

partnership may be a confirmation of an existing memorandum of understanding (MOU) between Health and Environment that covers activities related to this program announcement).

b. Between appropriate organizational units within each Agency/Department (Within the Health Department this may include birth defect programs, cancer registries, environmental epidemiology, the state laboratory, chronic disease directors, and others).

c. If Health and Environment are organized under one state/local agency/department, a letter of intent from the Secretary/Director or equivalent of that agency/department confirming that partnerships exist or will be developed across appropriate organizational units within the Agency/Department is required.

2. Designation of public health liaison within the environmental agency/department and an environmental liaison within the health agency/department.

3. Eligible local health departments must provide assurances that activities related to this program will be coordinated with the State Health Department.

4. If the applicant is a bona fide agent of the state/local health department, a letter from the state/local health department designating the applicant as such must be provided.

These documents should be placed directly behind the face page (first page) of your application. Applications that fail to submit documentation requested above will be considered non-responsive and returned to the applicant without review.

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 \$6,000,000 is available in FY 2003 to fund approximately 12 awards. It is expected that the average award will be \$350,000 ranging from \$200,000 to \$500,000. It is expected that the awards will begin on or about September 15, 2003, and will be made for a 12-month budget period within a project period of up to three years. Funding estimates may change.

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

Applicants may use funds for those activities that increase technical, analytic, and epidemiologic capacity and must ensure that resources will be shared between collaborating agencies and between collaborating programs within each agency. Applicants should hire an environmental epidemiologist if that expertise is currently unavailable.

Funding Preference

Special consideration will be given applications that encourage and embody partnerships across various agencies and programs regardless of funding sources.

Recipient Financial Participation

Matching funds are not required for this program.

E. Program Requirements

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

1. Recipient Activities

a. Develop and implement a work plan including a detailed timeline to address each recipient activity.

b. Develop mechanisms for establishing ongoing collaboration, communication, and coordination of activities between and within members of relevant health and environmental agencies. One example of such a mechanism could be a coordinating committee that includes representatives of existing state health effects surveillance programs such as Birth Defects, Developmental Disabilities, and Cancer Registries and Asthma and Lead Poisoning surveillance programs; representatives of the state environmental epidemiology program or environmental public health tracking programs (currently funded through CDC or ATSDR); representatives of existing capacity-building programs in chronic disease surveillance (e.g. SLE, MS, ALS); representatives of air, water, pesticide or other environmental monitoring programs, representatives of state health and environmental laboratories; and state health and environmental informatics officers/staff. (See Web sites in Appendix III to identify those states currently receiving CDC funding for Environmental Public Health Tracking, Birth Defects, Developmental Disabilities, Asthma, the National Program of Cancer Registries, laboratory biomonitoring capacity, and

capacity-building programs in SLE, MS, and ALS surveillance.

c. Establish an advisory group consisting of technical experts, local health and environmental agency staff, community members, academic researchers, and other key stakeholders who can provide substantive recommendations on planning, implementing, and communicating information from this project. This group should meet at least quarterly.

d. Implement a project(s) that links existing health effect surveillance data with exposure and/or hazard data as part of an ongoing surveillance activities and a sustainable effort to build capacity. This project should include at a minimum: one or more of the health effects with a possible relationship to the environment that were listed in Section B, one or more measures of human exposure, and/or one or more types of environmental hazard (as defined in Section A and Appendices I and II). Selection of health effects/exposures/hazards from those specified in this program announcement should be in line with state/local priorities.

e. Demonstrate the utility of this linked data in guiding public health policy and practice (including triaging, assessing and responding to public concerns about clusters). The project should include the analysis and dissemination of data in a timely manner for use in public health practice or environmental protection programs and should include a feedback mechanism that identifies linkage challenges and plans to resolve those challenges. When applicable, the project should address linkage or comparability to national level data.

f. Develop strategies for communicating information generated by this project to diverse audiences including health care providers and the public. This should include strategies for responding to public inquiries and informing audiences (including community members) about the incidence, prevalence, or mortality of selected health effects and risk factors.

g. Conduct a comprehensive evaluation of this project. Refer to the Morbidity and Mortality Weekly Report titled "Framework for Program Evaluation in Public Health" (See Appendix II for Web site.)

h. Based on the evaluation, develop a written report outlining lessons learned from this project that includes but is not limited to the following:

i. Specific methodology and tools used to link data.

ii. Potential uses of the linked data and its limitations, including its utility