1. DATE ISSUED MM/DD/YYYY|2. CFDA NO. | 3. ASSISTANCE TYPE 03/08/2017 Cooperative Agreement 93.753 1a. SUPERSEDES AWARD NOTICE dated 11/09/2016 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded 4. GRANT NO. 5. ACTION TYPE Post Award 6 NUE1EH001264-03-02 Amendment Formerly 5UE1EH001264-02 6. PROJECT PERIOD MM/DD/YYYY MM/DD/YYYY From Through 09/30/2014 09/29/2018 7. BUDGET PERIOD MM/DD/YYYY MM/DD/YYYY From Through 09/30/2016 09/29/2018

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention CDC Office of Financial Resources

2920 Brandywine Road Atlanta, GA 30341

NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations)
Sect 301 and 307 PHS Act(42 USC Sect 241 and 247), amended

8. TITLE OF PROJECT (OR PROGRAM)

9a. GRANTEE NAME AND ADDRESS

CHILDHOOD LEAD POISONING PREVENTION: PRIMARY AND SECONDARY INTERVENTION

OU. CHANTLE HAME AND ADDITECT			SD. GIVANI	LL FROJECT DIRECTOR				
Kentucky Cabinet for Health & Family Services 275 E Main St # 5wa Frankfort, KY 40601-2321				Ms. Tammy Barrett KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES 275 EAST MAIN STREET, HS2WGA DIVISION OF ADMINISTRATION & FINANCIAL MANAGEMENT FRANKFORT, KY 40621				
10a. GRANTEE AUTHORIZING OFFICIA	L		10b. FEDE	RAL PROJECT OFFICER				
Ms. Susan Lawson 275 E Main St Kentucky Cabinet for Health and Family Services Frankfort, KY 40601-2321 Phone: 502-564-2154 ext 441			Center NECH Atlant	Mr. Kimball Credle Center for Disease Control and Prevention				
_		ALL AMOUNTS A	RE SHOWN	IN USD				
11. APPROVED BUDGET (Excludes Direct	ct Assistance)	7.227		COMPUTATION				
I Financial Assistance from the Federal A	Awarding Agency Only	Ι	a. Amount	of Federal Financial Assistance (from	n item 11m)		772,292.00	
II Total project costs including grant funds	s and all other financial pa	rticipation	b. Less Ur	nobligated Balance From Prior Budge	Periods		0.00	
a. Salaries and Wages	a. Salaries and Wages			c. Less Cumulative Prior Award(s) This Budget Period			386,146.00	
· ·		•	d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 386,				386,146.00	
o e		94,605.00	13. Total Fe	ederal Funds Awarded to Date for F	Project Period		1,473,918.00	
c. Total Personnel Costs d. Equipment		212,012.0	(Subject to	IMENDED FUTURE SUPPORT the availability of funds and satisfact	ory progress of the	project):		
• •		0.0	0 YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL	L DIRECT COSTS	
e. Supplies		1,627.0			d. 7			
f. Travel		7,951.0	0 b. 5		e. 8			
g. Construction		. 0.0	n c. 6		f. 9			
h. Other			15 DDOCDA	M INCOME SHALL BE USED IN ACCORD WITH ES:	ONE OF THE FOLLOW	VING		
i. Contractual		483,711.0	0 a.	DEDUCTION ADDITIONAL COSTS			b	
j. TOTAL DIRECT COST	rs —	705,301.0	0 c. d. e.	c. MATCHING				
k. INDIRECT COSTS		66,991.0	0 16 THIS AWAY	IDD IS DASED ON AN ADDI ICATION SUBMIT	ED TO AND AS APPR	OVED BY THE E	EDEDAL AWADDING ACENOV	
I. TOTAL APPROVED BUD	OGET	772,292.	b. The grant program regulations.					
m. Federal Share		772,292.0	 This award notice including terms and conditions, if any, noted below under REMARKS. 					
			In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedent prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwobtained from the grant payment system.					

9b. GRANTEE PROJECT DIRECTOR

GRANTS MANAGEMENT OFFICIAL: Ralph U Robinson

17. OBJ CL	ASS 41.51	18a. VENDOR CODE 16106	004	39B5	18b. E	IN	610600439	19. DUNS	927049767	2	20. CONG. DIST. 06
F	Y-ACCOUNT NO.	DOCUMENT NO.		CFDA			ADMINISTRATIVE CODE	AMT	ACTION FIN ASST		APPROPRIATION
21. a.	6-93905S6	b. 16EH001264	C.	93.75	53	d.	EH	e.	\$0.00	f.	75-X-0947
22. a.	7-93907XP	b. 16EH001264PPHF17	C.	93.75	53	d.	EH	e.	\$386,146.00	f.	75-X-0947
23. a.		b.	C.			d.		e.		f.	

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of	2	DATE ISSUED
		03/08/2017
GRANT NO.	6 NU	JE1EH001264-03-02

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

Kentucky Cabinet for Health & Family Services

6 NUE1EH001264-03-02

- 1. Terms and Conditions Supplemental Funding
- 2. Technical Review FY17 Supplemental Funding

AWARD INFORMATION

Incorporation: The Centers for Disease Control and Prevention (CDC) hereby incorporates Funding Opportunity Announcement number EH14-1408, entitled PPHF 2017 - Childhood Lead Poisoning Prevention Surveillance NCEH: National Center for Environmental Health (NCEH), and application dated February 10, 2017, as may be amended, which are hereby made a part of this Non-Research award hereinafter referred to as the Notice of Award (NoA). The Department of Health and Human Services (HHS) grant recipients must comply with all terms and conditions outlined in their NoA, including grants policy terms and conditions contained in applicable HHS Grants Policy Statements, 45 CFR Part 75, requirements imposed by program statutes and regulations, Executive Orders, and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts. The term grant is used throughout this notice and includes cooperative agreements.

Note: In the event that any requirement in this Notice of Award, the Funding Opportunity Announcement, the HHS Grants Policy Statement, 45 CFR Part 75, or applicable statutes/appropriations acts conflict, then statutes and regulations take precedence.

Approved Supplemental Funding: The purpose of this amendment is to provide supplemental funding in the amount of \$386,146 for the Year 03 budget period. **These funds must be obligated and expended no later than September 29, 2018.**

Budget and Project Period Extension: The purpose of this amendment is to also provide a 12-month extension as requested in your application dated February 10, 2017. Funding in the amount of \$386,146 has been approved during the extension and the Year 03 budget and project period end date has been extended from **September 29, 2017** to **September 29, 2018**.

RESTRICTED FUNDS: One hundred percent (100%) of Supplemental Funds awarded in the amount of \$386,146 are restricted and cannot be drawn down from the Payment Management System (PMS) until September 30, 2017.

No Cost Extensions are NOT applicable for performance of supplemental activities and expenditure of supplemental funds. All activities must be completed and funds obligated by September 29, 2018.

Note: Refer to the Payment Information section for draw down and Payment Management System (PMS) subaccount information.

Award Funding: Funded by the Prevention and Public Health Fund

Technical Review Statement Response Requirement: The review comments on the strengths and weaknesses of the proposal are provided as part of this award. A response to the weaknesses in these statements must be submitted to and approved, in writing, by the Grants Management Specialist/Grants Management Officer (GMS/GMO) noted in the CDC Staff Contacts section of this NoA, no later than 30 days from the budget period start date. Failure to submit the required information by the due date, October 31, 2017, will cause delay in programmatic progress and will adversely affect the future funding of this project.

Budget Revision Requirement: By **October 31, 2017** the grantee must provide the additional information requested below. 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 contact the GMS/GMO identified in the Staff Contacts section of this notice before the due date.

Contractual Costs: Please review and revise.

- The total amount for contractual costs does not coincide with the subtotals.
- Some calculations are incorrect

Program Income: Any program income generated under this grant or cooperative agreement will be used in accordance with the Addition alternative.

<u>Addition alternative</u>: Under this alternative, program income is added to the funds committed to the project/program and is used to further eligible project/program objectives.

Note: The disposition of program income must have written prior approval from the GMO.

FUNDING RESTRICTIONS AND LIMITATIONS

Indirect Costs:

Indirect costs are approved based on the recipient's approved Cost Allocation Plan dated June 09, 2016.

Cost Limitations as Stated in the Consolidated Appropriations Act, and Further Continuing and Security Assistance Appropriations Act, 2017 (Items A through E)

A. Cap on Salaries (Division H,Title II, General Provisions, Sec. 202): None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.

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.

B. Gun Control Prohibition (Div. H, Title II, Sec. 210): None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.

C. Lobbying Restrictions (Div. H, Title V, Sec. 503):

• 503(a): No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation of the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.

- 503 (b): No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than normal and recognized executive legislative relationships or participation by an agency or officer of an State, local or tribal government in policymaking and administrative processes within the executive branch of that government.
- 503(c): The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale of marketing, including but not limited to the advocacy or promotion of gun control.

For additional information, see Additional Requirement 12 at http://www.cdc.gov/grants/additionalrequirements/index.html and Anti Lobbying Restrictions for CDC

Grantees at http://www.cdc.gov/grants/documents/Anti-Lobbying Restrictions for CDC Grantees July 2012.pdf

D. Needle Exchange (Div. H, Title V, Sec. 520): Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

E. Blocking access to pornography (Div. H, Title V, Sec. 521): (a) None of the funds made available in this Act may be used to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography; (b) Nothing in subsection (a) shall limit the use of funds necessary for any Federal, State, tribal, or local law enforcement agency or any other entity carrying out criminal investigations, prosecution, or adjudication activities.

This provision includes express terms and conditions of the award and any violation of it shall be grounds for unilateral termination of the award by (HHS OPDIV) prior to the end of its term.

Trafficking In Persons: This award is subject to the requirements of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. Part 7104(g)).

Cancel Year: 31 U.S.C. Part 1552(a) Procedure for Appropriation Accounts Available for Definite Periods states the following, On September 30th of the 5th fiscal year after the period of availability for obligation of a fixed appropriation account ends, the account shall be closed and any remaining balances (whether obligated or unobligated) in the account shall be canceled and thereafter shall not be available for obligation or expenditure for any purpose. An example is provided below:

Fiscal Year (FY) 2017 funds will expire September 30, 2017. All FY 17 funds should be drawn down and reported to Payment Management Services (PMS) prior to September 30, 2022. After this date, corrections or cash requests will not be permitted.

REPORTING REQUIREMENTS

Annual Federal Financial Report (FFR, SF-425): The Annual Federal Financial Report (FFR) SF-425 is required and must be submitted to your GMS/GMO no later than 90 days after the end of the budget period. To submit the FFR, login to www.grantsolutions.gov, select "Reports" from the menu bar and then click on Federal Financial Reports.

The FFR for this budget period is due by December 31, 2018. Reporting timeframe is September 30, 2017 through September 29, 2018. The FFR should only include those funds authorized and disbursed during the timeframe covered by the report.

Reporting timeframe for Document number **16EH001264** (current doc # for FY16): September **30, 2016** – September **29, 2017**

Reporting timeframe for Document number 16EH001264PPHF17 (new doc # for FY17): September 30, 2017 – September 29, 2018

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, the grantee is required to contact the Grants Officer listed in the contacts section of this notice before the due date.

Performance information collection initiated under this grant/cooperative agreement has been approved by the Office of Management and Budget under **OMB Number 0920-1132**, **"Performance Progress and Monitoring Report"**, **Expiration Date 8/31/2019**.

Any change to the existing information collection will be subject to review and approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

Audit Requirement:

Domestic Organizations (including US-based organizations implementing projects with foreign components): An organization that expends \$750,000 or more in a fiscal year in Federal awards shall have a single or program-specific audit conducted for that year in accordance with the provisions of 45 CFR Part 75. The audit period is an organization's fiscal year. The audit must be completed along with a data collection form (SF-SAC), and the reporting package shall be submitted within the earlier of 30 days after receipt of the auditor's report(s), or nine (9) months after the end of the audit period. The audit report must be sent to:

Federal Audit Clearing House Internet Data Entry System Electronic Submission:

https://harvester.census.gov/facides/(S(0vkw1zaelyzjibnahocga5i0))/account/login.aspx

AND

Office of Grants Services, Financial Assessment and Audit Resolution Unit Electronic Copy to: OGS.Audit.Resolution@cdc.gov

After receipt of the audit report, CDC will resolve findings by issuing Final Determination Letters.

Audit requirements for Subrecipients to whom 45 CFR 75 Subpart F applies: The grantee must ensure that the subrecipients receiving CDC funds also meet these requirements. The grantee must also ensure to take appropriate corrective action within six months after receipt of the subrecipient audit report in instances of non-compliance with applicable Federal law and regulations (45 CFR 75 Subpart F and HHS Grants Policy Statement). The grantee may consider whether subrecipient audits necessitate adjustment of the grantee's own accounting records. If a subrecipient is not required to have a program-specific audit, the grantee is still required to perform adequate monitoring of subrecipient activities. The grantee shall require each subrecipient to permit the independent auditor access to the subrecipient's records and financial statements. The grantee must include this requirement in all subrecipient contracts.

Federal Funding Accountability and Transparency Act (FFATA):

In accordance with 2 CFR Chapter 1, Part 170 Reporting Sub-Award And Executive Compensation Information, Prime Awardees awarded a federal grant are required to file a FFATA sub-award report by the end of the month following the month in which the prime awardee awards any sub-grant equal to or greater than \$25,000.

Pursuant to 45 CFR Part 75, §75.502, a grant sub-award includes the provision of any commodities (food and non-food) to the sub-recipient where the sub-recipient is required to abide by terms and conditions regarding the use or future administration of those goods. If the sub-awardee merely consumes or utilizes the goods, the commodities are not in and of themselves considered sub-awards.

2 CFR Part 170: http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr170 main 02.tpl

FFATA: www.fsrs.gov.

Reporting of First-Tier Sub-awards

Applicability: Unless you are exempt (gross income from all sources reported in last tax return is under \$300,000), you must report each action that obligates \$25,000 or more in Federal funds that does not include Recovery funds (as defined in section 1512(a)(2) of the American Recovery and Reinvestment Act of 2009, Pub. L. 111-5) for a sub-award to an entity.

Reporting: Report each obligating action of this award term to www.fsrs.gov. For sub-award information, report no later than the end of the month following the month in which the obligation was made. (For example, if the obligation was made on November 7, 2010, the obligation must be reported by no later than December 31, 2010). You must report the information about each obligating action that the submission instructions posted at www.fsrs.gov specify.

<u>Total Compensation of Recipient Executives</u>: You must report total compensation for each of your five most highly compensated executives for the preceding completed fiscal year, if:

- The total Federal funding authorized to date under this award is \$25,000 or more;
- In the preceding fiscal year, you received—
 - 80 percent or more of your annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the

- Transparency Act, as defined at 2 CFR Part 170.320 (and sub-awards); and
- \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR Part 170.320 (and sub-awards); and
- The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. Part 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at

http://www.sec.gov/answers/execomp.htm?explorer.event=true).

Report executive total compensation as part of your registration profile at http://www.sam.gov. Reports should be made at the end of the month following the month in which this award is made and annually thereafter.

<u>Total Compensation of Sub-recipient Executives:</u> Unless you are exempt (gross income from all sources reported in last tax return is under \$300,000), for each first-tier sub-recipient under this award, you must report the names and total compensation of each of the sub-recipient's five most highly compensated executives for the sub-recipient's preceding completed fiscal year, if:

- In the sub-recipient's preceding fiscal year, the sub-recipient received—
 - 80 percent or more of its annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR Part 170.320 (and sub-awards); and
 - \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts), and Federal financial assistance subject to the Transparency Act (and sub-awards); and
 - The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. Part 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at http://www.sec.gov/answers/execomp.htm).

You must report sub-recipient executive total compensation to the grantee by the end of the month following the month during which you make the sub-award. For example, if a sub-award is obligated on any date during the month of October of a given year (i.e., between October 1st and 31st), you must report any required compensation information of the sub-recipient by November 30th of that year.

Definitions:

- Entity means all of the following, as defined in 2 CFR Part 25 (Appendix A, Paragraph(C)(3)):
 - o Governmental organization, which is a State, local government, or Indian tribe;
 - Foreign public entity;
 - Domestic or foreign non-profit organization;

- Domestic or foreign for-profit organization;
- Federal agency, but only as a sub-recipient under an award or sub-award to a non-Federal entity.
- Executive means officers, managing partners, or any other employees in management positions.
- Sub-award: a legal instrument to provide support to an eligible sub-recipient for the
 performance of any portion of the substantive project or program for which the grantee
 received this award. The term does not include the grantees procurement of property and
 services needed to carry out the project or program (for further explanation, see 45 CFR
 Part 75). A sub-award may be provided through any legal agreement, including an
 agreement that the grantee or a sub-recipient considers a contract.
- Sub-recipient means an entity that receives a sub-award from you (the grantee) under this
 award; and is accountable to the grantee for the use of the Federal funds provided by the
 sub-award.
- Total compensation means the cash and non-cash dollar value earned by the executive during the grantee's or sub-recipient's preceding fiscal year and includes the following (for more information see 17 CFR Part 229.402(c)(2)):
 - Salary and bonus
 - Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.
 - Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.
 - Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.
 - o Above-market earnings on deferred compensation which is not tax-qualified.
 - Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds \$10,000.

Prevention Fund Reporting Requirements: This award requires the grantee to complete projects or activities which are funded under the Prevention and Public Health Fund (PPHF) (Section 4002 of Public Law 111-148) and to report on use of PPHF funds provided through this award. Information from these reports will be made available to the public.

Grantees awarded a grant, cooperative agreement, or contract from such funds with a value of \$25,000 or more shall produce reports on a semi-annual basis with a reporting cycle of January 1 - June 30 and July 1 - December 31; and email such reports to the CDC website (template and point of contact to be provided after award) no later than 20 calendar days after the end of each reporting period (i.e. July 20 and January 20, respectively). Grantee reports must reference the NoA number and title of the grant, and include a summary of the activities undertaken and identify any sub-awards (including the purpose

of the award and the identity of each sub-recipient).

Responsibilities for Informing Sub-recipients: Grantees agree to separately identify each sub-recipient, document the execution date sub-award, date(s) of the disbursement of funds, the Federal award number, any special CFDA number assigned for PPHF fund purposes, and the amount of PPHF funds. When a grantee awards PPHF funds for an existing program, the information furnished to sub-recipients shall distinguish the sub-awards of incremental PPHF funds from regular sub-awards under the existing program.

GENERAL REQUIREMENTS

Travel Cost: In accordance with HHS Grants Policy Statement, travel costs are allowable when the travel will provide a direct benefit to the project or program. To prevent disallowance of cost, the grantee is responsible for ensuring travel costs are clearly stated in their budget narrative and are applied in accordance with their organization's established travel policies and procedures. The grantee's established travel policies and procedures must also meet the requirements of 45 CFR Part 75.474.

Food and Meals: Costs associated with food or meals are allowable when consistent with applicable federal regulations and HHS policies. In addition, costs must be clearly stated in the budget narrative and be consistent with organization approved policies. Grantees must make a determination of reasonableness and organization approved policies must meet the requirements of 45 CFR Part 75.432.

Prior Approval: All requests, which require prior approval, must bear the signature of the authorized organization representative. The grantee must submit these requests by no later than 120 days prior to this budget period's end date. Additionally, any requests involving funding issues must include an itemized budget and a narrative justification of the request.

The following types of requests require prior approval.

- Use of unobligated funds from prior budget period (Carryover)
- Lift funding restriction
- Significant redirection of funds (i.e. cumulative changes of 25% of total award)
- Change in scope
- Implement a new activity or enter into a sub-award that is not specified in the approved budget
- Apply for supplemental funds
- Change in key personnel
- Extensions to period of performance

Templates for prior approval requests can be found at: http://www.cdc.gov/grants/alreadyhavegrant/priorapprovalrequests.html

Key Personnel: In accordance with 45 CFR Part 75.308, CDC grantees must obtain prior approval from CDC for (1) change in the project director/principal investigator, business official, authorized organizational representative or other key persons specified in the FOA, application or award document; and (2) the disengagement from the project for more than three months, or a 25 percent reduction in time devoted to the project, by the approved project director or principal investigator.

Inventions: Acceptance of grant funds obligates grantees to comply with the standard patent rights

clause in 37 CFR Part 401.14.

Publications: Publications, journal articles, etc. produced under a CDC grant support project must bear an acknowledgment and disclaimer, as appropriate, for example:

This publication (journal article, etc.) was supported by the Grant or Cooperative Agreement Number, **NUE1EH001264-03**, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

Acknowledgment Of Federal Support: When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all awardees receiving Federal funds, including and not limited to State and local governments and grantees of Federal research grants, shall clearly state:

- percentage of the total costs of the program or project which will be financed with Federal money
- dollar amount of Federal funds for the project or program, and
- percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

Copyright Interests Provision: This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also at the time of submission, Recipient and/or the Recipient's submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient's submitting author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

Disclaimer for Conference/Meeting/Seminar Materials: Disclaimers for conferences/meetings, etc. and/or publications: If a conference/meeting/seminar is funded by a grant, cooperative agreement, subgrant and/or a contract the grantee must include the following statement on conference materials,

including promotional materials, agenda, and internet sites:

Funding for this conference was made possible (in part) by the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Logo Use for Conference and Other Materials: Neither the Department of Health and Human Services (HHS) nor the CDC logo may be displayed if such display would cause confusion as to the funding source or give false appearance of Government endorsement. Use of the HHS name or logo is governed by U.S.C. Part 1320b-10, which prohibits misuse of the HHS name and emblem in written communication. A non-federal entity is unauthorized to use the HHS name or logo governed by U.S.C. Part 1320b-10. The appropriate use of the HHS logo is subject to review and approval of the HHS Office of the Assistant Secretary for Public Affairs (OASPA). Moreover, the HHS Office of the Inspector General has authority to impose civil monetary penalties for violations (42 CFR Part 1003).

Accordingly, neither the HHS nor the CDC logo can be used by the grantee without the express, written consent of CDC. The Project Officer or Grants Management Officer/Specialist detailed in the CDC Staff Contact section can assist with facilitating such a request. It is the responsibility of the grantee to request consent for use of the logo in sufficient detail to ensure a complete depiction and disclosure of all uses of the Government logos. In all cases for utilization of Government logos, the grantee must ensure written consent is received. Further, the HHS and CDC logo cannot be used by the grantee without a license agreement setting forth the terms and conditions of use.

Equipment and Products: To the greatest extent practical, all equipment and products purchased with CDC funds should be American-made. CDC defines equipment as tangible non-expendable personal property (including exempt property) charged directly to an award having a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit. However, consistent with grantee policy, a lower threshold may be established. Please provide the information to the Grants Management Officer to establish a lower equipment threshold to reflect your organization's policy.

The grantee may use its own property management standards and procedures, provided it observes provisions in applicable grant regulations found at 45 CFR Part 75.

Federal Information Security Management Act (FISMA): All information systems, electronic or hard copy, that contain federal data must be protected from unauthorized access. This standard also applies to information associated with CDC grants. Congress and the OMB have instituted laws, policies and directives that govern the creation and implementation of federal information security practices that pertain specifically to grants and contracts. The current regulations are pursuant to the Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002, PL 107-347.

FISMA applies to CDC grantees only when grantees collect, store, process, transmit or use information on behalf of HHS or any of its component organizations. In all other cases, FISMA is not applicable to recipients of grants, including cooperative agreements. Under FISMA, the grantee retains the original data and intellectual property, and is responsible for the security of these data, subject to all applicable laws protecting security, privacy, and research. If/When information collected by a grantee is provided to HHS, responsibility for the protection of the HHS copy of the information is transferred to HHS and it

becomes the agency's responsibility to protect that information and any derivative copies as required by FISMA. For the full text of the requirements under Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002 Pub. L. No. 107-347, please review the following website: https://www.gpo.gov/fdsys/pkg/PLAW-107publ347/pdf/PLAW-107publ347.pdf

Pilot Program for Enhancement of Contractor Employee Whistleblower Protections: Grantees are hereby given notice that the 48 CFR section 3.908, implementing section 828, entitled "Pilot Program for Enhancement of Contractor Employee Whistleblower Protections," of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2013 (Pub. L. 112-239, enacted January 2, 2013), applies to this award.

Federal Acquisition Regulations

As promulgated in the Federal Register, the relevant portions of 48 CFR section 3.908 read as follows (note that use of the term "contract," "contractor," "subcontract," or "subcontractor" for the purpose of this term and condition, should be read as "grant," "grantee," "subgrant," or "subgrantee"):

3.908 Pilot program for enhancement of contractor employee whistleblower protections.

3.908-1 Scope of section.

- (a) This section implements 41 U.S.C. 4712.
- (b) This section does not apply to-
 - (1) DoD, NASA, and the Coast Guard; or
 - (2) Any element of the intelligence community, as defined in section 3(4) of the National Security Act of 1947 (50 U.S.C. 3003(4)). This section does not apply to any disclosure made by an employee of a contractor or subcontractor of an element of the intelligence community if such disclosure-
 - (i) Relates to an activity of an element of the intelligence community; or
 - (ii) Was discovered during contract or subcontract services provided to an element of the intelligence community.

3.908-2 Definitions.

As used in this section-

"Abuse of authority" means an arbitrary and capricious exercise of authority that is inconsistent with the mission of the executive agency concerned or the successful performance of a contract of such agency.

"Inspector General" means an Inspector General appointed under the Inspector General Act of 1978 and any Inspector General that receives funding from, or has oversight over contracts awarded for, or on behalf of, the executive agency concerned.

3.908-3 Policy.

(a) Contractors and subcontractors are prohibited from discharging, demoting, or otherwise discriminating against an employee as a reprisal for disclosing, to any of the entities listed at paragraph (b) of this subsection, information that the employee reasonably believes is evidence of gross mismanagement of a Federal contract, a gross waste of Federal funds, an abuse of authority relating to a Federal contract, a substantial and specific danger to public health or safety, or a violation of law, rule, or regulation related to a Federal contract (including the competition for or negotiation of a contract). A reprisal is prohibited even if it is undertaken at the request of an executive branch official, unless the

request takes the form of a non-discretionary directive and is within the authority of the executive branch official making the request.

- (b) Entities to whom disclosure may be made.
 - (1) A Member of Congress or a representative of a committee of Congress.
 - (2) An Inspector General.
 - (3) The Government Accountability Office.
 - (4) A Federal employee responsible for contract oversight or management at the relevant agency.
 - (5) An authorized official of the Department of Justice or other law enforcement agency.
 - (6) A court or grand jury.
 - (7) A management official or other employee of the contractor or subcontractor who has the responsibility to investigate, discover, or address misconduct.
- (c) An employee who initiates or provides evidence of contractor or subcontractor misconduct in any judicial or administrative proceeding relating to waste, fraud, or abuse on a Federal contract shall be deemed to have made a disclosure.

3.908-9 Contract clause.

Contractor Employee Whistleblower Rights and Requirement to Inform Employees of Whistleblower Rights (Sept. 2013)

- (a) This contract and employees working on this contract will be subject to the whistleblower rights and remedies in the pilot program on Contractor employee whistleblower protections established at 41 U.S.C. 4712 by section 828 of the National Defense Authorization Act for Fiscal Year 2013 (Pub. L. 112-239) and FAR 3.908.
- (b) The Contractor shall inform its employees in writing, in the predominant language of the workforce, of employee whistleblower rights and protections under <u>41 U.S.C. 4712</u>, as described in section <u>3.908</u> of the Federal Acquisition Regulation.
- (c) The Contractor shall insert the substance of this clause, including this paragraph (c), in all subcontracts over the simplified acquisition threshold.

PAYMENT INFORMATION

Automatic Drawdown (Direct/Advance Payments): Payment under this award will be made available through the Department of Health and Human Services (HHS) Payment Management System (PMS). PMS will forward instructions for obtaining payments.

PMS Access Procedures for New Grant Recipients:

To obtain access to the Payment Management System (PMS), Grantees must complete the below forms

- Direct Deposit Instructions and SF-1199A Form for Domestic Bank Accounts
- Direct Deposit Instructions and SF-1199A Form for International Bank Accounts
- PMS System Access Form

The forms can be submitted to your PSC Liaison Accountant by emailing the forms directly to

If there is a change in the grantee's banking institution or account number, a new SF-1199A must be submitted to PSC.

PMS correspondence, mailed through the U.S. Postal Service, should be addressed as follows:

HHS/PSC Payment Management Services P.O. Box 6021 Rockville, MD 20852

Phone Number: (877) 614-5533 Email: PMSSupport@psc.gov Website: https://pms.psc.gov/

If a carrier other than the U.S. Postal Service is used, such as United Parcel Service, Federal Express, or other commercial service, the correspondence should be addressed as follows:

U.S. Department of Health and Human Services Division of Payment Management 7700 Wisconsin Avenue, Suite 920 Bethesda, MD 20814

To expedite your first payment from this award, attach a copy of the Notice of Grant/Cooperative Agreement to your payment request form.

Note: To obtain the contact information of PMS staff based on your organization type: Government, Tribal, Universities, Hospitals, Non-Profit, For-Profit; refer to the link for HHS accounts: https://pms.psc.gov/contact_us/contactus.html

For additional information and/or to obtain your agency point of contact at the PMS, see, http://www.dpm.psc.gov/contacts/dpm_contact_list/dpm_contact_list.aspx?explorer.event=true

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a newly established subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the FOA and the approved application. All award funds must be tracked and reported separately.

The grant document number (below) must be known in order to draw down funds from this P Account.

Document Number: 16EH001264PPHF17

Acceptance of the Terms of an Award: By drawing or otherwise obtaining funds from the grant Payment Management System, the grantee acknowledges acceptance of the terms and conditions of the award and is obligated to perform in accordance with the requirements of the award. If the recipient cannot

accept the terms, the recipient should notify the Grants Management Officer within thirty (30) days of receipt of this award notice.

Certification Statement: By drawing down funds, the grantee certifies that proper financial management controls and accounting systems, to include personnel policies and procedures, have been established to adequately administer Federal awards and funds drawn down. Recipients must comply with all terms and conditions outlined in their NoA, including grant policy terms and conditions contained in applicable

HHS Grant Policy Statements, and requirements imposed by program statutes and regulations and HHS grants administration regulations, as applicable; as well as any regulations or limitations in any applicable appropriations acts.

CLOSEOUT REQUIREMENTS

Grantees must submit closeout reports in a timely manner. Unless the Grants Management Specialist/Grants Management Officer (GMS/GMO) approves a deadline extension the grantee must submit all closeout reports within 90 days of the project period end date. Reporting timeframe is 09/30/2014 through 09/29/2018. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).

All manuscripts published as a result of the work supported in part or whole by the cooperative grant must be submitted with the performance progress reports.

The final and other programmatic reports required by the terms and conditions of the NoA are the following.

Final Performance Progress and Evaluation Report (PPER): This report should include the information specified in the FOA and is submitted after solicitation from the GMS/GMO via www.grantsolutions.gov. At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

Information collection initiated under this grant/cooperative agreement has been approved by the Office of Management and Budget under OMB Number 0920-1132, "Performance Progress and Monitoring Report", Expiration Date 8/31/2019.

Final Federal Financial Report (FFR, SF-425): The FFR should only include those funds authorized and actually expended during the timeframe covered by the report. The Final FFR, SF-425 is required and must be submitted to the GMO/GMS no later than 90 days after the project period end date. To submit the FFR, login to www.grantsolutions.gov, select "Reports" from the menu bar and then click on Federal Financial Reports.

Reporting timeframe for Document number 0012641LP14: September 30, 2014 – September 29, 2016

Reporting timeframe for Document number **001264TA15**: **September 30, 2015** – **September 29, 2017**Reporting timeframe for Document number **16EH001264**: **September 30, 2016** – **September 29, 2017**Reporting timeframe for Document number **16EH001264PPHF17**: **September 30, 2017** – **September 29, 2018**

This report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Department of Health and Human Services' Payment Management Services (PMS), you will be required to update your reports to PMS accordingly. Remaining unobligated funds will be de-obligated and returned to the U.S. Treasury.

If the final reports (FFR and PPER) cannot be submitted within 90 days after the end of the project period, in accordance with 45 CFR Part 75.381 (Closeout), the grantee must submit a letter requesting an extension that includes the justification for the delay and state the expected date the CDC Office of Grants Services will receive the reports. All required documents must be submitted to the business contact identified in CDC Staff Contacts.

Equipment Inventory Report: A complete inventory must be submitted with final PPER documents for all major equipment acquired or furnished under this project with a unit acquisition cost of \$5,000 or more. The inventory list must include the description of the item, manufacturer serial and/or identification number, acquisition date and cost, percentage of Federal funds used in the acquisition of the item. The grantee should also identify each item of equipment that it wishes to retain for continued use in accordance with 45 CFR Part 75. These requirements do apply to equipment purchased with nonfederal funds for this program. The awarding agency may exercise its rights to require the transfer of equipment purchased under the assistance award referenced in the cover letter. CDC will notify the grantee if transfer to title will be required and provide disposition instruction on all major equipment. Equipment with a unit acquisition cost of less than \$5,000 that is no longer to be used in projects or programs currently or previously sponsored by the Federal Government may be retained, sold, or otherwise disposed of, with no further obligation to the Federal Government. If no equipment was acquired under this award, a negative report is required.

Final Invention Statement: A Final Invention Statement must be submitted with the final PPER documents. Electronic versions of the form can be downloaded by visiting http://grants1.nih.gov/grants/hhs568.pdf. If no inventions were conceived under this assistance award, a negative report is required. This statement may be included in a cover letter.

CDC Staff Contacts and Responsibilities

Roles and Responsibilities: Grants Management Specialists/Officers (GMO/GMS) and Program/Project Officers (PO) work together to award and manage CDC grants and cooperative agreements. From the pre-planning stage to closeout of an award, grants management and program staff have specific roles and responsibilities for each phase of the grant cycle. The GMS/GMO is responsible for the business management and administrative functions. The PO is responsible for the programmatic, scientific, and/or technical aspects. The purpose of this factsheet is to distinguish between the roles and responsibilities of the GMO/GMS and the PO to provide a description of their respective duties.

Grants Management Specialist: The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards. Many of the functions described in the GMO section are performed by the GMS, on behalf of the GMO.

GMS Contact:

Victoria McBee, Grants Management Specialist
Centers for Disease Control and Prevention
Office of Grants Services
OD, Environmental, Occupational Health, and Injury Prevention Services Branch
2960 Brandywine Road, Mail Stop E-01
Atlanta, GA 30341

Telephone: 770-488-2825

Fax: 770-488-2670 Email: <u>yig9@cdc.gov</u>

Program/Project Officer: The PO is the federal official responsible for the programmatic, scientific, and/or technical aspects of grants and cooperative agreements including:

- The development of programs and FOAs to meet the CDC's mission
- Providing technical assistance to applicants in developing their applications e.g. explanation of programmatic requirements, regulations, evaluation criteria, and guidance to applicants on possible linkages with other resources
- Providing technical assistance to grantees in the performance of their project
- Post-award monitoring of grantee performance such as review of progress reports, review of prior approval requests, conducting site visits, and other activities complementary to those of the GMO/GMS

Programmatic Contact:

Kimball Credle, Project Officer
Centers for Disease Control and Prevention
Division of Emergency and Environmental Health Services
National Center for Environmental Health
Centers for Disease Control and Prevention (CDC)
4770 Buford Highway - Mailstop F58
Atlanta, Georgia 30341

Telephone: 770-488-3643 E-mail address: kfc2@cdc.gov

Grants Management Officer: The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards including:

- Determining the appropriate award instrument, i.e.; grant or cooperative agreement
- Determining if an application meets the requirements of the FOA
- Ensuring objective reviews are conducted in an above-the-board manner and according to guidelines set forth in grants policy
- Ensuring grantee compliance with applicable laws, regulations, and policies
- Negotiating awards, including budgets

- Responding to grantee inquiries regarding the business and administrative aspects of an award
- Providing grantees with guidance on the closeout process and administering the closeout of grants
- Receiving and processing reports and prior approval requests such as changes in funding, carryover, budget redirection, or changes to the terms and conditions of an award
- Maintaining the official grant file and program book

The GMO is the only official authorized to obligate federal funds and is responsible for signing the NoA, including revisions to the NoA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization.

GMO Contact:

Tiffany Mannings, Grants Management Officer
Centers for Disease Control and Prevention
Office of Grants Services
OD, Environmental, Occupational Health, and Injury Prevention Services Branch
2960 Brandywine Road, Mail Stop E-01
Atlanta, GA 30341

Phone: 770-488-2515 Fax: 770-488-2670 Email: yuo7@cdc.gov

National Center for Environmental Health DEEHS Services/Healthy Homes and Lead Poisoning Prevention Program

Technical Review

Awardee's Name: Kentuc	<u>ky</u>			
Grantee #: <u>EH001264</u>	Budget Year:	<u>2017</u>		
FOA #: <u>EH14-1408</u>	Title: Childho	od Lead Poisoning	Prevention Prevention	
Requested Amount: \$ 386	,146 Recomi	mended Award Amo	ount: \$ <u>386,146</u>	
Actual Unobligated Funds:	: \$	Est	imated Unobligated Funds:	\$
review within 30 days	ubmit a respor from receipt d	nse to the weaknesse ate of the notice of a	s and recommendations identions identify the same of the award resubmission of the entire	ee's response should be
required.) No response to Te				
2. Budget and Work-plan	n (check one):	<u>.</u>		
	rk-plan. (Atta		a reduction in proposed but and justification to be us	
Revised budget a	and work-plan	are required due to -	- (provide reason(s)):	
X Revised budget and	l work-plan are	e NOT required.		
3. Performance (check of	<u>ne):</u>			
X The project officer certif	ies performand	ce is satisfactory to o	late and continued funding i	s recommended.
			isfactory to date and weakn ould be restricted until attac	
			has been less than satisfactors low factual data as publishe	
Project Officer's Name:	Ja	cquelyn Mason	(Print Name)	
Project Officer's Signature	(mandatory):		Da	te: <u>2/16/2017</u>

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2/17/2017

X Jacquelyn Mason

Jacquelyn Mason Project Officer Signed by: zao4

Awardee's Name: Kentucky

Grantee #: EH001264 Budget Year: 2017

A thorough review of the interim progress report has been performed. The review considered the evaluation criteria published in the funding opportunity announcement. Based on the review, the followings were identified:

A. Progress report:

Summary of Major Strengths:

The program educated the Department of Medicaid Services (DMS) staff and their managed care organizations on blood lead screening requirements and requested DMS to assure all Medicaid health care providers conduct verbal risk assessment to identify children at risk. The Kentucky Childhood Lead Poisoning Prevention Program (KYCLLP) is working with DMS to identify at-risk children who have not been screened and to establish a data-sharing agreement. Working together, these two organizations established previously missing baselines for blood lead screening data.

KYCLLP has been in Healthy Homes and Lead Poisoning Surveillance System (HHLPSS) production since January 2016 and is working to migrate historical blood lead and case management results into HHLPSS.

The program has developed a tracking tool to monitor environmental risk assessments.

KYCLLP has developed a risk assessment tool that can be used by medical providers to educate families with small children who may be at risk.

The program partners with the Kentucky Office of Refugees and the University of Louisville School of Public Health and Information to collect screening data on refugee children.

The program is working to set up an electronic health record system for use by local health departments.

The program has partnered with a number of entities including Women, Infants, and Children (WIC), the Division of Maternal and Child Health Prenatal Program, Kentucky Office for Refugees, and the Kentucky Environmental Public Health Tracking Network to further its objectives.

Blood lead screenings and follow-up activities are reimbursable for both Medicaid-enrolled children and for those not on Medicaid through Public Health Block Funding.

Summary of Major Weaknesses:

1. The program has ongoing issues with data reporting and management. The program is struggling to successfully get blood lead reports sent by providers and labs into HHLPSS. Additionally, there is an issue with record duplication in HHLPSS. The program is also experiencing an issue in HHLPSS with incorrect assignment of cases to the state program rather than to the local Louisville health department under certain conditions.

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- 2. Due to ongoing issues with their surveillance system, the program is unable to use and analyze current surveillance data to inform program direction.
- 3. The applicant does not provide data needed to determine rates (e.g. % of children with Elevated Blood Lead Levels (EBLLs)). The number of children living in the two high risk counties found to have an EBLL seems low (45 and 23).
- 4. The program does not provide targets or baseline values its performance measures.
- 5. In a number of cases, the program tracks or intends to track counts rather than rates. In many cases, changes in rates is a better indicator or progress. For example, an increase or decrease in the percentage, i.e. rate, of Medicaid-eligible children screened provides more useful information over time than an increase or decrease in the number of Medicaid-eligible children screened.
- 6. The application does not describe successes and challenges per se, and did not discuss "CDC Program Support to Grantees" which are required elements according to the Continuation Guidance.

Recommendations:

- 1. The program should continue to work internally and with CDC's Information Technology Team to resolve all data reporting and data management issues. The program should seek the assistance of an external consultant if necessary to help resolve ongoing problems.
- 2. It is imperative that the program use surveillance to guide program activities. If these data are available, the program should share these data on the next site visit. If these data are not currently available, the program should work expeditiously to get the needed data.
- 3. The program should use census or other appropriate data source to determine the size of the specific populations of interest and use these data to calculate and present rates.
- 4. The program must determine and state all baseline and target values and provide this information to the PO on the next site visit or by the end of the first quarter of the next budget year. It is not possible to assess progress if the starting point and what constitutes success is not stated or known.
- 5. The program should work with the PO to identify more useful performance measures where appropriate.
- 6. The program should amend the latest version of the project narrative to include the following sections: (1) "Successes", (2) "Challenges", and (3) "CDC Program Support to Grantees" and send to PO by the end of the first quarter of the next budget year.

Other Relevant Comments:

The programs appears to assume that education will necessarily lead to desired action. The program would likely benefit from "better" measures, i.e. measures that will provide better information on where progress is being made or where improvement is needed.

B. New Budget Period Proposal Objectives:

Summary of the Project:

The program will continue activities begun in years 1 and 2. The focus of year 4 activities include providing preventive training, education, and guidance to stakeholders, supporting sub-grantees in high risk areas, resolving data issues and moving into full HLPPSS production, and obtaining a data sharing agreement with DMS. The program plans to purchase two XRF analyzers to screen toys, jewelry, etc.

Summary of Major Strengths:

The program plans to develop and distribute lead screening report cards for Medicaid health care providers.

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The Louisville Metro Department of Public Health and Wellness will continue to collaborate with the Jefferson County Public System Head Start to ensure that all enrolled children have been previously screened for blood lead.

The program will continue efforts to ensure immigrants and refugee children are screened.

The program will collaborate with the Environmental Lead Program and local county/district attorneys to ensure that units identified with lead and whose owners have been given notice are abated/corrected.

Summary of Major Weaknesses:

It is unclear the extent to which useful surveillance data is or will be available for use by the program given the ongoing surveillance system/data issues.

Recommendations:

The program must redouble efforts to resolve surveillance system and data issues and use these data to further refine its ability to identify and target high risk areas and populations. Performance indicators should be rewritten, targets set, and baseline values determine so that they can be better used in guiding program progress and modification as needed. The program should seek the assistance of an external consultant if necessary to help resolve ongoing problems.

Other Relevant Comments: None

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