

high risk for lead poisoning. The applicant should describe the extent of the problem in the highest risk areas as determined by evidence. The evidence could include surveillance data for calendar years 1995–2000, detailing the number of children 0–36 months and 37–72 months with confirmed blood lead levels greater than or equal to 10 micrograms per deciliter (ug/dl) (using the CSTE definition of confirmed cases; see Appendix II.) The applicant may also consider other sources such as Appendices III and IV of this announcement (Estimated Number of children with Elevated Blood Lead Levels (EBLL) by City and State, respectively), Medicaid data, and housing-related data to support their description of need.

2. Capacity To Eliminate Childhood Lead Poisoning as a Public Health Problem (20 points)

- Provide evidence that the applicant has published and implemented a jurisdiction-wide screening plan that targets screening resources to children at highest risk. A copy of the plan should be included with the application. Or, describe plans to implement a screening plan in the first year of the proposed project period.
- The implementation, or planned implementation, of regulations within the state or jurisdiction requiring the reporting of all blood lead results for children under 72 months of age.
- The extent to which the applicant describes their jurisdictional childhood blood lead surveillance system in the following areas:
 - Case management and program monitoring capabilities.
 - The ability to determine screening and EBLL rates among specific high-risk populations, particularly Medicaid eligible children.
 - The percentage of laboratory blood lead test results reported electronically to the state and/or local health department; and plans to increase the percentage of lab tests electronically imported to the surveillance database.
 - Current or planned use of electronic transfer of data from laboratories, WIC, immunizations, birth certificates, and between local and state health departments.
 - The ability to identify and assure reporting from private labs and portable blood lead analyzers.
 - Plans for data analysis and dissemination of findings, as well as an evaluation of the surveillance system using CDC guidelines.
- Extent to which the applicant demonstrates use of surveillance data to

target lead poisoning prevention activities (*e.g.*, screening, environmental investigations, lead hazard reduction, primary prevention, and implementation of protective policies) to the populations at highest risk in their jurisdiction.

- Extent to which strategic partnerships, programs, and activities within the jurisdiction have been implemented to eliminate childhood lead poisoning from the community.
- Extent to which applicant has committed their resources (personnel and financial) to the elimination of childhood lead poisoning.

3. Goals and Objectives (20 points)

- Extent to which the goals relate to the project purpose of childhood lead poisoning elimination, screening, surveillance, primary prevention, case-management, strategic community partnerships, and activities coordinated with agencies involved in lead hazard reduction activities and policies.
- Objectives must be time-phased, achievable, measurable, and must be provided for the first budget year.
- The submission of a clearly written work plan that includes project goals; supporting first year objectives that are relevant, specific, measurable, achievable, and time-phased; activities leading to the completion of objectives; a timetable for completing the proposed activities; identification of the program staff responsible for accomplishing each objective; and process evaluation measures for each proposed objective.
- The inclusion of a tentative work plan and timetable for the remaining years of the proposed project.

4. Jurisdiction-Wide Planning and Collaboration (15 points)

- Applicant's ability to involve strategic partners in the publication and implementation of a targeted screening plan, the and implementation of strategies to eliminate childhood lead poisoning.
- Extent to which surveillance and program data are utilized to produce jurisdiction-wide screening recommendations, with specific attention given to the Medicaid population, as required in the Children's Health Act of 2000.
- Demonstrated strategic partnerships through letters of support, memoranda of understanding, contracts, or other documented evidence of relationships. Examples of key partners include Medicaid agencies, child health-care providers and provider groups, managed-care organizations, insurers, community-based organizations, housing agencies (especially HUD

funded lead hazard reduction programs), and banking, real estate, and property-owner interests.

5. Program Evaluation (15 points)

- Description of a systematic assessment of the operations and outcomes of the program as a means of contributing to the elimination of childhood lead poisoning.
- Effective strategies and approaches to monitor and improve the quality, effectiveness, and efficiency of the program.
- Description of how evaluation findings will be used to assess changes in public policy and measure the program's effectiveness of strategic partnering activities.
- Description of how the program will document progress made in childhood lead poisoning prevention.

6. Project Management and Staff (5 points)

- Documentation of the ability to develop and carry out activities described as recipient activities in the program requirements section of this announcement. This should include a description of the proposed health department staff roles, their specific responsibilities, and their level of effort and time.
- Inclusion of assurances that vacant positions will be filled within a reasonable time after receiving funding.
- Inclusion of a plan to provide training and technical assistance to health department personnel and consultation to strategic partners.

7. Budget Justification (reviewed, not scored)

The extent to which the budget is reasonable, clearly justified, and consistent with the intended use of funds. The applicant should include costs for up to two people to travel to Atlanta, GA (three-overnight stays), to attend a Program Partners' meeting in 2003, and for one person to travel to Atlanta, GA (three-overnight stays), to attend the 6th National Environmental Health Conference December 3–5, 2003.

8. Performance Goals (reviewed, not scored)

The extent to which the application is aligned with the NCEH focus of environmental health, specifically, helping states reduce the burden of lead poisoning in children.

I. Other Requirements

Technical Reporting Requirements

Provide CDC with the original plus two copies of: