

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Agency for Toxic Substances and Disease Registry****[Program Announcement 99083]****Program To Build Capacity To Develop, Implement, and Evaluate Health Education and Promotion Activities in Tribal Communities; Notice of Availability of Funds****A. Purpose**

The Agency for Toxic Substances and Disease Registry (ATSDR) announces the availability of fiscal year (FY) 1999 funds for a cooperative agreement program to build capacity in tribal communities to develop, implement, and evaluate health education and health promotion activities in tribal communities. This program addresses the "Healthy People 2000" priority areas of educational and community-based programs, and environmental health. This five-year cooperative agreement program is designed to assist American Indian and Alaska Native Nations and consortia of Indian tribes in dealing with present and potential environmental health challenges related to National Priorities List (NPL) and CERCLA hazardous substances waste sites and releases on or adjacent to Indian lands. Specifically, cooperative agreement funds will be used to assist tribal and village governments in addressing community health concerns related to environmental toxins. This will be accomplished by increasing tribal capacity to develop, implement, and evaluate culturally relevant and appropriate environmental health education and promotion activities for American Indian and Alaska Native communities and for the health professionals and para-professionals serving these communities.

B. Eligible Applicants

This program is directed only to federally-recognized Indian tribes or consortia of Indian tribes. Indian tribes are defined in section 101(36) (42 U.S.C. 9601 (36)) as "any Indian tribe, band, nation, or other organized group or community, including any Alaska Native Village but not including any Alaska Native regional or village corporation, which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians."

C. Availability of Funds

Approximately \$170,000 is available in FY 1999 to fund 3-4 awards. The

average award is anticipated to be approximately \$50,000, ranging from \$35,000 to \$75,000. It is expected the awards will begin on or about September 30, 1999, and will be made for a 12-month budget period within a project period of up to five years. Funding estimates may change.

Continuation awards within the approved project period will be made on the basis of satisfactory progress as evidenced by required reports and the availability of funds.

Use of Funds

The funding awarded may be expended for reasonable program purposes, such as personnel, travel, supplies and services, including contractual services. ATSDR funding is generally not to be used for the purchase of furniture or equipment. Any equipment purchased will be forwarded to ATSDR at the end of the funding period. The awardees shall serve as the direct recipients in this grant program and must perform a substantive role in carrying out project activities. They cannot merely serve as a conduit for an award to another party or provide funds to an ineligible party.

D. Program Requirements

In conducting activities related to NPL sites and hazardous substance releases to achieve the purpose of the program, the recipient shall be responsible for conducting activities under 1, below, and ATSDR will be responsible for conducting activities under 2, below:

1. Recipient Activities

a. Conduct community-based health education and promotion needs assessment(s) and asset inventory(ies), and develop project period and budget period workplans based on these identified needs and resources. Children should be recognized as a susceptible population of special interest and concern.

b. Develop environmental health education materials for American Indian and Alaska Native communities and the health professionals and paraprofessionals serving them, including materials in appropriate languages, literacy levels, and age-groups.

c. Implement methods to disseminate educational materials to American Indian and Alaska Native communities and the health professionals and paraprofessionals serving them. These materials should also be made available to other tribes and audiences as feasible and appropriate.

d. Develop and implement health education and promotion activities related to preventing and managing environmental health problems related to NPL sites or hazardous substances releases on or adjacent to tribal lands. These activities should be designed to improve the knowledge and skills of community members and health professionals and paraprofessionals concerning such topics as:

(1) Health conditions possibly related to hazardous substances at sites, including prevention, diagnosis, and treatment of exposure-related conditions in adults and children;

(2) Health studies being done by ATSDR concerning acute or chronic exposure of American Indian/Alaska Natives to hazardous substances;

(3) Chemical-specific and site-specific information resources;

(4) American Indian and Alaska Native community risk communication and outreach;

(5) Environmental health guidelines and policy, and health-based environmental standards.

e. Evaluate the effectiveness and impact of project activities and the overall health education and promotion program.

f. Attend and participate in annual ATSDR Partners' Meetings held in Atlanta, Georgia, or other locations, including assisting in planning meeting and presenting program activities and evaluation results.

2. ATSDR Activities

a. Assist in development of a needs assessment process, the identification of education and training needs of target audiences, and the development of work plans.

b. Assist in the design, implementation, and evaluation of community environmental health education materials, including providing examples of materials developed by other tribes under cooperative agreement.

c. Provide assistance in the dissemination of educational materials developed under cooperative agreement to the attention of State, regional, or national audiences.

d. Assist in the design and implementation of community and health professional education and promotion activities and training activities for tribal staff and others serving the environmental health needs of American Indian and Alaska Native communities. This assistance could include providing current information and instructional resources about the possible health effects related to

exposure to hazardous substances in the environment.

e. Assist in development of an overall evaluation plan to determine the effectiveness and impact of the project on the knowledge, skills, attitudes, and behaviors of target audiences.

f. Provide site-specific assistance and direction on possible cost recovery activities.

E. Application Content

Use the information in the Program Requirements, Other Requirements, and Evaluation Criteria sections to develop the application content. Your application will be evaluated on the criteria listed, so it is important to follow them in laying out your program plan. The narrative should be no more than 20 double-spaced pages, excluding appendices, printed on one side, one-inch margins, and un-reduced font.

F. Submission and Deadline

Submit the original and two copies of PHS 5161 (OMB Number 0937-0189). Forms are in the application kit. On or before July 15, 1999, submit the application to: Nelda Godfrey, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Announcement #99083, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, Suite 3000, Atlanta, GA 30341-4146.

Deadline: Applications shall be considered as meeting the deadline if they are either:

(a) Received on or before the deadline date; or

(b) Sent on or before the deadline date and received in time for orderly processing. (Applicants must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or the U. S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.)

Late Applications: Applications which do not meet the criteria in (a) or (b) above are considered late applications, will not be considered, and will be returned to the applicant.

G. Evaluation Criteria

Each application will be evaluated individually against the following criteria by an independent review group appointed by ATSDR.

1. Proposed Program—50 percent

a. Clearly stated understanding of environmental health problem(s) to be addressed, including the proximity of NPL sites and any special risks to children as a susceptible population.

b. Clear and reasonable project goals.

c. Extent to which stated project objectives are realistic, measurable, and related to program requirements.

d. Identification of specific target audiences and their environmental health education and promotion needs.

e. Specificity and feasibility of the proposed timeline for implementing project activities.

2. Proposed Personnel—20 percent

a. Ability of the applicant to provide adequate program staff and support staff, including any proposed consultants or contractors. Award should support at least 1 full-time employee.

b. Experience of proposed staff in conducting needs assessments, developing materials, implementing activities, and conducting program evaluation related to community health education and promotion.

c. Experience of staff in conducting culturally appropriate activities for tribal communities.

3. Capability—30 percent

a. Cultural-appropriateness of the health education and promotion activities proposed for the proposed target groups—including collaboration with tribal colleges and universities in the development of the activities.

b. Thoroughness of the health education and promotion activities proposed.

c. Extent to which the evaluation plan includes measures of program outcome and effectiveness, such as changes in participants' knowledge, attitudes, and behaviors.

d. Plans for collaborative efforts and appropriate letters of support, including coordination with tribal colleges and universities.

4. Proposed Budget—(not scored)

The extent to which the proposed budget is reasonable, clearly justified with a budget narrative, and consistent with the intended use of cooperative agreement funds.

H. Other Requirements

Technical Reporting

Provide CDC with the original plus two copies of:

1. Quarterly progress reports;

2. financial status report, no more than 90 days after the end of the budget period, and

3. final financial report and performance report, no more than 90 days after the end of the project.

Send all reports to: Nelda Godfrey, Grants Management Specialist, Grants Management Branch, Procurement and

Grants Office, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, Suite 3000, Atlanta, GA 30341-4146.

The following additional requirements are applicable to this program. For a complete description of each see Attachment 1, in the application kit. Additional ATSDR requirements are also included in Attachment 1.

AR-7 Executive Order 12372 Review
AR-8 Public Health System Reporting Requirements
AR-9 Paperwork Reduction Act Requirements
AR-10 Smoke-Free Workplace Requirements
AR-11 Healthy People 2000
AR-18 Cost Recovery—ATSDR
AR-19 Third Party Agreements—ATSDR
AR-20 Conference Support

I. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under Sections 104(i)(14) and (15) and 126 of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA), as amended by the Superfund Amendments and Reauthorization Act of 1986 (SARA) [42 U.S.C. 9604 (i)(14), (15) and 9626]. The Catalog of Federal Domestic Assistance Number is 93.161.

J. Where To Obtain Additional Information

To receive additional written information, and to request an application kit, call 1-888-GRANTS4 (1-888-472-6874). You will be asked to leave your name and address and will be instructed to identify the Announcement Number of interest (Announcement 99083). You will receive a complete program description, information on application procedures, and application forms. See also the CDC home page on the Internet for a complete copy of the announcement: <http://www.cdc.gov>

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from: Nelda Godfrey, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention, 2920 Brandywine Road, Suite 3000, Atlanta, GA 30341-4146, telephone (770) 488-2722, e-mail address: nag9@cdc.gov.

Programmatic technical assistance may be obtained from: Christine Rosheim, D.D.S., M.P.H., Health Education Specialist, Division of Health

Education and Promotion, Agency for Toxic Substances and Disease Registry, 1600 Clifton Road, Mailstop E-33, Atlanta, GA 30333, Telephone (404) 639-6351.

Dated: May 3, 1999.

Georgi Jones,

Director, Office of Policy and External Affairs, Agency for Toxic Substances and Disease Registry.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Toxic Substances and Disease Registry

Bunker Hill Workshop on Early Detection of Nephropathy

The Agency for Toxic Substances and Disease Registry announces the following meeting:

NAME: Bunker Hill Workshop on Early Detection of Nephropathy.

TIMES AND DATES: 9 a.m.-5 p.m., May 25, 1999, 9 a.m.-5 p.m., May 26, 1999.

PLACE: Sheraton Buckhead Hotel, 3405 Lenox Road, NE, Atlanta, Georgia 30326, telephone 404/848-7308.

STATUS: Open to the public, limited only by the space available. The meeting room accommodates approximately 100 people.

PURPOSE: The Agency for Toxic Substances and Disease Registry (ATSDR) is developing a Medical Monitoring for Disorders of the Kidney Associated with the Bunker Hill Site. In order to assure that the program is based on the latest scientific findings in this field, the Agency is convening a workshop of experts to provide guidance and input.

MATTER TO BE CONSIDERED: As a result of contamination by the Bunker Hill Mining site in Kellogg, Idaho, the workers and surrounding population were exposed to nephrotoxic heavy metals, primarily lead and cadmium. This workshop will bring together international experts to provide ATSDR information and individual input on the latest scientific findings in this field and how they may be applied to the medical monitoring program at the Bunker Hill location. Of special interest to ATSDR is the availability of biomarkers to screen for early signs of reversible nephropathy before progressive renal dysfunction occurs.

CONTACT PERSON FOR MORE INFORMATION: Erik Auf der Heide, M.D., MPH., Division of Health Education and Promotion, Agency for Toxic Substances

and Disease Registry, 1600 Clifton Rd. NE, M/S E-33, Atlanta, Georgia 30333, telephone 404/639-6252, e-mail: eaa9@cdc.gov.

Dated: May 3, 1999.

Georgi Jones,

Director, Office of Policy and External Affairs, Agency for Toxic Substances and Disease Registry.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 99113]

Cooperative Agreement for a National Poison Prevention and Control Program; Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) and Health Resources Services Administration (HRSA) announce the availability of fiscal year 1999 funds for a cooperative agreement program for a National Poison Prevention and Control Program.

The purpose of the program is to support an integrated system of poison prevention and control services including: coordination of all poison control centers (PCCs) through development, implementation and evaluation of standardized public education, development of a plan to improve national toxicsurveillance and development of a single, nationwide toll-free telephone number and related public service media campaign.

For additional background see: Addendum 2 in the application kit.

B. Eligible Applicants

Applications may be submitted by public and private nonprofit organizations and by governments and their agencies; that is, universities, colleges, research institutions, hospitals, other public and private nonprofit organizations, State and local governments or their bona fide agents, and Federally recognized Indian tribal governments, Indian tribes, or Indian tribal organizations.

C. Availability of Funds

Approximately \$1,050,000 is available in FY 1999 to fund one award. It is expected that the award will begin on or about September 30, 1999, and will be made for a 12-month budget period within a project period of up to 3 years. Funding estimates may change.

Continuation awards within an approved project period will be made on the basis of satisfactory progress as evidenced by required reports and the availability of funds.

D. Cooperative Activities

In conducting the activities to achieve the purpose of this program, the recipient will be responsible for the activities under 1 (Recipient Activities) and CDC, in consultation with HRSA, will be responsible for the activities under 2 (CDC Activities).

1. Recipient Activities

(a) Develop a plan and begin implementation to assess and improve the current national toxicsurveillance system.

(b) Develop and coordinate a plan with poison control centers, State health departments, and voluntary organizations to provide standardized public education for poison control services.

(c) Develop a plan and begin implementation of a national public service media campaign to familiarize the public with poison control services.

(d) Develop a plan for and begin implementation of a national poison prevention and control program including a nationwide toll-free number with 24 hour capability that provides nationwide access by all U.S. residents to poison prevention and control information.

2. CDC Activities

(a) Provide technical advice and consultation, in conjunction with HRSA, on all aspects of recipient activities.

(b) Assist in the development and implementation of the public service media campaign to familiarize the public with poison control services.

(c) Assist in the assessment of the national toxicsurveillance system and related improvement plan.

E. Application Content

Use the information in the Cooperative Activities, Other Requirements, and Evaluation Criteria sections to develop the application content. Your application will be evaluated on the criteria listed, so it is important to follow them in laying out your program plan. The narrative should be no more than [30] double-spaced pages, printed on one side, with one inch margins, and unrounded font.

The application must include:

1. Abstract:

A one page abstract and summary of the proposed effort.

2. Background and Need: