

performance goal of the National Center for Environmental Health (NCEH): reduce the burden of lead poisoning in children.

A glossary of scientific and technical terms can be found in Appendix I. A background statement about the CDC program can be found in Appendix II. All appendices and attachments are posted with this announcement on the CDC Web site.

C. Eligible Applicants

Applications may be submitted by state health departments, their bona fide agents, and the health departments of the following five local jurisdictions that have the highest estimated number of children with elevated blood lead levels: New York, NY; Chicago, IL; Detroit, MI; Los Angeles County, CA, and Philadelphia, PA, or their bona fide agents. (See Appendices III and IV for more information on city blood lead levels.) Applications may also be submitted by the health departments or other official organizational authorities of the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, the Republic of Palau, and federally recognized Indian tribal governments. Competition is limited to these entities by authorizing legislation.

Note: Title 2 of the United States Code section 1611 states that an organization described in section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant or loan.

D. Funding

Availability of Funds

Approximately \$31,000,000 is available in FY 2003 to fund approximately 40 awards. It is expected that the average award will be \$775,000, ranging from \$75,000 to \$1,700,000. It is expected that the awards will begin on or about July 1, 2003 and will be made for a 12-month budget period within a project period of up to three years. Funding estimates may change, depending on availability of funds.

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.

Use of Funds

Funds must be used for the following program activities: (a) The writing, implementation and evaluation of a jurisdiction-wide childhood lead

poisoning elimination plan; (b) the writing, implementation, and evaluation of screening plans to target resources to children at the highest risk for lead poisoning; (c) a jurisdiction-wide childhood lead surveillance program, with an analysis plan for collected data; (d) primary prevention activities for pregnant women and/or families with children at high risk for lead poisoning; (e) an assurance plan for timely and appropriate case management of children with elevated blood lead levels; (f) demonstration of strategic partnering with community organizations and with other state/local agencies involved in environmental and child health activities; (g) substantial coordination with organizations and agencies involved in lead-based paint hazard reduction activities and development of protective policy; and (h) evaluation of programmatic impact on childhood lead poisoning within the applicant's jurisdiction.

Funds may not be expended for medical care and treatment, or for environmental remediation of sources of lead exposure. However, the applicant must provide a plan to ensure that these program activities are carried out and demonstrate their program's appropriate involvement with medical care, treatment and remediation efforts.

Not more than 10 percent (exclusive of direct assistance) of any cooperative agreement or contract (sub-grantee or consultant) funded through the cooperative agreement may be obligated for administrative costs. This 10 percent limitation is in lieu of, and replaces, the indirect cost rate.

Recipient Financial Participation

Matching funds are not required for this program. Applicant must assure that income earned by the CLPPP will be returned to the program to support lead poisoning prevention activities.

Funding Preference

CDC will give funding preference to state programs that have significant estimated numbers of children with elevated blood lead levels, and that direct federal funds to localities with high concentrations of children at risk for childhood lead poisoning. CDC will also give funding preference to the five local jurisdictions with the highest estimated number of children with elevated blood lead levels. Guidance is available in Appendices III and IV, CDC's estimate of children under age six with elevated blood lead levels by city and state, respectively.

E. Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities in 1. Recipient Activities, and CDC will be responsible for the activities listed in 2. CDC Activities.

1. Recipient Activities

a. Childhood Lead Poisoning Elimination Plan

- Programs must establish an advisory workgroup or committee (or expand the scope of its current advisory group) to publish and implement a statewide or jurisdiction-wide childhood lead poisoning elimination plan. The group should also serve to monitor the progress of the elimination plan, and to leverage resources and enhance cooperative efforts towards this goal.

- This committee/workgroup should, at a minimum, include representatives from the Health Department, Housing and Urban Development (HUD) and/or the housing department, Environmental Protection Agency (EPA) and/or the state or local environmental regulatory agency, and the state Medicaid agency.

- Member representatives should have sufficient authority to support an inter-agency committee/workgroup, and to commit staff and resources to the elimination work plan.

- By the end of year one, programs must write a statewide or jurisdiction-wide strategic plan to eliminate childhood lead poisoning as a major public health problem by 2010. At a minimum, the plan must include the following elements:

Mission Statement

Purpose and Background on Lead Poisoning Prevalence Goals, Objectives and Activities Evaluation Plan

Further guidance on developing the elimination plan and forming the advisory workgroup or committee is located in Appendix V, "Guidance for Developing a Jurisdiction-wide Strategic Plan for the Elimination of Childhood Lead Poisoning."

b. Targeted Screening Plan

- Programs will write, implement and evaluate a jurisdiction-wide screening plan to target resources to impact the largest numbers of children at high risk for lead poisoning. Particular emphasis should be placed on children under three years of age and at high risk. Applicants should refer to the CDC publication, "Screening Young Children for Lead Poisoning: Guidance for State