

Request for Proposals:

Pediatric Environmental Health Specialty Unit (PEHSU) Program: Regional Unit (Eastern Operations)

The “Pediatric Environmental Health Specialty Unit (PEHSU) Program: Meeting the Environmental Health Needs of Children” project is a cooperative agreement between the American Academy of Pediatrics (AAP) and the Centers for Disease Control and Prevention, Agency for Toxic Substances and Disease Registry (CDC/ATSRD).

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A. Introduction

The American Academy of Pediatrics (AAP) invites proposals to establish and manage one Pediatric Environmental Health Specialty Unit (PEHSU) in each of the Federally-designated regions 1 – 5:

- Region 1: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont.
- Region 2: New Jersey, New York, Puerto Rico, and the US Virgin Islands.
- Region 3: Delaware, District of Columbia, Pennsylvania, Maryland, Virginia, and West Virginia.
- Region 4: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee.
- Region 5: Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin.

It is anticipated that 5 awards will be made, 1 within each region noted above.

B. Background

The range of environmental health hazards that potentially impact the health of children, as well as men and women of childbearing age, is huge. Environmental hazards are among the top health concerns that parents have for their children, yet health care providers feel inadequately prepared to address such issues.

The Pediatric Environmental Health Specialty Unit (PEHSU) Program was created by ATSDR in collaboration with EPA in 1998 to provide expertise in the relatively new but growing area of pediatric environmental health. The AAP applied for and was awarded a cooperative agreement with ATSDR to serve as the PEHSU National Program Office – Eastern Operations, which encompasses Federal regions 1 – 5. The AAP’s cooperative agreement award period began September 30, 2014 and concludes September 29, 2019.

The AAP’s vision for this cooperative agreement is to weave the PEHSU Program into the mainstream of pediatric care in the US by connecting the PEHSU Program to the myriad components of the AAP and the wide range of medical organizations, non-medical NGOs, and governmental agencies with which the AAP works on a regular basis.

A key component of the PEHSU Program is the establishment of regional PEHSUs. Collectively, the PEHSU regional sites will form the PEHSU Network and serve as a national children’s environmental health resource for pediatricians, other pediatric and reproductive health providers, Federal staff, public health officials at the state and local levels, and the public.

In keeping with the origins, vision, and mission of the PEHSU program, each regional unit will direct its energies toward core activities set forth in the ATSDR program announcement as determined by the needs, opportunities, and existing capacities of the region. Applicants seeking designation as a PEHSU site will be required to describe their capacity, approach, and proposed scope of activity in the 3 primary focus areas identified herein, as well as other activities that complement and support health-related decision making. In addition, applicants will be required to describe proposed efforts to target the most vulnerable communities in their region (these could include, but are not limited to, children living in sub-standard housing, near contaminated areas, in areas of higher air and / or water pollution, and those without access to quality medical care).

ATSDR awarded the PEHSU National Program Office – Western Operations to the American College of Medical Toxicology (ACMT), which will oversee regions 6 – 10. While ATSDR has awarded 2 separate “East” and “West” PEHSU cooperative agreements, AAP and ACMT will work collaboratively to form a national network.

C. Eligibility Requirements

- 1) Applicant must be housed within an academic medical center, with demonstrated support from the institutional home.
- 2) Primary project leadership may be provided by any individual health professional with a demonstrated broad knowledge of children’s environmental health issues. This includes (but is not limited to) pediatricians, obstetricians/gynecologists, medical toxicologists, family practitioners, pediatric nurse practitioners, or other qualified individuals.
- 3) Applying academic medical center must include a department of pediatrics, but this department need not be the lead nor be the primary home for the project.
- 4) Pediatric environmental health and toxicology expertise must be included within the regional unit staff.
- 5) Involvement of specialist(s) in OB/GYN and reproductive medicine is required. (If name is not available at the time of application submission, the name of the confirmed participant must be supplied to the PEHSU National Program Office – Eastern Operations within 6 weeks of the notice of award.)
- 6) Must be able to demonstrate knowledge of geographic contamination patterns, cultural influences, and socioeconomic conditions within region.

- 7) Must have capacity to maintain or develop a collaborative relationship with ATSDR and EPA personnel within region.
- 8) Must have capacity to maintain or develop ongoing relationships with state and local health departments within region.
- 9) Must have capacity to maintain or develop relationships with community-based organizations within region.

D. Project Period

Applications are invited for a 5-year project period from February 1, 2015 – September 29, 2019.

The Year 1 project period will be an abbreviated, 8-month period from February 1, 2015 – September 29, 2015. The 4 subsequent project years, beginning in September 2015, will run from September 30 to September 29 of the following year.

E. Scope of Work

Regional PEHSUs are to support the program by addressing 3 primary focus areas:

- 1) **Education and Health Promotion.** Educate health professionals and others about environmental health risks facing children. Provide peer-reviewed, evidence-based information on prevention, diagnosis, management, and treatment of health effects from environmental exposures in children.
- 2) **Consultation.** Provide direct consultation with health care providers, pediatricians, family physicians, obstetrician-gynecologists, and others on how to address known or suspected exposures to toxic substances in the environment. Provide guidance to public health officials and parents about ways to prevent, reduce, or manage exposures.
- 3) **Referral.** Make arrangements for evaluations of children who have been referred to the PEHSU for in-person assessments or to other appropriate specialty care locations. These evaluations may be narrow in scope or involve a multidisciplinary team depending upon the needs of the individual child. (Note that these evaluations may not be funded with PEHSU grant monies. The PEHSU should use the mechanisms of their own medical center to obtain reimbursement for these services ie, billing public or private insurance or providing care through other mechanisms available locally.)

Required regional unit activities include:

- 1) Identify a regional unit director and administrative staff.
- 2) Establish and maintain a toll-free telephone number and public email address to facilitate health professional, public, and others' access to PEHSU staff and resources.
- 3) Submit information on a weekly basis to a tracking registry to be developed and maintained by AAP and ACMT of all inquiries received by the PEHSU. This will include de-identified demographics information, nature of exposure, clinical signs or symptoms if present, treatment if any, recommendations, outcomes, and follow-up data.
- 4) Establish and maintain a regional PEHSU web site (may be sub-site hosted within the institution's web site.) Web site must include acknowledgement and disclaimer language to be provided by ATSDR, as well as the regional toll-free telephone number and email address, and link to national PEHSU web site.
- 5) Regional unit director (or mutually agreed upon designee) attendance and participation in National PEHSU Program annual meeting and steering committee meeting.

- 6) Regional unit director (or mutually agreed upon designee) participation on PEHSU National Steering Committee and at least 1 of its 3 subcommittees: Capacity Building; Environmental Education; Outreach, Marketing, and Communications. Participate on monthly steering committee conference calls.
- 7) Develop educational products. Support PEHSU program efforts related to the development of an e-learning classroom, webinars, and other educational tools.
- 8) Work with public health and environmental agencies to decrease children's exposure to lead.
- 9) Must target children from the earliest developmental stage prior to birth through 18 years of age and have some demonstrable expertise in prenatal and preconceptional exposures.
- 10) Regional PEHSUs will provide the PEHSU National Program Office – Eastern Operations with quarterly reports of PEHSU-related work and encounters with the intent to share and leverage PEHSU accomplishments, challenges, and opportunities among each of the regional units to further advance the collective capacity of the PEHSU program.
- 11) Maintain an accurate list of operating pediatric and reproductive environmental health specialty clinics within region. Make information available for distribution to locations such as poison control centers and family practice clinics, as well as to the PEHSU National Program Office – Eastern Operations.
- 12) Provide documentation that any medical information obtained pursuant to the agreement, pertaining to an individual and therefore considered confidential, will be protected from disclosure when the consent of the individual to release identifying information is not obtained.
- 13) All material, including meeting agendas, course notebooks, PowerPoint presentations, eLearning modules, and fact sheets developed with cooperative agreement funding must be reviewed by the ATSDR Project Officer in draft before they are used and disseminated. ATSDR will return draft materials with comments within two weeks of receipt.
- 14) All materials developed under cooperative agreement funding will not be copyrighted and will remain in the public domain to encourage wide distribution. ATSDR will receive final electronic copies of all materials developed by awardee.
- 15) All materials must include appropriate PEHSU and ATSDR disclaimers and branding, as well as Federal funding partner acknowledgements.
- 16) Comply with the "majority of work" requirement, which indicates that 51% minimum of the work is being accomplished through the use a dedicated staff structure authorized by the prime awardee.(See page 20 in ATSDR program announcement CDC-RFA-TS14-1402, available at <http://www.grants.gov/view-opportunity.html?oppld=252294>).
- 17) Must provide acknowledgement that the regional PEHSU unit director (PI), 1 per region, is responsible for the achievement of PEHSU activities at the regional level, including:
 - Workplan execution.
 - Reporting requirements.
 - Budgetary compliance.
 - ATSDR materials review and funding acknowledgements.

Delegated authorities for regional PEHSU unit directorship (PI) cannot be passed to regional sub-units or satellites, nor can it be passed into a regional subcontract action or instrument.

Optional regional unit activities may include (but are not limited to):

- 1) Enhance awareness. Raise public awareness about environmental conditions that may harm children and enhance visibility of the PEHSU as a resource.

- 2) Disaster response. Provide pediatric environmental health information, guidance, and recommendations in response to natural disasters such as tornados, floods, and wildfires. Work in concert with local, state, and federal agencies such as CDC and FEMA to ensure the needs of children are appropriately considered in disaster response. Support EPA field operations/inspection activities including management/interpretation of data and health impact assessments.
- 3) Engage and collaborate with state and local health departments and other federal agencies to plan and deliver relevant pediatric and reproductive environmental medicine consultations services to assist communities, families, and health care providers to address environmental health threats to persons at sites where ATSDR and the Environmental Protection Agency (EPA) have ongoing health risk evaluation and remediation activities.
- 4) Knowledge integration. Promote the integration of environmental health into clinical practice. Develop fact sheets, webinars, posters, and other tools to inform providers of recent developments in pediatric environmental health.
- 5) Best practices. Sustain and build a regional repository of curricula, presentations, and guidelines to support best practices and training.
- 6) Communication systems. Complement the use of traditional phone with web and social media platforms to facilitate dissemination of important news and alerts associated with environmental accidents/spills.
- 7) Built environment. Work with community planners, school districts, developers, foundations, and social welfare groups to assess environmental factors that are of special significance to children.
- 8) Community Infrastructure/Partnerships. Forge partnerships with health providers, businesses, schools, faith-based organizations, and government to build and sustain capacity and a framework for meeting the environmental needs of children.
- 9) Regional Public Health Programs. Support regional-specific campaigns and other activities that focus on selected environmental exposures as determined by local needs and circumstances. These would include but not be limited to the health effects of air quality, agricultural pollutants, heavy metal exposure, job-related illness, sick building syndrome, volatile chemicals, asthma, hazardous waste, smoke inhalation, contaminated water, lead, electromagnetic field exposure, etc.
- 10) Professional education. Offer elective opportunities in environmental health for health professions students and trainees.
- 11) Regional Satellite operations may be formed and funded. The prime regional awardee is responsible for contract formation; redistribution of regional funds; regional workplan linkages; and regional directorship management of satellite operations and workplan deliverables.

New regional satellite operations requests must be submitted to the PEHSU National Program Office – Eastern Operations for ATSDR and AAP review and approval. Requests should indicate proposed start date, satellite operational responsibilities and regional workplan linkages; proposed regional directorship management of satellite operations and workplan deliverables; and detailed budget with justifications. If approved, new satellite operations will be incorporated as part of the awardee’s annual report/continuation application.

Delegated authorities for regional PEHSU unit directorship (PI) cannot be passed to regional sub-units or satellites; nor can it be passed into a regional sub-contract action or instrument.

Funds **may not be used** to support:

- 1) Research.
- 2) Clinical care.
- 3) Furniture or equipment purchases.
- 4) Construction.
- 5) Lobbying.

Applicants should review the original and complete CDC/ATSDR “Pediatric Environmental Health Specialty Unit (PEHSU)” program announcement CDC-RFA-TS14-1402 for additional background and detail regarding program scope of work and reporting requirements.

Of particular interest, regional applicants should review:

<i>Topic</i>	<i>Pages</i>
Executive Summary & Introduction	1 – 7
Project Description and Logic Model	8 – 10
Performance Measures	28 – 32

This document may be accessed online (see “Full Announcement” tab to download):

<http://www.grants.gov/view-opportunity.html?oppld=252294>

F. Performance Measurement

PEHSU Funding Opportunity Announcement (FOA) CDC-RFA-TS14-1402 (linked above) requires tracking of specifically defined Performance Measures and Performance Targets for funded activities. Data from tracking these Performance Measures and Targets will allow ATSDR to evaluate, at the regional level, the effectiveness of services delivered in reaching lay audiences (**40 percent** level of effort) and professional audiences (**60 percent** level of effort). Specific steps to achieve these targets should be incorporated into the applicant’s work plan and process evaluation strategies. Data collected should be submitted in quarterly summary reports and annual reports as requested in other sections of this RFP.

- **Performance Measure 1 [DTHHS-PM01]: “Health Promotion Resources”**
The goal of PM01 is to increase the availability and use of authoritative pediatric and reproductive environmental medicine and pediatric environmental health promotion resources for lay and health professional audiences. This includes authoritative content, development and uniformity in use of evidence-based educational design that includes learner objectives and knowledge or competency evaluations that document mastery of the learning objectives.
 - **Performance Target – 1:** “Presentations Developed” are to be measured as the number of presentations created or substantially updated for lay or professional audiences.
 - **Performance Target – 2:** “Presentations Delivered” are to be measured by the number of pediatric and/or reproductive environmental educational presentations provided to Community and professional audiences.
 - **Performance Target –3:** “Short Informational Documents Developed” are to be measured by the number of documents created or substantially updated that are designed to address needs for the top informational topics request by PEHSU customers.
 - **Performance Target – 4:** “Articles and Book Chapters Written” are to be measured as the number of articles and/or book chapters addressing pediatric and/or reproductive

environmental health issues published in the popular media, professional peer-reviewed literature, and/or educational text books.

- **Performance Measure 2 [DTHHS-PM02]: “Education on Health Effects”**

The goal of PM02 is to increase the ability of communities and health professionals to prevent or mitigate the health effects of exposures to hazardous substances.

- **Performance Target – 1:** “Community Members Educated” are to be measured as the number of community members who received educational services from the PEHSU Program.
- **Performance Target – 2:** “Health Professionals Educated” are to be measured by the number of health professionals who received education on environmental medicine and other environmental health issues from the PEHSU Program.
- **Performance Target – 3:** “Demonstrated Increased Knowledge” is accomplished through the achievement of a score of 80 percent or greater on a posttest following the completion of an educational activity. At least 40 percent of “Health Professionals Educated” in DTHHS-PM02 Performance Target – 2 must be assessed using posttests.

- **Performance Measure 3 [DTHHS-PM03]: “Environmental Health Partnerships and Consultations”**
Develop or maintain partnerships with other national organizations or professional institutions and networks to enhance the capacity of the PEHSU Program to promote pediatric and reproductive environmental medicine and health consultations.

- **Performance Target – 1:** “Professional or Institutional Networks Engaged” are to be measured as the number of partners engaged in promoting/delivering PEHSU Program Services to the pediatric patient and family and environmental medicine health professionals.
- **Performance Target – 2:** “Consultations Offered to Professional Audiences” are to be measured by the number of initial consultations provided to health professionals on pediatric and reproductive environmental medicine and other environmental health issues.
- **Performance Target – 3:** “Consultations Offered to Lay Audiences” are to be measured by the number of initial consultations provided to community members on pediatric and reproductive environmental health issues.

ATSDR DTHHS Performance Targets for Years 1 - 5

- The PEHSU FOA requires the Performance Targets listed in the table below for Years 1 - 5. Each individual PEHSU is responsible for achieving these Performance Targets for each year.
- An applicant may submit an action plan with deficits in achieving Year 1 Performance Targets provided that additional justifications are submitted describing actions to be taken to overcome these deficits so that Performance Targets are met no later than the end of Year 2.
- For each Performance Target, ATSDR requires an increase by a predetermined percentage each year, resulting in the escalating targets during Years 2 - 5.

Annual targets for individual PEHSUs.

Performance Measures and Targets	Summary	Year 1	Year 2	Year 3	Year 4	Year 5
DTHHS-PM01	Health promotion resources					
Performance Target -1	Presentations Developed or substantially updated	7	7	8	9	9
Performance Target -2	Presentations Delivered	13	15	16	17	19
Performance Target -3	Short Informational Documents	6	6	7	7	8
Performance Target -4	Articles or Book Chapters	4	4	4	5	5
DTHHS-PM02	Health education on health effects					
Performance Target -1	Community Members Educated	766	858	950	1042	1134
Performance Target -2	Health Professionals Educated	1942	2175	2408	2641	2874
Performance Target -3	Demonstrated Increased Knowledge	777	870	963	1056	1149
DTHHS-PM03	National Partnerships					
Performance Target -1	Professional or Institutional Networks	1	1	1	1	1
Performance Target -2	Consultations Offered to Professional Audiences	66	69	72	76	79
Performance Target -3	Consultations Offered to Lay Audiences	26	28	29	30	32

G. Available Funding and Budget Information

Funding is available up to \$152,000 per region, per year, for 5 years, with non-competitive renewal on a yearly basis. Additional funds may be available at ATSDR’s discretion on a region-specific and year-specific basis.

Please note: As outlined above, Project Year 1 will be an abbreviated, 8-month period from Feb 1, 2015 – September 29, 2015. Available regional funding will be pro-rated on this basis as follows:

<i>Project Year</i>	<i>Dates</i>	<i>Available Funding Per Year</i>
Year 1	Feb. 1, 2015 – Sept. 29, 2015	\$101,333
Years 2 – 5	Sept 30, 2015 – Sept. 29, 2019	\$152,000

Additional Budget Information:

- **Indirect Expenses.** Institutional indirect expenses may be charged up to a maximum of 10% of costs. This indirect cost rate limit has been established in consultation with ATSDR, AAP, and ACMT, and applies to the regional applications in both the Eastern and Western operations of the PEHSU National Program Office. This indirect cost rate limit is non-negotiable, applies to the primary applicant as well as any subcontracts or satellite operations, and will apply throughout the 5-year cooperative agreement award period.
- **PEHSU Annual Meeting Travel.** Regional unit directors (or a designee) are required to attend the annual PEHSU National Program meeting and steering committee meeting. Travel support for this individual’s attendance will be covered by the PEHSU National Program Office – Eastern Operations, so it is not necessary to cover this expense in the regional budget.
- **Cost-Sharing.** Cost-sharing or matching funds are not required. However, institutions are invited to provide cost sharing arrangements and this will be recognized in the regional unit selection process.

- **Federal Salary Cap.** The Federally-established grant and cooperative agreement salary cap applies to this cooperative agreement. Therefore, funds may not be used to pay the salary of an individual at a rate in excess of \$181,500 per year (the Executive Level II salary of the Federal Executive Pay scale). This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts and any proposed satellite operations. (Please note that an individual's base salary, per se, is not constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to the cooperative agreement.)

All regional operations and fiscal support are contingent upon the availability of Federal funding to support these activities through the ATSDR cooperative agreement.

H. Letter of Intent

A "Letter of Intent" to submit an application is strongly encouraged from prospective applicants but is not required. Letters should include the following:

- Program title.
- Federal region number.
- Name and contact information for anticipated project director.
- Name of host academic medical center.
- Names of other anticipated key participants or institutions.

Letter should be submitted via email in pdf format to interim program manager Paul Spire at pspire@aap.org by Monday, December 8, 2014.

I. Application Content and Submission

Applications must include:

- 1) **Table of Contents.**
- 2) **Project Narrative.** Address and describe the applicant's eligibility as it pertains to the items listed in the "Eligibility Requirements" section above. Address and describe the applicant's proposal with regard to the "Scope of Work" items listed above. (20 page limit)

Suggested topics include:

- Background
- Purpose
- Outcomes
- Organizational Capacity
- PEHSU Regional Impact
- Project Management
- Performance Measurement

- 3) **5-Year Work Plan.** (20 page limit)

4) **5-Year Budget and Budget Justification.** (No page limit)

Budget and accompanying budget narrative must include the following headings:

- Salaries and wages
- Fringe benefits
- Consultant costs
- Supplies
- Travel
- Other
- Direct Costs
- Indirect Costs
- Contractual Costs

5) **Curriculum Vitae of Key Personnel.** (No page limit)

6) **Other.** Supplemental materials welcome for consideration, up to file size limit noted below.

For all components, please utilize single-spacing, a 12-point font, and 1-inch margins. Submissions that are illegible by reviewers or pages submitted in excess of the defined page limits will not be reviewed.

Submission:

Applications must be submitted via email as a single file in pdf format, not exceeding 10 MB in size.

Applications should be submitted by January 5, 2015 to interim project manager Paul Spire at

pspire@aap.org.

J. Key Dates and Deadlines

December 8, 2014	Letter of Intent deadline (requested/optional)
January 5, 2015	Application deadline
January 16, 2015	Award announcement anticipated
February 1, 2015	Regional PEHSU Project Period Begins

K. PEHSU National Program Office – Eastern Operations: Personnel and Contact Information

Ramesh Sachdeva, MD, PhD, JD, FAAP
Principal Investigator
Associate Executive Director
Director, Department of Subspecialty Pediatrics
American Academy of Pediatrics

Jerome Paulson, MD, FAAP
Medical Director
Professor of Pediatrics and of Environmental & Occupational Health
George Washington University
Chairperson, AAP Council on Environmental Health

Paul Spire
 Interim Project Manager
 American Academy of Pediatrics
 Department of Specialty Pediatrics
 Division of Technical and Medical Services
 141 Northwest Point Blvd.
 Elk Grove Village, IL 60007-1098

Please direct all inquiries related to this opportunity to interim project manager Paul Spire at pspire@aap.org.

L. Application Review

Applications will be evaluated against the following criteria:

Approach (40 points)	Purpose	5 points	
	Outcomes	5 points	
	Work Plan	PEHSU Education & Health Promotion	20 points
		PEHSU Consultative Services	5 points
PEHSU Referral Services		5 points	
Organizational Capacity to Execute Approach (40 points)	PEHSU Regional Impact	10 points	
	Project Management	20 points	
	Budget	10 points	
Performance Measurement (20 points)	Performance Measure Targets	20 points	

Approach [40 points]

Purpose [5 points]

- Did the applicant clearly state an understanding of environmental public health problem(s) and a clear understanding of the types of exposures and health issues to be addressed?
- Did the applicant address environmental health threats that impact health across life stages and any special risks to other susceptible populations?
- Did the applicant clearly articulate its past experience in enhance access to pediatric and reproductive environmental medicine expertise?
- Did the applicant provide a clear summary of its ability to strengthen pediatric and reproductive environmental medicine and public health prevention capacity through education and expanded collaborative relationships with medical schools, residency programs, schools of nursing and other allied health programs, and schools of public health?

Outcomes [5 points]

- Did the applicant describe or propose the logic model's intermediate outcome strategies of relevance to the Program?

Work Plan [30 points]

PEHSU Education and Health Promotion [20 points]

Did the plan clearly describe past and present the activities demonstrating capacity to deliver Health Education and Promotion services in the following areas?

- Work with other organizations to define core competencies in environmental medicine practice;
- Collaborate with partners to enhance Clinical Preventive Services;
- Promote population level health norms that enhance environments and reduce negative health consequences
- Enhance the application of environmental medicine in primary care practices
- Identify and promote policies that protect or enhance human health and the environment for targeted and inclusion populations.
- Develop and deliver environmental medicine eLearning modules and other online learning materials that are driven by goals and objectives with direct-linkage to one or more practice-based competencies;
- Assure that PEHSU educational presentations provide culturally relevant information to all groups
- Provide a potential setting for pediatric and reproductive Environmental Medicine Fellowships, clinical rotations or other environmental medicine training programs.

PEHSU Consultation Services [5 points]

Did the Applicant clearly present strategies for the successful delivery of PEHSU Consultation Services? Were the strategies clearly stated, realistic, and achievable to address all of the following:

- Provide consultation on pediatric and reproductive environmental health concerns to health care professionals, public health officials, and parents through an established toll-free telephone line and public email address;
- Provide community education and outreach that raises awareness about environmental conditions that may harm children.

PEHSU Referral Services [5 points]

Did the applicant clearly present strategies for the successful delivery of PEHSU Referral Services? Were the strategies clearly stated, realistic, and achievable to address all of the following:

- Provide medical specialty care referrals for children impacted by exposures to potentially toxic agents; e.g. hazardous substances that contaminate air, water, soil, and food supply
- Encourage and assist development of regional collaborations with Poison Control Centers (PCC) and other appropriate networks that increase awareness of the PEHSU Program and to increase PCC and other referrals to the PEHSU Program
- Maintain an accurate list of operating pediatric and reproductive environmental health specialty clinics within each PEHSU region, etc.

- Medical Confidentiality and Disclosure: The awardee is required to provide documentation that any medical information obtained pursuant to the agreement, pertaining to an individual and therefore considered confidential, will be protected from disclosure.

Organizational Capacity of Awardees to Execute the Approach [40 points]

PEHSU Regional Impact [10 points]

- Did the applicant describe its reach throughout its Federal ATSDR/EPA region?
- Did the applicant discuss its regional reach through its use of Regional and Core Consultants and/or collaborative partnerships?
- Did the applicant present documentation of its regional network of pediatric and reproductive environmental medicine specialists and academic medical centers?
- Did the applicant clearly describe its capacity to achieve the regional focus of the PEHSU Program throughout its entire region?

PEHSU Site Operations [20 points]

- Did the applicant discuss its ability to establish and administer regional Pediatric Environmental Health Programming dedicated to addressing the three primary focus areas of education and health promotion, consultation, and referral of children who may have been exposed to environmental hazards?
- Did the applicant clearly articulate how it would manage and monitor that the “Majority of the Work” (51% minimum) is being accomplished through the use of a dedicated staff structure authorized by the prime awardee?
- If a Satellite is proposed, did the applicant present a rationale for formation, as well a clear funding plan strategy for establishment?
- Did the applicant articulate a demonstrated ability to execute program strategies, quarterly progress assessment and reporting of performance measured activities and process evaluations?
- Did the applicant acknowledge the requirement for Materials Developed and ATSDR Review?

Budget [10 points]

- Did the applicant present an itemized and clearly justified budget narrative for the regional PEHSU Site and ancillary operations that is consistent with the purpose, relates directly to project activities, is clearly justified, and is consistent with intended use of funds as required?
- Did the applicants’ budget narrative accord duties and responsibilities for key staff, including designation of a PEHSU Program regional director that would illustrate the applicants’ organization capacity to execute the RFP requirements?
- Did the applicants’ budget narrative seek funding for satellite/ancillary operational structures as a year-1 cost factor? If so, did the applicants’ work plan or budget narrative address the Regional Satellite operation(s) formation, funding, and the prime awardee responsibilities for establishment?

Performance Measure Targets [20 points]

- Did the applicant clearly state an understanding of the ATSDR performance measure targets, the need to assess baseline performance at program start?
- Did the applicant discuss its timeline for addressing any baseline deficits and meeting annual growth rates?

- Did the applicant demonstrate sufficient assets, management ability and regional reach capacity to function immediately upon receipt of an award?

M. Award Administration

Award Notices

Awardees will receive a Notice of Award (NoA) from AAP. The NoA shall be the only binding, authorizing document between the recipient and AAP. The NoA will be signed by an authorized agent of AAP and emailed to the program director.

Unsuccessful applicants will receive notification of the results by email.

Invoicing

Invoices should be submitted to the PEHSU National Program Office – Eastern Operations on a monthly basis within 30 days of completion of the invoice period. All invoices must include:

- Sub-award grant number: 771100.
- Dollar amount.
- Billing period.
- Itemized expenses for all approved grant expense line items included.
- Invoices must be signed by an authorized representative of the organization and include the following language: “As an authorized representative of the organization, I certify that all expenditures reported and payments requested for costs incurred are for appropriate purposes and in accordance with the agreements set forth in the application and subcontract award documents.”

The AAP can provide an invoice template in an electronic spreadsheet format, which subgrantees would be welcomed but not required to use. A copy is appended to this announcement for reference.

Invoices may be submitted electronically to Paul Spire at pspire@aap.org or via street mail to:

Paul Spire
PEHSU National Program Office – Eastern Operations
American Academy of Pediatrics
141 Northwest Point Blvd.
Elk Grove Village, IL 60007-1098

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-18 Cost Recovery-ATSDR

- AR-19 Third Party Agreements-ATSDR
- AR-20 Conference Support
- AR-24 Health Insurance Portability and Accountability Act
- AR-25 Release and Sharing of Data
- AR-26 National Historic Preservation Act of 1966
- AR-27 Conference Disclaimer and Use of Logos
- AR-29 Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving," October 1, 2009
- AR-30 Compliance with Section 508 of the Rehabilitation Act of 1973
- AR-32 Executive Order 131410: Promoting Quality and Efficient Health Care in Federal Government (If applicable applicants should be aware of the program's current business needs and how they align with nationally adopted Public Health Information Network (PHIN) standards, services, practices, and policies when implementing, acquiring, and updating public health information systems.)
- AR-33 Plain Writing Act of 2010
- AR-34 Patient Protection and Affordable Care Act (e.g. a tobacco-free campus policy and a lactation policy consistent with S4207)

Cost Recovery Conditions

The Comprehensive Environmental Response, Compensation and Liability Act of 1980 (CERCLA), as amended, by the Superfund Amendments and Reauthorization Act of 1986 (SARA), provides for the recovery of costs incurred at each Superfund site from potential responsible parties. The recipient agrees to maintain an accounting system that will keep an accurate, complete and current accounting of all financial transactions on a site specific basis, i.e., individual, time, travel, and associated costs including indirect costs, as appropriate for the site. The recipient will retain the documents and records to support these financial transactions, for possible use in a cost recovery case, for a minimum of 10 years after submission of a Financial Status Report (FSR)/Federal Financial Report (FFR), unless there is a litigation claim, negotiation, audit or other action involving the specific site, then the records will be maintained until resolution of all issues on the specific site.

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>

Reporting Requirement

Reporting allows for continuous program monitoring and identifies successes and challenges PEHSUs encounter throughout the award. Reporting is also necessary for PEHSUs to apply for yearly continuation of funding. In addition, reporting is helpful because it:

- Provides the Program Office with periodic data to monitor awardee progress towards meeting the RFP outcomes and overall performance.
- Enables the assessment of the overall effectiveness and impact of the RFP.

The table below describes required reports:

Report Name	Due Date
Quarterly Reports, including Performance Measure Reporting	20 days after the end of each quarter
Annual Performance Report (Interim Progress Report, also serving as continuation application)	150 days before the end of each budget period
Final Performance Report	60 days after the end of the project period

Quarterly Reports

Summary Reports describing program successes and challenges and Performance Measures Data must be reported to AAP on a quarterly basis. Electronic copies of educational products developed must be attached to the PEHSU quarterly reports.

Annual Performance Report (Interim Progress Report)

The Annual Performance Report will serve as the non-competing continuation application and is due 60 days before the end of the budget period.

This report must include the following:

- Status of Current Budget Period Activities.
- New Budget Period Program Proposed Activities.
- Successes
 - Awardees must report progress on completing activities outlined in the work plan
 - Awardees must describe any additional successes (e.g., identified through evaluation results or lessons learned) achieved in the past year
 - Awardees must describe success stories
- Challenges
 - Awardees should describe any challenges that hinder achievement of both annual and project period outcomes, performance measures, or their ability to complete the activities in the work plan
 - Awardees must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year
- AAP Program Support to Awardees
 - Awardees should describe how AAP could assist them in overcoming any challenges to achieve both annual and project period outcomes and performance measures, and complete activities outlined in the work plan
- Administrative Reporting
 - Budget Narrative – Must use CDC Guidelines for Budget Preparation
- Additional Requested Information:
 - Program evaluations cited as deliverables from the grantees evaluation plan or other quarterly/semi-annual reporting requirements stipulated in the activities section of this announcement are considered reports appropriate for this requirement.
- Each work plan activity should incorporate a reporting of Regional PEHSU Program Office’s efforts to achieve overall work plan activity/sub-activity outputs and/or accomplishments.
- Work plan Successes should accord enough detail to identify contributors, target audiences, actions taken/delivered, and impact realized.

- Work plan Challenges should accord enough detail to determine which parts of the work plan activity/sub-activity were completed; has this become an “ongoing” action due to staff time allocations, resource allocation delays, requires greater expertise than initially planned, unforeseen urgent/emergency response actions required tabling of select activities and a shift in staff and resources to address urgent/emergency response requirements. Challenge statements should also describe ways to recover delayed or under-resourced activities.
- AAP Program Support to awardee discussions or requests should accord enough detail to describe activities requiring AAP support, work plan activity timelines detailing insertion points where AAP support could be beneficial, and other insights that can be helpful to determine staffing and resource needs.

The carryover request must:

- Express a bona fide need for permission to use an unobligated balance.
- A timeline document is required and is submitted as part of the carryover package. The timeline should clearly articulate activities with proposed start and ends; collaborative partner responsibilities, if any; and a listing of outputs/deliverables expected at the completion of each activity.
- A detailed budget and justifications document should be included as part of the carryover package. The detailed budget justifications should accord the assurance that all carryover funds will be expended by the end of current budget period.
- Include a list of proposed activities, an itemized budget, and a narrative justification of those activities.

Final Performance Report

At the end of the project period, awardees should submit a final performance report. This report is due 60 days after the end of the project period. The page limit for this report is 40 pages.

At a minimum, this report must include the following:

- Performance Measures (including outcomes) – Awardees should report final performance data for all performance measures for the project period.
- Evaluation results – Awardees should report final evaluation results for the project period
- Impact/Results – Awardees should describe the impact/results of the work completed over the project period, including success stories.

SUBMIT INVOICE TO:
 American Academy of Pediatrics
 141 Northwest Point Blvd.
 Elk Grove Village, IL 60007-1098
 ATTN : Paul Spire

Project Title:	PEHSU East Program Office
Prime award #	771100

SUBRECIPIENT:

NAME
 ADDRESS
 CITY , STATE ZIP
 Contact Name: xxx
 Contact telephone: xxx
 Contact email: xxx

Final Invoice: yes no
 Invoice Date: mm/dd/yyyy
 Invoice #: ###
 Project Period: mm/dd/yy - mm/dd/yy
 Billing Period/Period of Performance: mm/dd/yy - mm/dd/yy

*subrecipient costs must be identified on each invoice by categorical line item in accordance with the approved budget

	Approved Budget	Current Expenditures	Cumulative	Remaining Budget
<u>Personnel</u>				
Salary				-
Fringes				-
	\$ -	\$ -	\$ -	\$ -
<u>Operating Costs</u>				
Supplies				-
Travel				-
Postage				-
Printing & Photocopying				-
Indirects %				-
subtotal	\$ -	\$ -	\$ -	\$ -
Total	\$ -	\$ -	\$ -	\$ -
Amount of Payment Requested	\$ -			

As an authorized representative of the organization, I certify that all expenditures reported or payments requested for costs incurred are for appropriate purposes and in accordance with the agreements set forth in the application and subcontract award documents.

 Subrecipient Authorized Signature

 Date

Typed Name
 Typed Title