



American College of Medical Toxicology

Physicians Specializing in the Care of Poisoned Patients

**Request for Proposals
Pediatric Environmental Health Specialty Unit (PEHSU) Program
Regions 6, 7, 8, 9, & 10**

Principal Investigator: Carl Raphael Baum, MD, FAAP, FACMT

Project Title: BUILDING PARTNERSHIPS, EXPANDING ACCESS & INCREASING AWARENESS TO REDUCE ENVIRONMENTAL THREATS TO REPRODUCTIVE & PEDIATRIC HEALTH

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Letter of Intent Due Date (Optional): 12/08/2014

Application Deadline: 1/05/2015

PEHSU Site Award: 01/16/2015

Number of Awards: 5

Anticipated Budget Period Funding:

Budget Period: 2/01/2015 – 09/29/2015

Project Period: 02/01/2015 – 09/29/2019

Eligible Applicants: Academic medical centers with a medical school affiliation are eligible to apply. The centers must be comprised of medical specialists with pediatric and environmental medicine experience and expertise in conducting both health care provider and community health education and promotion activities related to environmental exposure to toxic substances.

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A. Funding Opportunity Description

The American College of Medical Toxicology (ACMT) has been selected by the Agency for Toxic Substances and Disease Registry (ATSDR) to establish a National Program Office – Western Operations that will administer five Pediatric Environmental Health Specialty Units (PEHSUs) in the western half of the country for a five-year period extending through September 29, 2019. The National Program Office – Western Operations is referred to throughout this document as PEHSU-West.

ATSDR also selected the American Academy of Pediatrics (AAP) to establish and administer PEHSUs in the eastern half of the country. While ATSDR has awarded 2 separate “East” and “West” PEHSU cooperative agreements, ACMT and AAP will work collaboratively to form a national network.

A.1. Introduction

The American College of Medical Toxicology (ACMT) invites proposals to establish and manage one Pediatric Environmental Health Specialty Unit (PEHSU) in each of the federally designated regions 6 – 10:

Region 6: Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

Region 7: Iowa, Kansas, Missouri, and Nebraska

Region 8: Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

Region 9: Arizona, California, Hawaii, and Nevada

Region 10: Alaska, Idaho, Oregon, and Washington

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

A.2. PEHSU-West Personnel and Contact Information

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A.3. Background

Since 1998, the Agency for Toxic Substances and Disease Registry (ATSDR) has collaborated with the US Environmental Protection Agency (EPA) to provide funding to develop and advance the PEHSU Program. During its fifteen years of operation, the PEHSU Program has gained the respect of the medical community and the admiration of families for its efforts to protect children from risks from exposure to environmental contaminants.

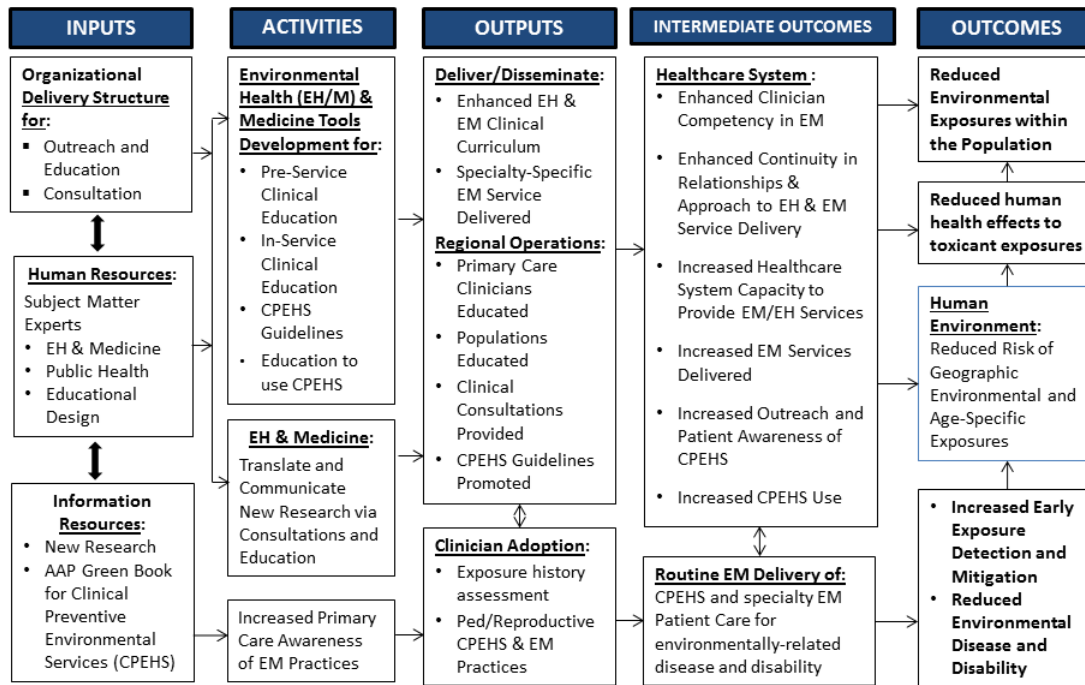
Although the PEHSU Program to date has focused on children from birth to young adulthood, the definition of a pediatric population extends from conception through age 18 years. Thus, the PEHSU Program has evolved to include both pediatric and reproductive health. While the focus of the PEHSU is on all children, special attention is paid to children who live in areas where exposure to toxic substances and/or environmental toxicants are the greatest, including those living in sub-standard housing, those living near known contaminated areas, those in areas of higher air and/or water pollution, and those without access to quality medical care.

A.4. Project Description

A.4.a. Approach

The ATSDR Division of Toxicology and Human Health Sciences (DTHHS) Logic Model shown below represents all of the components of the PEHSU Program. Together, ACMT and the sub-grantees are responsible for the Inputs, Activities, and Outputs. Evaluation of the PEHSU Program will measure the effectiveness of ACMT and its sub-grantees in achieving the Intermediate Outcomes. All of the Intermediate Outcomes are important interim steps towards achieving national healthcare system changes. National healthcare system changes will be accomplished through practice adoption and enhanced clinician competency in environmental medicine and, ultimately, through the achievement of the measurable long-term outcomes of the PEHSU Program.

ATSDR/DTHHS Environmental Health and Medicine Program (EHMP)
Pediatric Environmental Health Specialty Unit (PEHSU) Program
 Logic Model



Note: The FOA Project Period Outcomes are the Intermediate Outcomes.

A.4.a.i. Purpose

The PEHSU Program serves as the nation's children's environmental health and medicine resource for pediatricians, primary care providers, other health care providers, Federal staff, and the public. As depicted in the Logic Model above, the PEHSU Program's purpose is to:

- (1) Increase awareness of Clinical Preventive Environmental Health Services (CPEHS) through development of clinician outreach education capabilities regionally for the purpose of reducing environmental health threats to children.
- (2) Enhance continuity in pediatric and reproductive environmental medicine through expanded collaborative relationships with medical schools, medical residency programs, schools of nursing, non-profit medical institutions, other allied health programs, and schools of public health.
- (3) Strengthen pediatric and reproductive environmental medicine and public health prevention capacity through enhanced competency-based environmental health and medicine education.
- (4) Evaluate the impact of CPEHS in reducing pediatric health effects due to exposure to environmental toxicants.
- (5) Enhance education and consultative services to health care providers to increase the delivery of CPEHS.
- (6) Expand outreach to increase patient awareness and use of CPEHS.

(7) Provide consultative expertise in communities where ATSDR and EPA are addressing Superfund or other sites where environmental contamination in air, water, soil, food supply or the built environment exists.

A.4.b. Work Plan: Required Activities

The Awardee will:

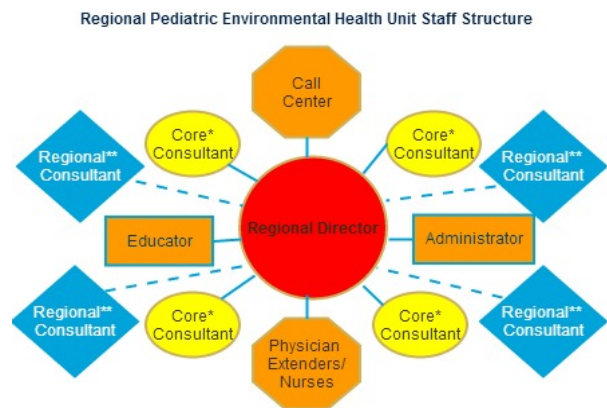
A.4.b.i. Establish a Regional PEHSU Program

A.4.b.i.(1) Establish a PEHSU Site

In [ATSDR Region 6, 7, 8, 9 or 10](#), establish and administer a single Regional PEHSU Program Site. Each Site will deliver education/health promotion, consultation, and referral services to address the environmental exposure concerns of children and their families throughout each Region.

Figure 1

Staffing Requirements: To ensure that each Site remains optimally integrated within its entire federal region, a hub-and-spoke delivery model must be adopted, where each Site will establish a network of “core” and “regional” consultants throughout the Region (Figure 1). Each Site will consist of a Regional Director, dedicated staff, core consultants, regional consultants, and a call center.



Regional Director. The Regional Director must be a physician with demonstrated expertise in pediatric environmental health and board certification in pediatrics, medical toxicology, ob-gyn, occupational/preventive medicine, and/or family medicine who is based at the Regional PEHSU Program Site. The Regional Director (or designee) will:

- Execute the PEHSU’s work plan;
- Ensure that all reporting requirements are met;
- Serve on the PEHSU Steering Committee and one of the PEHSU Subcommittees;
- Prepare an annual PEHSU Site activity summary, including all education, referral, consultation, health advocacy activities, and a budgetary summary of the past year.

Core Consultants. Each Site must have four Core Consultants, each with expertise in one or more of the following:

- Pediatrics
- Medical Toxicology
- Reproductive Health
- Occupational / Preventive Health

The Regional Director will serve as one of the four Core Consultants. The expertise of the remaining three Core Consultants should compliment that of the Regional Director.

The Core Consultant staffing must include a physician or physicians who are board certified in pediatrics and in medical toxicology. This requirement can be fulfilled by employing one Core Consultant with board certification in pediatrics and a second Core Consultant with board certification in medical toxicology. Alternatively, employing a single physician who holds dual board certification in both pediatrics and medical toxicology can fulfill this requirement

The Core Consultant staffing must also include those with expertise in reproductive health, and occupational health / preventive medicine. These additional Core Consultant staff need not have specific board certification nor do they need to be physicians. Physicians, nurses, industrial hygienists, genetic counselors, and other health professionals with expertise in reproductive health and expertise in occupational health / preventive medicine may serve as core consultants for these required areas of expertise.

The following table illustrates one potential model for providing Core Consultants:

	Name & Expertise	PEHSU Role	Medical Toxicology	Pediatrics	Reproductive Health	Occ Hlth /Prev Med
1	NAME, MD, FACMT	Regional Director	x			
2	NAME, MD, FAAP	Consulting Pediatrician		x		
3	NAME, CIH	Consulting Industrial Hygienist				x
4	NAME, CGC	Reproductive Health Expert			x	

Core Consultants may be located anywhere in the region that the PEHSU serves and need not be at the primary site.

The Core Consultants will:

- Be available for telephone consultation.
- Serve as subject matter experts for the development of educational materials.
- Assist in networking with others from their specialty area.
- Participate in the daily activities of the PEHSU on an as-needed basis.

Regional Consultants. To provide expanded geographic reach, each Site must have Regional Consultants from at least three different states outside of the PEHSU Site state. These Regional Consultants must have expertise in pediatric and reproductive environmental health and specialize in one or more of the following:

- Pediatrics
- Medical Toxicology

- Reproductive Health
- Occupational /Preventive Health
- Family Medicine.

For those states whose populations exceed 10 million, it is highly recommended that two or more geographically distinct consultants be designated as Regional Consultants, if possible. A Core Consultant may serve as a Regional Consultant if the Core Consultant is from a state different from the PEHSU Site state.

Regional Consultants will:

- Be available to provide telephone consultation.
- Serve as subject matter experts for the development of educational materials.
- Assist in networking with others throughout their state.
- Participate in the daily activities of the PEHSU on an as-needed basis.

Satellites. The proposed hub-and-spoke model within each region is intended to increase the PEHSU's geographical reach within each region and promote increased recognition and utilization of the PEHSU throughout the region. In essence, the hub-and-spoke model is designed to move toward creating a truly Regional Pediatric Environmental Health System with improved penetrance through each multi-state region. Nonetheless, ACMT will accept proposals that include satellites, provided that the main site accomplishes at least 51% of the work, as demonstrated by the budget submitted, and incorporates the Core Consultant and Regional Consultant concept as described above.

New regional satellite operations requests must be submitted to the PEHSU-West Program Office for ACMT review and approval. Requests should indicate proposed start date, satellite operational responsibilities and regional work plan linkages; proposed regional directorship management of satellite operations and work plan 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.

Subject Matter Experts (SMEs). The Regional Director, Core Consultants, and the Regional Consultants will also serve as PEHSU SMEs. The SMEs must:

- Assist with the development of eLearning modules, webinars, fact sheets, advisories, and other professional education
- Be available for public speaking
- Be available to serve on PEHSU committees at the request of the Regional Director.

Other Core Staff. Each Site must be staffed adequately to carry out its work plan. See Figure 1 for a sample staffing plan.

Call Center Requirements:

Each Site must have a Call Center with a toll-free number to receive calls from the public, healthcare providers, and public health officials for information, consultations, and referrals. Partnering with a Poison Control Center (PCC) to provide Call Center services is highly recommended, but not absolutely required. Advantages of a partnership with a PCC are:

- Leveraging the PCC infrastructure that is already in place
- Call coverage 24 hours a day, 7 days per week
- Access to nurses, physicians, and pharmacists who are highly skilled in handling initial telephone inquiries regarding potentially toxic exposures and in providing consultative and referral assistance.
- Timely referrals to PEHSU consultants for further management.
- Disseminate information to the public when needed, both for routine public service announcements regarding pediatric environmental health, and also during emergencies.

It would be expected that any PEHSU partnership with a PCC to provide Call Center services would have PEHSU staff train PCC staff on the initial triage of reproductive and pediatric environmental health related calls, particularly those involving chronic exposures or concern about “low-dose” effects; and ensure that all PEHSU required consult call documentation is completed.

Base of Operations. The Base of Operations for each Site must be an academic medical center with a medical school affiliation.

Website Requirements. Each Site will maintain its own website and will work with PEHSU-West to provide certain consistent website elements, including the PEHSU logo and a link to the national website and access to the National eLearning Classroom and Library.

PEHSU Registry

Each PEHSU Site must enter information about all calls and consults into a secure on-line database called the PEHSU Registry. This Registry will allow for tracking and comparison of de-identified demographics, nature of exposure, clinical signs or symptoms if present, treatment if any, and recommendations and follow-up data. In addition, these data will better describe and define current utilization of the PEHSUs and may be useful for education and curriculum development. The data stored in this registry will be available only to the other PEHSUs and to ATSDR and the EPA. The data will be available to be analyzed regionally or nationally and will be compiled into a PEHSU Annual report by PEHSU-West.

PEHSU Tracking System

In addition, each PEHSU Site will enter data about activities that fulfill ATSDR DTHHS Performance Measure Targets into an online tracking system that will replace the ACCESS database previously used by the PEHSU Program.

A.4.b.i.(2) National PEHSU Steering Committee

ACMT will solicit the name of a nominee from each PEHSU to serve a three-year term on the PEHSU Steering Committee. The Regional Director will be encouraged to serve; alternatively, the Regional Director may designate another physician staff member or consultant to serve. The committee will elect one of its PEHSU physician members to serve as Chair of the Steering Committee for a 3-year period. This committee will meet quarterly with ACMT and AAP and will be responsible for centralized coordination and strategic planning activities as well as subcommittee appointments.

Strategic Plan. The Steering Committee will be charged to develop a strategic plan by the end of Year 1 and will update this plan annually.

Steering Committee Charge to Address Natural Disasters. The Steering Committee will collaborate with ACMT and AAP to address requests from ATSDR to assist in natural disasters and emergencies where the health of children and their families may be impacted by environmental exposures resulting from natural or man-made emergency events. The Steering Committee will respond in a timely and professional manner to fulfill requests for emergency assistance. Summary reports of these activities from the PEHSUs 6-10 will be submitted to PEHSU-West within 30 days of completed activity. In the case of ongoing or intermittent, prolonged activity, an initial report will be submitted within 30 days of the initial contact, with updates submitted at least quarterly.

A.4.b.i.(3) Supply designees to Subcommittees.

Each regional PEHSU site will contribute members to the subcommittees of the PEHSU Steering Committee on an as needed basis. The Steering Committee will formalize, charge, and appoint regionally based PEHSU members to the following three subcommittees:

1. Capacity Building Subcommittee [CBS]

Charge – Identify and support national collaborative initiatives; identify potential organizations that will enhance national or regional expertise of the PEHSUs; encourage regional PEHSUs to expand contacts.

2. Environmental Education Subcommittee [EES]

Charge - Review of PEHSU educational materials, including environmental modules for inclusion in the PEHSU Program's National eLearning Classroom.

3. Outreach, Marketing, and Communications Subcommittee [OMCS]

Charge - Assist PEHSU-West evaluate and select marketing strategies, including the best use of social media to increase program service delivery and selection of outreach messages and timing. While individual PEHSUs are encouraged to respond to needs within their area and to reach out to potential regional partners, such contacts should be shared with the OMCS for potential emulation elsewhere in the program.

Subcommittees could also address PEHSU Program assessments and evaluations, subcommittee performance measures, and accountability reporting concepts.

At a minimum, subcommittees will meet monthly during the first year and quarterly thereafter. Summary reports of subcommittee activities will be provided to the Steering Committee quarterly. Each subcommittee will work closely with both ACMT and AAP.

A.4.b.i.(4) PEHSU Advisory Council.

A PEHSU Advisory Council will be convened by ACMT and AAP to provide an external perspective to the PEHSU Program by reviewing current activities and providing guidance on the PEHSU strategic plan. The Advisory Council membership will include the Steering Committee Chair, one Subcommittee Chair, representatives from both of the National Program Offices, and five distinguished experts in Pediatric and Reproductive Environmental Health who are not part of the PEHSU Program or its partners. Nominees for the Advisory Council will be solicited by the Steering Committee. This will not be a federal advisory committee and will advise the PEHSUs only, not ATSDR or EPA.

The Advisory Council will meet by conference call at least annually.

A.4.b.i.(5) Travel to one required annual meeting

Attend Annual PEHSU 2-Day Scientific and Network Meeting

ACMT and AAP will develop, coordinate, and host an Annual Meeting of all 10 PEHSUs to strengthen PEHSU Network interactions and promote professional and organizational development in pediatric and reproductive environmental health and medicine. Two staff members from each PEHSU Site must attend this meeting each year. PEHSU-West will provide travel funds for the travel of one staff person from each PEHSU Site in Regions 6 through 10. Travel funds for at least one additional staff person from each PEHSU Site must be requested in each PEHSU budget for this purpose.

A.4.b.ii. Deliver PEHSU Education and Health Promotion

A.4.b.ii.(1) Priority Health Promotion Topics

Through representation on the EES, each PEHSU will participate in establishing Priority Health Promotion Topics. Initial priority topics for health promotion for Year 1 will include those identified by the previous PEHSU Steering Committee:

- Lead poisoning management;
- Risk communication strategies related to endocrine disruptors;
- Prenatal health concerns;
- Assessment of epigenetic mechanisms; and
- Case studies that raise issues of environmental justice or community needs, including exposures in childcare settings.

By the end of the 3rd quarter of each grant year, the EES will establish topics for the next year, with input from all PEHSU Sites.

A.4.b.ii.(2) Core Competencies in Environmental Medicine Practice

Through representation on the PEHSU Steering Committee, each PEHSU will participate in establishing Core Competencies in Environmental Medicine Practice. In Year 1 the PEHSU Steering Committee will develop a standard for PEHSU Network designation as a “pediatric and reproductive environmental health specialty clinic” based on a series of updated core competencies in pediatric and reproductive environmental health that would need to be met. At a minimum, these competencies will include medical knowledge regarding pediatric norms and interpretation of laboratory tests; patient care standards regarding documenting a history of environmental exposures; system-based knowledge regarding environmental data and its translation to human exposure assessment; and skills in risk communication.

In Years 2 through 5 the PEHSU Steering Committee will evaluate and respond to questions regarding referral network collaboration and provide tools and education to put all core competencies in place within the PEHSU regions.

A.4.b.ii.(3) PEHSU Marketing Strategy

PEHSU Directors or their designee, in regions 6 through 10 will serve on a group reporting to OMCS to develop and implement a PEHSU marketing strategy. In addition to the PEHSU Directors, members of this group will include: members of the public, ATSDR staff and ACMT PEHSU leadership, and Advisory Committees. A marketing strategy will be formalized and presented to the Steering Committee by the end of the 2nd quarter. The group will promote the use of selected message(s) to reach the general public as well as region-specific contacts for each PEHSU. To assist in this outreach to highlight the PEHSU Network and determine benefits to the community, the group will:

- Establish evaluation metrics/benchmarks for and measure the success of each marketing strategy.
- Survey regional PEHSUs and partners to identify social media success stories that are adaptable or scalable to other regions.
- Establish a plan to deliver approved information/messaging to the PEHSUs with various partners.
- Present lessons learned, challenges faced, successes, and opportunities ahead at the Annual PEHSU Conference.

A.4.b.ii.(4) eLearning Classroom and Library

PEHSU-West will establish an on-line Pediatric Environmental Health National eLearning Classroom and Library which will serve as a focal point for PEHSU web-based training and a repository for all on-line educational materials for the PEHSU program. In Year One, a representative from each PEHSU site in Regions 6 through 10 will review all previous educational products produced within its region and propose a slate of materials to the EES for inclusion in this on-line Classroom and Library.

A.4.b.ii.(5) eLessons and eModules

Each year, each of the PEHSUs in the western region will develop five “eLessons”. Examples of “eLessons” are eLearning modules, recorded webinars, or other types of structured environmental medicine content. Each year, each PEHSU Site will develop one of these “eLessons” into a module for the National eLearning Classroom using the services of a professional instructional designer provided by PEHSU-West.

Priority Health Promotion Topics

Annually, the EES will establish five topics for "eLessons" to be completed by the PEHSUs in the western region. The topic for each eLesson will be based on the list of annual health promotion priorities or other urgent needs. Topics should be chosen with the goal of enabling primary care providers using these “eLessons” to build desired environmental medicine competencies.

eLessons

For each Priority Health Promotion Topic, each PEHSU Site in the western region will create an eLesson annually. Prior to development, each PEHSU will submit a brief proposal to PEHSU-West for review with information about the topic, intended audience, and format to avoid duplication of efforts among the PEHSUs. This process will result in the creation of 5 eLessons for each Priority Health Promotion Topic each year.

eLearning Modules

From the 5 eLessons on each Priority Health Promotion Topic, the EES will select one for further development as a peer-reviewed eLearning module to be included in the National eLearning Classroom. Each of the 5 western PEHSUs will be responsible for the development and completion of one of these National eLearning Classroom modules per year.

PEHSU-West will develop a common template for these modules to assure consistency and proper branding. In addition, PEHSU-West will provide an instructional designer who will assist the PEHSUs to ensure that educational eLearning techniques are incorporated into all modules slated for the National eLearning Classroom.

eLearning Module Ad Hoc Peer-Review Evaluations

The EES will provide Ad Hoc Peer-Review Evaluations for eLearning educational modules slated for inclusion in the National eLearning Classroom. The peer reviewers will include one PEHSU SME from the EES, one PEHSU SME not on the EES, one ATSDR and/or EPA SME, and one external SME not working directly with the PEHSU program.

Post-tests and Impact Assessments

Each PEHSU will be required to develop a series of pre- and post-test questions that will accompany each module and will be used to measure knowledge retention. Each PEHSU will be required to develop a short, follow-up evaluation that will be sent to the user at 12 months to assess impact.

A.4.b.ii.(6) Webinars

Another component of the National eLearning Classroom will be the development, presentation, recording, and archiving of regularly scheduled webinars in Pediatric & Reproductive Environmental Health. Utilizing the PEHSU-West WebEx event platform, three webinar series will be offered to the PEHSUs, partners, and other interested stakeholders. All webinars will be posted to the National eLearning Classroom following the live presentation and will be available for on-demand rebroadcast. This will result in online access to the content by all primary care providers.

Environmental Health Grand Rounds

The first webinar series (held 5 months per year) will be Pediatric Environmental Health Grand Rounds. Each PEHSU in the western region will contribute one one-hour grand rounds presentation per year. The grand rounds speaker will be a PEHSU staff member, consultant or external expert. Topics will focus on current and emerging aspects of pediatric and reproductive environmental health.

National Case Conference

A second webinar series will be the Pediatric and Reproductive Environmental Health National Case Conference. Each PEHSU in the western region will host one of these 1-hour conferences over a 2-year cycle. The national case conference will consist of a presentation and discussion of three interesting cases that have presented to the host PEHSU. This conference is meant to be interactive and promote robust case discussion.

Environmental Health Journal Club

The third webinar series will be the Pediatric and Reproductive Environmental Health Journal Club. Each PEHSU will host one 1-hour journal club over a 2-year period. The host PEHSU will select 3-4 publications from the Pediatric and Reproductive Environmental Health literature and present the articles to the participants, encouraging critical discussion.

A.4.b.ii.(7) Pediatric and Reproductive Environmental Health Forum

All PEHSU staff will be invited to participate in the Pediatric and Reproductive Environmental Health Forum. This forum, hosted by PEHSU-West, is a moderated Internet list serve that will facilitate rapid consultation and educational communication among the PEHSUs, partners, and federal agencies on challenging clinical and public health questions in Pediatric and Reproductive Environmental Health. This Forum will serve as a mechanism for the rapid announcement of public health alerts from CDC or FDA, sentinel health events, educational conferences, and career opportunities.

A.4.b.ii.(8) Continuing Education

CE will be available for eLearning classroom modules, recorded webinars, and the annual PEHSU Scientific meeting. CE will be aligned with practice-based competencies developed by a wide range of organizations. PEHSU-West will work closely with the CDC CE office and PEHSU SMEs to certify courses and award CE credits.

A.4.b.ii.(9) Other Educational Material Production

PEHSU-West will coordinate the production of other western PEHSU educational materials including fact sheets, pamphlets, and brochures. Proposals to develop educational materials by individual western PEHSUs will be reviewed by the EES and PEHSU-West to avoid duplication and ensure peer-review of products prior to addition to the National Library.

Fact Sheet and FAQ

The EES will develop a fact sheet and FAQ for use by the regional PEHSUs, identifying expectations regarding educational material production, sharing, and modification with the goal of maintaining branding and avoiding duplication of effort.

A.4.b.ii.(10) Branding, Template Use, Disclaimers, Review & Electronic Submission

PEHSU-West will provide instructions for branding and the use of PEHSU templates. All materials developed with cooperative agreement funding must contain acknowledgement of funding using ATSDR-approved disclaimers and federal funding partner acknowledgements. All online PEHSU educational products will be submitted to ATSDR for review prior to completion. Electronic copies of educational products developed must be attached to the PEHSU quarterly reports.

A.4.b.ii.(11) Culturally relevant information

PEHSUs are encouraged to create activities and educational materials that are culturally relevant and sensitive, not only with respect to predominant languages spoken (and the potential need for bilingual materials), but also to local practices and customs. In this way, messages of prevention and mitigation will be practical and well received. When possible, educational materials will be created in both English and Spanish; however other languages may be considered according to local needs. Data from the Census Bureau will help to define local needs. PEHSUs will make use of resources at their academic institution, state public health department, and regional PCCs to evaluate need and access translation services, if needed.

A.4.b.iii. Deliver PEHSU Consultation Services

A.4.b.iii.(1) Toll-free telephone line, Poison Centers, PEHSU Registry

Toll-free Telephone Line, Poison Centers, and PEHSU Registry

As described in section A.2.b.i.(1) (Call Center Requirements), each PEHSU must establish a toll-free telephone line that will allow healthcare professionals, members of the public, and ATSDR and EPA to access PEHSU expertise for questions and consultation. If possible, each PEHSU should strongly consider engaging with its nearest certified poison center to assist with the initial triage of the PEHSU calls. A poison center, nurse, or physician extender must handle initial inquiries with more complex inquiries being referred to the PEHSU Director or one of the PEHSU consultants. In addition, PEHSUs must collect data for the PEHSU Registry.

A.4.b.iii. (2) Community Education

Each PEHSU Region must offer community presentations that raise awareness of environmental conditions that may cause harm to children; topics could include preventing or reducing harmful environmental exposures in everyday situations; practical advice on helping children cope and recover after floods, wildfires, chemical spills, and other environmentally related crises. Regional PEHSUs should use local connections such as public health agencies, PCC public educators, and interactions with the National Offices and ACMT partners to increase community participation.

A.4.b.iii. (3) Technical Assistance to Physicians and Health Professionals

Each PEHSU Region will offer consultations to professionals to improve medical practice capacity of the nation's primary care physicians and health professionals who encounter individuals, families, and communities threatened by exposures to hazardous substances. Support services could include creating clinical guidelines of practice for environmental health, medical screening and healthcare referral involving environmentally exposed communities, families, and individuals. Additionally, ATSDR could support screening and services, including advanced clinical guidelines development for environmental health conditions that may arise during HHS/CDC public health emergencies. Regional PEHSUs should utilize connections from consultations with institutions and professional chapters to provide subsequent professional education. The National Office-Western Operations, through partnerships with professional societies, will also help increase professional educational opportunities.

A.4.b.iv. Deliver PEHSU Referral Services

A.4.b.iv. (1) Medical Specialty Care Referrals

As appropriate, each PEHSU should provide medical specialty care referrals for pediatric patients with possible or actual environmental exposures to potentially toxic agents. Referrals should be to pediatric and reproductive environmental health specialists within each western PEHSU region.

In addition, the PEHSU should make arrangements for evaluations of children who have been referred to the PEHSU for in-person assessments. 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, i.e., billing public or private insurance or providing care through other mechanisms available locally.)

A.4.b.iv. (2) Survey of pediatric and reproductive environmental specialty clinics

Annually, each PEHSU will survey specialists in their region to determine clinics meeting the criteria to be designated a Pediatric and Reproductive Environmental Health Specialty Clinic (PREHS Clinic). With their permission, these PREHS Clinics will be listed in the PREHS Clinic Directory. This Directory must be accessible on the PEHSU websites as potential points of access for patients in the community and as a resource for the PEHSUs.

- **A.4.b.v. Track and Report Ongoing Performance Measure Data**

A.4.b.v.(1) ATSDR DTHHS Performance Measures and Targets

[PEHSU Funding Opportunity Announcement \(FOA\) CDC-RFP-TS14-1402](#) 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.

A.4.b.v.(2) ATSDR DTHHS Performance Targets for Years 1, 2, 3, 4 and 5

- The PEHSU FOA requires the Performance Targets listed in the table below for Years 1, 2, 3, 4, and 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

B. Award Information

Budget Period: February 1, 2015 – September 29, 2015

Project Period: February 1, 2015 – September 29, 2019

Approximate Number of Awards: 5

Approximate Average Award for Year 1 [February 1, 2015 through September 29, 2015]:
\$100,000 (This amount is for the first 8-month budget period, and includes both direct and indirect costs.)

Approximate Average Annual Award for Years 2-5: \$150,000 (This amount includes both direct and indirect costs.)

Anticipated Award Date: January 16, 2015

Budget Period Length: Year 1: 8 months; Years 2-5: 12 months

Project Period Length: 4 years and 8 months

Throughout the project period, ACMT's commitment to continuation of awards will be on the condition of the availability of funds and evidence of satisfactory progress by the recipient as documented in required reports.

Acknowledgment Of Federal Support:

- 100% of the total costs of the program will be financed with Federal money

C. Eligibility Information

C.1. Eligible Applicants

Academic medical centers with a medical school affiliation are eligible to apply. The centers must be comprised of medical specialists with pediatric and environmental medicine experience and expertise in conducting both health care provider and community health education and promotion activities related to environmental exposure to toxic substances.

C.2. Cost Sharing or Matching

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

C.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.

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.

D. Application and Submission Information

D.1. 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

D.2. Application address

To reply to this Request for Proposals, email all required documents to:

Tricia Steffey
Executive Assistant
American College of Medical Toxicology
Tricia.steffey@acmt.net

D.3. Letter of Intent (LOI) - Optional

Prospective applicants are strongly encouraged but not required to submit an optional letter of intent by December 8, 2014 by email as a PDF attachment to Tricia Steffey (see D.2. above) that includes the following information:

- Descriptive title of proposed project.
- HHS Federal Region [A map of these regions may be found at: <http://www.hhs.gov/about/regionmap.html>.]
- Name, address, telephone number, and email address of the proposed Project Director.
- Names of other key personnel.
- Participating institutions.

D.4. Content and Form of Application Submission:

Applicants are required to submit all of the documents outlined below as their application package:

- Table of Contents (no page limit, and to include all submitted documents)
- Project Narrative (18 page limit)
- Work Plan (25 page limit)
- Budget Narrative (no page limit)
- Curriculum Vitae of key personnel (no page limit)
- Organizational Chart and other key documents (no page limit)

Each document must be submitted as a separate PDF file.

D.5. Table of Contents (No page limit):

Provide a detailed table of contents for the entire submission package that includes all of the documents being submitted in the application and headers in the project narrative section.

The Table of Contents should be provided as one PDF and named 'Table of Contents'.

D.6. Project Narrative

(Maximum of 18 pages, single-spaced, Calibri 12 point, 1-inch margins. Number all pages. Content beyond 18 pages will not be reviewed.)

The project narrative must include all the bolded headers outlined under this section. The project narrative should be succinct, self-explanatory and organized in the order outlined in this section so reviewers can understand the proposed project. The narrative should address activities to be conducted over the entire project period.

D.6.a. Background

For your jurisdiction or the population served, the applicant must describe the core information to understand how the RFP will address the public health problem and support public health priorities.

D.6.b. Approach**D.6.b.i. Purpose**

The applicant must briefly describe how their application will address the problem statement.

D.6.b.ii. Outcomes

The applicant must clearly identify the outcomes the applicant expects to achieve by the end of the project period. Outcomes are the intended results that are expected as a consequence of the program and its strategies. All outcomes should indicate the direction of desired change (i.e., increase, decrease, maintain).

D.6.b.iii. Work Plan

(Maximum of 25 pages, single spaced, Calibri 12 point, 1-inch margins)

Applicants must prepare a detailed work plan for the first year of the award and a high-level plan for subsequent years. ACMT will provide feedback and technical assistance to awardees to finalize the work plan post-award.

This work plan must address the RFP providing concepts and strategies to successfully achieve establishment and delivery of the PEHSU Programmatic operations and achieving the required deliverables and reporting on a quarterly basis. Project goals and objectives and a plan to

achieve PEHSU Education and Health Promotion, Consultation, and Referral Service deliverables including timelines must be clearly defined.

The Work Plan should be provided as one PDF and named 'Work Plan'.

D.6.c. Organizational Capacity of Awardees to Execute the Approach

D.6.c.i. Organizational Capacity Statement:

The organizational capacity statement may describe how the applicant is organized, the nature and scope of its work and/or the capabilities it possesses. Applicants may include a detailed description of the entity's experience, program management components, and a plan for long-term sustainability of the project. Applicants may describe how they will assess staff competencies and develop a plan to address gaps through organizational and individual training and development opportunities.

In addition the applicant:

- Must be able to demonstrate knowledge of geographic contamination patterns, cultural influences, and socioeconomic conditions within region.
- Must have capacity to maintain or develop a collaborative relationship with ATSDR and EPA personnel within region.
- Must have capacity to maintain or develop ongoing relationships with state and local health departments within region.
- Must have capacity to maintain or develop relationships with community-based organizations within region.

D.6.c.ii. PEHSU Regional Impact

Applicants must describe their regional reach capacity through their use of regional consultants and collaborations and partnerships to deliver RFP work plan activities and/or services.

Applicants may provide letters of support as one (1) PDF file and name the file "Letters of Support".

Applicants may provide MOUs/MOAs as one PDF and name the file "MOUs/MOAs".

D.6.c.iii. Project Management

This section may include a clear delineation of the roles and responsibilities of project staff and their qualifications. Also, it may include a clear delineation on how consultants and partner organizations will contribute to achieving the project's outcomes. Include information about any contractual organization(s) that will have a significant role(s) in implementing program

strategies and achieving project outcomes. Specify who would have day-to-day responsibility for key tasks such as: leadership of project; monitoring the project's on-going progress; preparation of reports; program evaluation; and communication with other partners and ACMT.

D.6.d . Performance Measurement

D.6.d.i. Plan for Achieving Performance Measures

Each applicant should detail steps to be taken to achieve the Performance Targets for Year 1 prior to the close of Year 1.

D.6.d.ii. Performance Measures: Deficits at Program Start

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.

Project Narrative should be provided as one PDF and named 'Project Narrative'.

D.7. Budget Narrative

An itemized budget narrative is required as part of an applicant's submission and may be scored as part of the Organizational Capacity of Awardees to Execute the Approach. When developing the budget narrative, applicants should consider whether the proposed budget is reasonable and consistent with the purpose, outcomes and program strategy outlined in the project narrative. The budget must include the following headers:

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

No funds shall be used to pay the salary of an individual, directly or through a grant or other extramural mechanism, at a rate in excess of Executive Level II, or \$181,500.

Note: The salary rate limitation does not restrict the salary that an organization may pay an individual working under an HHS contract or order; it merely limits the portion of that salary that may be paid with Federal funds.

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

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

For the required format for completing the Budget Narrative, visit:
http://www.cdc.gov/hiv/pdf/Attachment_K.pdf

An abbreviated budget narrative has been developed to assist in preparing the Regional Budget Narrative. It can be accessed [here](#).

The Budget Narrative should be provided as one PDF and named 'Budget Narrative'.

D.8. CVs/Resumes

CVs/Resumes of key personnel should be provided as one PDF and named 'CVs'.

D.9. Organizational Chart and Samples of Health Education/Promotion Materials

Additional material may be included in the application as an Appendix. This Appendix will not be counted toward the narrative page limit. This additional information may include:

- Organizational chart(s)
- Samples of health education/promotion materials, or Internet address (URL) for accessing these materials on the Web.

If submitted, an appendix should be provided as one PDF and named 'Appendix'.

D.10. Funding Restrictions

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

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- Awardees may not generally use funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.
- The direct and primary recipient must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible. As such, the recipient must perform at least 51% of the work, as reflected in the budget.
- Reimbursement of pre-award costs is not allowed.
- Recipients may not use funds for construction.

D.11. Indirect Costs

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.

E. Application Review Information

E.1. Criteria

In scoring applications, eligible applications will be evaluated against criteria summarized in Table 1 and described in detail below.

Table 1. Evaluation Criteria

Approach (40 points)	Purpose		5 points
	Outcomes		5 points
	Work Plan	PESHU Education & Health Promotion	20 points
		PESHU Consultative Services	5 points
PESHU 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

E.1.a. Approach (40 points):

E.1.a.i. 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?

E.1.a.ii. Outcomes [5 points]

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

E.1.a.iii. Work Plan [30 points]

E.1.a.iii.(1). 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.

E.1.a.iii.(2). 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;
- Provide community education and outreach that raises awareness about environmental conditions that may harm children.

E.1.a.iii.(3). 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.

E.1.b. Organizational Capacity of Awardees to Execute the Approach [40 points]:

E.1.b.i. 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?

E.1.b.ii. PEHSU Site Operations [20 points]: (Establishment)

- 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 specialty care referral of children who may have been exposed to environmental hazards, if needed?
- 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 as a clear funding plan strategy for establishment, with ACMT approval?
- Did the applicant describe how it would participate in the PEHSU Program Steering Committee and its subcommittees?
- 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?

E.1.b.iii. PEHSU Budget for Regional Operations (10 points):

- Did the applicant use the CDC Guidelines for Budget Preparation to prepare the regional PEHSU Office budget? The regional PEHSU Office budget shall incorporate the six required CDC contract elements with the justification narratives merged within the itemized budget.
- Overall, did the applicant present a 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 applicant’s budget narrative present clearly articulated “Scope of Work” section highlighting regional requirements for performance measures to be achieved and reported quarterly, and any deliverables required for submission?
- Did the applicant’s budget narrative accord duties and responsibilities for key staff, including designation of a PEHSU Program regional director that would illustrate the applicant’s organization capacity to execute the RFP requirements?
- Did the applicant submit CVs/Resumes and an organizational chart?
- Did the applicant’s budget narrative present clearly articulated “Method(s) of Accountability” section? Did this section address the monitoring of the “Majority of the Work” requirement, 51% minimum, is being accomplished through the use of a dedicated staff structure authorized by the prime awardee?
- Did the applicants’ budget narrative seek funding for satellite/ancillary operational structures as a year-1 cost factor? If so, did the applicant’s work plan or budget narrative address the Regional Satellite operation(s) formation, funding, and the

prime awardee responsibilities for establishment?

E.1.c. 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, and the need to address baseline deficits prior to the close of Year 2?
- Did the applicant discuss its timeline for addressing any baseline deficits and meeting annual growth rates prior to the close of Year 2 after receipt of a notice of award?
- Did the applicant describe any organizational needs and/or collaboration building activities it would need to undertake to further enhance its capacity to address baseline deficits at program start?
- Did the applicant demonstrate sufficient assets, management ability and regional reach capacity to function immediately upon receipt of an award?

E.2. Review and Selection Process

Applications will be reviewed for completeness and responsiveness by ACMT. Incomplete applications and applications that are non-responsive will not advance through the review process. Applicants will be notified the application did not meet submission requirements.

An objective review panel will rate complete and responsive applications according to the criteria listed in this section above. Applications will be reviewed by region. Funds will be awarded to the highest scoring applications as determined by a review panel.

E.3. Anticipated Announcement Award Date

Anticipated Award Date: January 16, 2015

F. Award Administration Information

F.1. Award Notices

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

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

F.2. Invoicing

Invoices should be submitted to PEHSU-West on a monthly basis within 30 days of completion of the invoice period. All invoices must include:

- 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."

PEHSU-West can provide an invoice template in an electronic spreadsheet format, which sub grantees would be welcomed but not required to use.

Invoices may be submitted electronically to Tricia Steffey:

Tricia Steffey
Executive Assistant
American College of Medical Toxicology
Tricia.steffey@acmt.net

F.3. 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)

F.4. 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 ten (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>

F.5. Reporting Requirements

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 to ACMT because it:

- Provides ACMT 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
Annual Financial Report	60 days after the end of each budget period
Final Performance Report	60 days after the end of the project period
Final Financial Report	60 days after the end of the project period

F.5.a. Quarterly Reports

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

F.5.b. Annual Performance Report (Interim Progress Report)

The Annual Performance Report will serve as the non-competing continuation application and is due 150 days before the end of the budget period (first report due 4/30/2015). This report must not exceed 35 pages excluding work plan and administrative reporting. Attachments are not permitted when submitting this report. Awardees may insert web links in this report.

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
- ACMT Program Support to Awardees
 - ✓ Awardees should describe how ACMT 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 (not subject to page limits)
 - ✓ 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 where 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 requirement. Challenge statements should also describe ways to recover delayed or under-resourced activities.
- ACMT Program Support to awardee discussions or requests should accord enough detail to describe activities requiring ACMT support, work plan activity timelines detailing insertion points where ACMT 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

F.5.c. Financial Reporting

An Annual Financial Report is required and must be submitted to ACMT within 60 days after the end of each budget period. The annual financial report form should only report on those funds authorized and disbursed during the timeframe covered by the report. The final annual financial report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. There must be no discrepancies between the final annual financial report expenditure data and the ACMT's PEHSU cash transaction data accounting. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to submit a letter explaining the reason and date by which ACMT will receive the information.

F.5.d. Final Performance and Financial Report

At the end of the project period, awardees should submit a final report to include a final financial and 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.