible, considering confidentiality, legality, and technical feasibility. Data Sharing Agreements may be necessary to specify details of access. Data owners will have the ability to restrict the release of data because of reliability or privacy concerns.

Workgroups

The development of standards and prioritization of state tracking activities will be accomplished through Workgroups on 1) Standards and Network Development (SND), 2) Program Marketing and Outreach (PMO), and 3) the Network Content workgroups. All grantees will be required to participate on these workgroups that will have periodic conference calls and meetings.

Data sharing

Making these health measures part of the state EPHTN will require partnerships with stewards of data. Ideally, there should be agreements entailing how the data can be shared and presented. The data sharing agreements should specify the role and responsibilities of the data stewards as well as the EPHT grantees. For example, analysis of individual level data may be done by either the data stewards or EPHT grantees. It will also be important to establish how this collaboration will be beneficial to both the EPHT grantees and the data stewards. For

example, the EPHT grantees may provide some technical assistance for the data stewards, such as geocoding.

Public Health Response

Public health surveillance benefits from having a plan to respond to demonstrated increases in diseases, exposures or hazards as identified in the surveillance system. Development and implementation of appropriate responses and interventions should be a result of collaboration among public health programs, environmental agencies, community-based organizations and/or other state and federal governmental and non-governmental partners. To assess effectiveness of the interventions and responses, grantees may plan to evaluate the interventions using EPHT generated information for reducing environmentally related morbidity and mortality in the state.

State EPHT Program Evaluation

Develop and implement a written plan to reflect the evaluation of programmatic activities, including potential partners and collaborators inside and outside of the health departments. The evaluation plan should be reviewed annually to reflect how the data will be used to inform or change public health practice.

State EPHTN Goal

By 2008, grantees will have implemented the first measures they will track and have information that can be accessed by the public.

State gateways

Grantees will implement steps to develop a local gateway to the National EPHT Network. Steps in developing this local gateway include 1) providing a thorough inventory of relevant local data sources regarding environmental hazards, exposures, and health effects (funded during previous cooperative agreement period); 2) add metadata regarding these local data sources to the National EPHTN Metadata registry; 3) prepare public use data sets for appropriate data; 4) develop data sharing agreements and trading partner agreements consistent with national templates, to facilitate appropriate access to local data by network collaborators (For CDC's policies on releasing and sharing data see <http://www.cdc.gov/od/ads/pol-385.htm>); 5) add local staff to a national directory used to support role-based access and expertise registry.

National Gateway

CDC will build and implement the CDC gateway of the National Network. Additional steps in building the CDC gateway will also be addressed, including but not limited to, identifying appropriate existing national data sets; adding metadata regarding these datasets to national registry; creating public use data sets of these data; creating trading partner agreement templates; negotiating data access agreements with large data

providers useful to the National EPHTN. CDC will also develop a toolkit for use in the National EPHTN. This will involve 1) developing evaluation criteria for selecting tools for the toolkit; 2) applying these criteria to potential tools; 3) and negotiating national license agreements where appropriate to ensure broad access to the tools. These functions are detailed in more depth in CDC's National Network Implementation Plan.

Appendix II

Environmental Public Health Tracking (EPHT) Core Measures

To develop a National EPHT Network comprised of nationally consistent data, it is important for all grantees to track some of the same diseases, exposures and hazards. Those diseases, exposures and hazards that all grantees will track are referred to as core measures. The conceptual framework for the National EPHT Network will be organized into a Hazard-Exposure-Health Effect-Action structure, based on concepts from Thacker et al, which describes hazard, exposure, and outcome surveillance for environmental public health. [Thacker SB, Stroup DF, Parrish RG, Anderson HA. Surveillance in Environmental Public Health: Issues, Systems, and Sources. Am J Public Health 1996;86(5):633-8.]

First Year Core Measures

CDC has defined the core set of health, exposure and hazard measures that all grantees will track during the first year to facilitate the development criteria for nationally consistent core data and implementation. By September 30, 2008, grantees must make available nationally consistent, core EPHT measures on the State and National EPHT Network. The selection of the first year core data measures was informed by the review of state activity reports submitted to CDC, and input from CDC programs and EPHT grantees. In the state activity reports states identified their priorities and measures used in their respective demonstration projects.

Core measures all grantees must track:

Particulate Matter (PM _{2.5}) levels
Ozone levels
Asthma hospitalizations
Acute myocardial infarction hospitalizations
Data/information on key water contaminants

Core measures all grantees must track, but in Year 1 grantees can choose two of the following:

Vital statistics: birth weight
Child Blood Lead Registries: elevated blood lead levels among children
Cancer: short latency cancers such as hematopoietic, central nervous system and childhood cancers; bladder cancer; leukemia; and non-Hodgkin's lymphoma
Birth Defects: Anencephalus, Spina bifida without anencephalus, Encephalocele, Aniridia, Common, truncus, Transposition of the great arteries, Tetralogy of Fallot, Hypoplastic left heart syndrome, Hypoplastic left heart syndrome, Single ventricle, Cleft palate without cleft lip, Cleft lip with or without cleft palate, Choanal atresia, Esophageal atresia/tracheoesophageal fistula,

Pyloric stenosis, Renal agenesis/hypoplasia, Bladder exstrophy (bilateral), Cloacal exstrophy, Hypospadias and epispadias, Diaphragmatic hernia, Trisomy 13, Down Syndrome, Trisomy 18

Core Measures Tracked After Year One

After the first year, the Content Workgroup, led by CDC with participation by all grantees, will define additional core data to track and make available on the National EPHT network in subsequent years. It is the aim of the program to increase the number of core measures that are tracked each year by all grantees. At a minimum by September 30, 2010, grantees must make data/information from ALL of the following data sources or tracking systems – birth defects, cancer, blood lead levels and vital statistics – available on the state and National EPHT Network. Periodically, core data will be evaluated to assure its continued utility and accuracy.

Tracking Timeline

July 2006 Year One	Grantees begin tracking CDC-defined core measures. Content Workgroups convene and develop standards for those core measures.
July 2007 Year Two	Content workgroup identifies new core environmental hazard, exposure and health measure to track for Year 2. Content workgroups develop standards for those core measures. First year core measures continue to be tracked.
July 2008 Year Three	Content workgroup identifies new core environmental hazard, exposure and health measure to track for Year 3. Content workgroups develop standards for those core measures. First and second year core measures continue to be tracked.
September 2008	All grantees make available information on Year One Core Measures that are nationally consistent on their state and the National EPHT Networks.
July 2009 Year Four	Content workgroup identifies new core environmental hazard, exposure and health measure to track for Year 4. Content workgroups develop standards for those core measures. First, second and third year core measures continue to be tracked.
July 2010 Year Five	Content workgroup identifies new core environmental hazard, exposure and health measure to track for Year 5. Content workgroups develop standards for those core measures. First, second, third and fourth year core measures continue to be tracked.

September 2010 At a minimum, all first year core measures including birth defects, cancer, blood lead levels and vital statistics will be made available on the State and National EPHT Network

July 2011 Core measures for all 5 years will be accessible on the State and National EP