

hiring of personnel, travel restrictions, and shortages of qualified personnel.

G. Submission and Deadline

Letter of Intent (LOI) Submission

On or before May 5, 2003, submit the LOI to the Grants Management Specialist identified in the "Where to Obtain Additional Information" section of this announcement.

Application Forms

Submit the signed original and two copies of PHS Form 5161—

1. Forms are available at the following Internet address: <http://www.cdc.gov/od/pgo/forminfo.htm>.

If you do not have access to the Internet, or if you have difficulty accessing the forms on-line, you may contact the CDC Procurement and Grants Office Technical Information Management Section (PGO-TIM) at: 770-488-2700. Application forms can be mailed to you.

Submission Date, Time, and Address

The application must be received by 4 p.m. eastern time on July 2, 2003. Submit the application to: Technical Information Management—PA03034, Procurement and Grants Office, Centers for Disease Control and Prevention, 2920 Brandywine Rd, Atlanta, GA 30341-4146. Applications may not be submitted electronically.

CDC Acknowledgement of Application Receipt

A postcard will be mailed by PGO-TIM, notifying you that CDC has received your application.

Deadline

Letters of intent and applications shall be considered as meeting the deadline if they are received before 4 p.m. eastern time on the deadline date. Any applicant who sends their application by the United States Postal Service or commercial delivery services must ensure that the carrier will be able to guarantee delivery of the application by the closing date and time. If an application is received up to two weeks after the closing date, due to (1) carrier error, when the carrier accepted the package with a guarantee for delivery by the closing date and time, or (2) significant weather delays or natural disasters, CDC will upon receipt of proper documentation, consider the application as having been received by the deadline.

Any application that does not meet the above criteria will not be eligible for competition, and will be discarded. The applicant will be notified of their failure to meet the submission requirements.

H. Evaluation Criteria

Application

Applicants are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the cooperative agreement. Measures of effectiveness must relate to the performance goals as stated in section "A. Purpose" of this announcement. Measures must be objective and quantitative and must measure the intended outcome. These measures of effectiveness shall be submitted with the application and shall be an element of evaluation.

An independent review group appointed by CDC will evaluate each application against the following criteria:

1. Understanding the Requirements for Implementing a Biomonitoring Plan (30 Percent)

Does the application reflect the biomonitoring plan developed by the applicant and is a copy of the biomonitoring plan included as an attachment? (**Note:** If the application is from a consortium that includes members previously funded as individual planning grantees, the application must reflect the planning of those consortium members and discuss how those plans will be integrated.) The extent to which the applicant describes the need for a biomonitoring program, and an understanding of the purpose of conducting exposure assessment by measurement of human biological samples (blood, hair, urine, saliva) to identify internal human dose from contact with hazardous environmental chemicals. The applicant's understanding of the analytical challenges associated with identifying the extent of exposure based on data obtained from human samples, especially challenges presented by the differences in physiological makeup of individuals, specimen collection, and pharmacokinetic and pharmacodynamic factors. The demonstration of understanding the problems related to estimating or extrapolating "internal dose" from "external dose" data, and the value of biomonitoring through direct measurement of samples from humans to provide information that is more meaningful.

2. Goals and Objectives (20 Percent)

The extent to which the applicant clearly states biomonitoring program goals and objectives which are consistent with the Purpose and Program Requirements sections as presented in this announcement, and

the degree to which the goals and objectives reflect an understanding of the need to reach beyond the laboratory to achieve balanced input from the broader public health community in implementation of the biomonitoring plan. These goals and objectives shall include a discussion of the implementation of biomonitoring laboratory capacity and application of this capacity to specific environmental chemical exposure problems.

3. Program and Methodology (20 Percent)

Describe in detail how the biomonitoring laboratory plan will be implemented. This must include a description of space allocation, staffing requirements and training, instrumentation and instrumentation maintenance, analytical methods, specimen storage and security, supply accession, facilities, quality assurance and quality control, logistical support and data management. The applicant shall provide a phased timeline of activities leading to implementation or expansion of a biomonitoring program by the applicant. Does this description of activities fully cover the anticipated four-year, nine-month project period? Does the application adequately address the CDC Policy requirements regarding the inclusion of women, ethnic, and racial groups in the proposed research? This includes:

a. The proposed plan for the inclusion of both sexes and under-served populations for appropriate representation.

b. The proposed justification when representation is limited or absent.

c. A statement as to whether the design of the study is adequate to measure differences when warranted.

d. A statement as to whether the plans for recruitment and outreach for study participants include the process of establishing partnerships with community(ies) and recognition of mutual benefits.

4. Collaborative Efforts (15 Percent)

Describe anticipated collaborative efforts related to this program among the applicant laboratory(ies), other components of the public health structure of the community, including epidemiologists, environmental health professionals, other state or local health agencies, health services providers, and academic institutions such as schools of public health, medicine, university departments of chemistry or biochemistry, community and citizens groups, and other interested parties. Letters of support from anticipated collaborators must be provided as