

pages) for each technical study topic area. Any pages in excess of this limit will not be read.

(6) In conformance with the Common Rule (Federal Policy for the Protection of Human Subjects, codified by HUD at 24 CFR Part 60), if your research involves human subjects, your organization must provide an assurance (e.g., a letter signed by an appropriate official) that the research has been reviewed and approved by an IRB before you can receive funds from HUD for activities that require IRB approval. Before receiving such funds, you must also provide the number for your organization's assurance (i.e., an "institutional assurance") that has been approved by the Department of Health and Human Service's Office of Human Research Protections (OHRP). For additional information on what constitutes human subject research or how to obtain an institutional assurance see the OHRP Web site at <http://ohrp.osophs.dhhs.gov/>.

(7) Within Appendix 1, the resumes of the principal investigator and other key personnel. Resumes shall not exceed three pages each, and are limited to information that is relevant in assessing the qualifications of key personnel to conduct and/or manage the proposed technical studies. This information will not be counted towards the page limit.

(8) Within Appendix 3, a detailed total budget with supporting cost justification for all budget categories of the federal grant request. Use the budget format discussed in Section V(B) Rating Factor 3(5), above. *In completing the budget forms and justification, you should address the following elements:*

(a) Direct Labor costs should include all full- and part-time staff required for the planning and implementation phases of the project. These costs should be based on FTE (full time equivalent) or hours per year (hours/year) (i.e., one FTE equals 2,080 hours/year);

(b) You should budget for two trips to HUD Headquarters in Washington, DC, planning each trip for two people, assuming a stay of one or two days, depending on your location;

(c) A separate budget proposal should be provided for any subrecipients receiving more than 10% of the total federal budget request;

(d) You should be prepared to provide supporting documentation for salaries and prices of materials and equipment upon request;

(e) Organizations that have a federally-negotiated indirect rate should use that rate and the appropriate base. Other organizations should use their current overhead rate; and

(f) You should submit the negotiated rate agreements for fringe benefits and indirect costs, if applicable, as an attachment to the budget sheets.

(9) Any important attachments, appendices, references, or other relevant information may accompany the project description, but must not exceed 20 pages for the entire application, although mandatory materials (budget detail and justification, organizational chart, resumes, job descriptions, letters of commitment and memoranda of agreement from participating organizations) are not included in this page limit. Any pages in excess of this limit will not be read.

#### *(B) Quality Assurance Plan (QAP)*

Successful applicants will be required to submit a Quality Assurance Plan to HUD prior to initiating work under the grant. This is a streamlined version of the format used by some other federal agencies, and is intended to help ensure the accuracy and validity of the data that you will collect under the grant. You should plan for this and include it in your study work plan. (See the HUD Office of Healthy Homes and Lead Hazard Control's Internet site, [www.hud.gov/offices/lead](http://www.hud.gov/offices/lead).)

#### *(C) Applicant Debriefing*

See Section the General Section of this NOFA for information about applicant debriefing.

### **VII. Corrections to Deficient Applications**

The General Section of this SuperNOFA provides the procedures for corrections to deficient applications.

### **VIII. Environmental Requirements**

In accordance with 24 CFR 50.19(b)(1) and (b)(5) of the HUD regulations, activities assisted under this program are categorically excluded from the requirements of the National Environmental Policy Act of 1969 (42 U.S.C. 4321) and are not subject to environmental review under the related laws and authorities.

### **Appendix A**

The following briefly describes the residential health and injury hazards HUD considers key targets for intervention:

*Allergens and asthma:* Experts estimate that 14 million Americans have asthma, with an associated annual cost of \$14 billion. Asthma is now recognized as the leading cause of school and work absences, emergency room visits and hospitalizations. For sensitized children, exposure to antigens from dust mites, certain pets, and cockroaches has been associated with more severe asthma. There is a preponderance of evidence showing a dose-response

relationship between exposure and prevalence of asthma and allergies; some evidence also indicates that exposure to antigens early in life may predispose or hasten the onset of allergies and asthma. Dust mites have been identified as the largest trigger for asthma and allergies. Cockroach allergens appear to be excessive in 30–50 percent of inner-city housing and affect 5–15 percent of the population, whereas dust mites appear to be the dominant allergen in other environments.

Interventions known to have beneficial effects include the installation of impervious mattress and pillow covers, which can reduce allergen exposure by 90 percent. Other dust mite control measures include dehumidification, laundering bedding, and removal of carpets and other materials that accumulate dust and are difficult to clean (e.g., dust sinks). Cleaning carpets with tannic acid solution has also been demonstrated to greatly reduce dust mites. Asthma prevention program costs have been estimated at about \$500 per unit, which includes about \$150 for educational interventions.

*Asbestos:* Asbestos is a mineral fiber that has been used commonly in a variety of building construction materials and household products for insulation and as a fire-retardant. The Environmental Protection Agency (EPA) and the Consumer Product Safety Commission (CPSC) have banned most asbestos products. Manufacturers have also voluntarily limited uses of asbestos. Today, asbestos is most commonly found in older homes in pipe and furnace insulation materials, asbestos shingles, millboard, textured paints and other coating materials, and floor tiles. Elevated concentrations of airborne asbestos can occur when asbestos-containing materials (ACMs) are disturbed by cutting, sanding or other remodeling activities. Improper attempts to remove these materials can release asbestos fibers into the air in homes, increasing asbestos levels and endangering the people living in those homes. The most dangerous asbestos fibers are too small to be visible. After they are inhaled, they can remain and accumulate in the lungs. Asbestos can cause lung cancer, mesothelioma (a cancer of the chest and abdominal linings), and asbestosis (irreversible lung scarring that can be fatal). Most people with asbestos-related diseases were exposed to elevated concentrations on the job; some developed disease from exposure to clothing and equipment brought home from job sites. As with radon, dose-response extrapolations suggest that lower level exposures, as may occur when asbestos-containing building materials deteriorate or are disturbed, may also cause cancer.

Intact asbestos-containing materials are not a hazard; they should be monitored for damage or deterioration and isolated if possible. Repair of damaged or deteriorating ACMs usually involves either sealing (encapsulation) or covering (enclosure) it. Repair is usually cheaper than removal, but it may make later removal of asbestos more difficult and costly. Repairs should be done only by a professional trained and certified to handle asbestos safely and can cost from a few hundred to a few thousand dollars; removal can be more expensive.