

**REQUEST FOR PROPOSAL:
FISCAL YEAR 2017 ADDRESSING AND PREVENTING LEAD EXPOSURE
THROUGH HEALTHY START
CFDA # 93.926**

Request for Proposal Release Date: March 21, 2017
Submission Due Date: April 28, 2017

Program Description

Purpose

This request for proposal is part of the federal response to address the health effects of lead exposure resulting from the Flint, Michigan public water supply contamination. Prenatal lead exposure can impact fertility, the likelihood of miscarriage, pre-term birth, low birth weight, infant neurodevelopment, and gestational hypertension. In children, lead exposure can have long-term effects including developmental and cognitive delays, and behavioral disorders. The Healthy Start program aims to reduce disparities in infant mortality and improve perinatal and child health outcomes. To advance this mission, the goal of this program is to minimize developmental delays among lead-exposed children up to age six (6) years in Flint and the surrounding Genesee County area by connecting them to appropriate screening, services, and supports.

The Health Resources and Services Administration (HRSA) anticipates that approximately \$14,975,000 will be made available to the Genesee County Health Department Healthy Start program through a one-time award for these activities, with availability for a five-year period, to support the work plan developed by the applicant and evaluated by HRSA.

Funding for this award is authorized by the Water Infrastructure Improvements for the Nation (WIIN) Act (P.L. 114-322). Enacted in December 2016, the WIIN Act included authorization of funding for "Other Lead Programs," including \$15,000,000 for the period of fiscal years 2017 and 2018 for "the Healthy Start Initiative." These funds were appropriated through the Further Continuing and Security Assistance Appropriations Act, 2017 (P.L. 114-254), also enacted in December 2016. "The Healthy Start Initiative" is authorized under section 330H of the Public Health Service Act (42 U.S.C. § 254c-8).

This award will supplement, but not supplant, other federal resources currently dedicated to this effort, including activities previously funded under the current Healthy Start grant. Several federal agencies, such as the Centers for Medicare & Medicaid Services (CMS), have provided funds to organizations in Flint and Genesee County to support prevention, treatment, and remediation initiatives to address lead contamination in the community. This award should build upon, but not duplicate federal and local efforts.

HRSA expects the applicant will propose activities that will align with existing lead response activities and involve close collaboration with broader community health system organizations, families, health professionals, local social support and health systems, community-based organizations, and early childhood systems, etc., in order to ensure access to family-centered and

comprehensive health and social services for all pregnant women and children up to age six (6) years and their families impacted by lead contamination in Genesee County. Examples of individuals and organizations could include, but are not limited to, the Office of the Mayor, the Greater Flint Health Coalition, other federally-funded programs (e.g., Title V Maternal and Child Health block grant program, health centers, the Supplemental Nutrition Assistance Program, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)), Genesee Intermediate School District, hospitals, and consumers of project services.

Background

On December 14, 2015, Flint, Michigan, declared a state of emergency in response to the elevated lead levels in drinking water caused by the city's switch from the Detroit Water Authority to the Flint Water Systems that occurred between April 25, 2014, and October 15, 2015. On January 5, 2016, the state of Michigan also declared a state of emergency for Genesee County, which includes the city of Flint, authorizing the use of state resources to address the public health crisis created by the elevated levels of lead in the public water system. On January 16, 2016, a federal state of emergency was declared for the state of Michigan and authorized federal assistance to provide water, water filters, water filter cartridges, water test kits, and other necessary related items.

Flint, Michigan, and the surrounding community continue to experience ongoing health needs associated with the lead contaminated water supply, particularly among pregnant women and young children. Prenatal lead exposure can impact fertility, the likelihood of miscarriage, pre-term birth, low birth weight, infant neurodevelopment, and gestational hypertension.¹ Because lead persists in bone for decades, women and their infants might be exposed to lead through pregnancy and breastfeeding even after the source of exposure has been removed.² Although the City of Flint encouraged the use of bottled or filtered water after the emergency declaration, infants who have consumed formula prepared with lead-contaminated water may be at a higher risk because of the large volume of water they consume relative to their body size.³ Of particular concern are the long-term effects in children such as developmental and cognitive delays, and behavioral disorders.

While there is no safe blood lead level in children, the Centers for Disease Control and Prevention (CDC) uses a reference level of 5 micrograms of lead per deciliter of blood (ug/dL) to identify children whose blood lead levels indicate an elevated source of environmental exposure.⁴ In Flint, a CDC investigation into the potential health impact of lead contamination in the water supply revealed that children under age six (6) years were 46 percent more likely to

¹ Centers for Disease Control and Prevention. Guidelines for the Identification and Management of Lead Exposure in Pregnant and Lactating Women. Nov. 2010.

<https://www.cdc.gov/nceh/lead/publications/leadandpregnancy2010.pdf>

² Brown M.J., Margolis S., Lead in Drinking Water and Human Blood Lead Levels in the United States. MMWR Morb Mortal Wkly Rep 2012;61(04);1-9. DOI: <https://www.cdc.gov/mmwr/preview/mmwrhtml/su6104a1.htm>

³ Centers for Disease Control and Prevention. Lead Tips. Web. Updated Feb. 18, 2016.

<https://www.cdc.gov/nceh/lead/tips/water.htm>

⁴ Centers for Disease Control and Prevention. Lead Home. Web. Updated Jan. 30, 2017.

https://www.cdc.gov/nceh/lead/acclpp/blood_lead_levels.htm

have blood lead levels over 5 ug/dL during April 25, 2013–March 16, 2016, the period following the city’s switch from the Detroit Water Authority to the Flint Water Systems.⁵

Supporting a comprehensive, community-based response to addressing lead exposure that engages a broad stakeholder coalition is critical to address disparities effectively in perinatal and child health outcomes for all women and children in Genesee County, who are or may be impacted by lead exposure. HRSA requests that the Genesee County Health Department leverage its existing Healthy Start infrastructure and in-depth understanding of the maternal and child population in Genesee County to provide a project description proposing how they plan to assess, mitigate, and provide consultation to pregnant women and children up to age six (6) years that may be impacted by lead exposure during the Flint water crisis in order to be connected to needed services and available resources including wrap-around services, such as transportation, home visiting services, case management, care coordination, health education and promotion, and nutrition services, among others. This award will enable the Genesee County Health Department to continue to play a vital role in assuring all pregnant women and children impacted by lead contamination in Genesee County have access to comprehensive health and social services.

Federal Award Information

Type of Application and Award

HRSA will award funds through a cooperative agreement. A cooperative agreement is a financial assistance mechanism where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

HRSA Program involvement will include:

- Agency monitoring to ensure coordination with other federal projects to address lead exposure as a result of the Flint, Michigan, public water supply contamination;
- Availability of the services of experienced Maternal and Child Health Bureau (MCHB) personnel as collaborators with the awardee in the execution and implementation of the project;
- Providing ongoing technical assistance on the performance of activities throughout the period of the cooperative agreement;
- Serve as a resource to the awardee in establishing contacts with federal and state agencies, other HRSA-awarded projects, and other contacts for development of cooperative and collaborative relationships;
- Regular participation in conference calls, meetings, and webinars that are conducted during the period of the cooperative agreement; and
- Participation with the recipient in the dissemination of project findings, best practices and lessons learned, and in producing and jointly reviewing reports, articles, and/or presentations developed under this cooperative agreement.

⁵ Kennedy C., Yard E., Dignam T., et al. Blood Lead Levels Among Children Aged <6 Years — Flint, Michigan, 2013–2016. MMWR Morb Mortal Wkly Rep 2016;65. DOI: <http://dx.doi.org/10.15585/mmwr.mm6525e1>.

The recipient's responsibilities will include:

- Adherence to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds, per Section 2.2 of the Application Guide (Acknowledgement of Federal Funding);
- Completing activities proposed in response to application narrative elements;
- Participating in conference calls, meetings, and webinars with HRSA during the period of the cooperative agreement;
- Collaborating with federal and non-federal partners and other MCHB funded projects that may be relevant to the project's mission;
- On-going collaboration and communication with HRSA to review activities, procedures and budget items, information/publication prior to dissemination, contracts and interagency agreements; and
- Providing the federal project officer opportunity to review documents and products prior to dissemination.

Eligible Applicants

Genesee County Health Department, the managing organization for the Genesee County Healthy Start, is eligible to apply for these Healthy Start funds.

Cost Sharing or Matching

Cost sharing or matching is not a requirement for this funding.

Award Activities

HRSA anticipates that approximately \$14,975,000 will be available to support this award. The anticipated period of support will be for activities implemented during the period of June 1, 2017, through May 31, 2022.

All award funds must be used in accordance with the requirements of Section 330H of the Public Health Service Act and as outlined in this request for proposal. Activities should include, but are not limited to:

- (1) Within the first year of the award start, identify children up to age six (6) years in Flint and the surrounding Genesee County area who have been affected by lead exposure through the contamination of the Flint, Michigan, public water supply, and assess their receipt of recommended services to minimize developmental delays. Applicant should describe activities such as but not limited to the following:
 - a) Identify and account for children up to age six (6) years who experienced lead exposure in the Flint and surrounding community as a result of lead contamination of the public water supply (the "cohort"). Ensure coordination with CDC lead exposure registry activities when operative;
 - b) Identify and document receipt of recommended services among this cohort;
 - c) Identify and document enrollment in Medicaid, private insurance, and other coverage among this cohort;
 - d) Identify and document receipt of WIC services among this cohort; and

- e) Identify and document receipt of early intervention services among the subset of lead-exposed children with blood lead levels over 5 ug/dL.
- (2) Within two years of the award start, describe how the cohort:
- a) Who are Medicaid eligible are provided enrollment assistance;
 - b) Who are eligible for WIC are provided education and assistance on WIC services; and
 - c) Receive recommended screenings and services to minimize developmental delays:
 - Ensure access and/or referral to a medical home and care coordination;
 - Expand capacity to provide case management, referrals, and follow-up services; and
 - Assist with transportation and other wrap around services as needed.
- (3) Within two years of the award start, describe how the subset of the cohort with blood lead levels over 5 ug/dL receive a developmental assessment using a validated tool; recommended early intervention services including medical, behavioral, and developmental interventions; and enabling services such as case management, outreach activities, and transportation. Activities to improve access to these services could include:
- a) Recruitment and retention of providers to meet identified shortages; and
 - b) Expansion of home visiting and case management services.
- (4) Within two years of the award start, describe how families of the cohort receive appropriate services (including behavioral health services) and supports (including parenting education) to minimize developmental delays in their children.
- (5) Within five years of the award start, ensure that the cohort and their families will receive appropriate follow-up such as:
- a) Maintaining cohort through individual client follow-up and community engagement; and
 - b) Coordinating community partner collaboration, supporting family- and community-led engagement efforts within Flint, and surrounding communities, such as partnership with school-based efforts that support nutrition education and healthy meals among families affected by lead exposure, and enrichment activities promoting health and development for children up to age six (6) years. An example of service coordination and systems integration improvements may include housing, employment, transportation, child care, and early childhood development services.

Application and Submission Information

Content and Form of Application Submission

A complete application must include all required materials as attachments:

- SF-424;
- SF-424A for the requested amount;

- These forms will be provided by the Grants Management Specialist/Project Officer (listed below) to the applicant
- Abstract and Project Narrative;
- Work Plan Outline of Objectives and Outcomes (Years 1-5);
- Staffing Plan and Organizational Chart;
- Biographical Sketches of Key Personnel; and
- A detailed line-item budget justification for each year of the project.

The total size of all uploaded files may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project narrative, key staff list with bio-sketches, and line-item budget justification required in this RFP. Standard OMB-approved forms that are included in the application package (e.g., SF-424, SF-424A) are NOT included in the page limit. Indirect Cost Rate Agreement will not be counted in the page limit.

Instructions for Budget Presentation

The applicant should submit how they propose to spend funds for each year within the five-year period. For each year, the applicant should provide a detailed line item budget justification including the following:

- Personnel/Fringe – Include the name, position, percentage of effort and salary/fringe requested for all personnel.
- Travel – Include all requested travel expenses including location, name of each person traveling, number of days, and all travel expenses including lodging, per diem, airfare, etc. The budget should also reflect the travel expenses associated with participating in meetings and other trainings or workshops, as well as describe the purpose of the meeting. All travel should be in support of the award activities described above.
- Supplies – Include a breakdown by item and associated cost for all supplies with a unit cost of less than \$5,000.
- Equipment – Include a breakdown by item and associated cost for all equipment with a unit cost of \$5,000 or more. Equipment is any article of tangible, nonexpendable, personal property having a useful life of than one year and an acquisition cost of \$5,000 or more per unit. All items with an acquisition cost per unit less than the capitalization threshold are considered supplies.
- Other – Include all items not included in the remaining line items, as appropriate.
- Indirect – Include the total amount requested and a copy of the most recent Indirect Cost Rate agreement.
- Contractual – Separate each requested contractual amount, listing the name, description of the contract, basis of cost estimate, and the name of contractor if already awarded. The award recipient is responsible for ensuring that its organization/institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring contracts consistent with the federal procurement standards set forth in 45 CFR Part 75.
- Total cost – The total costs is the sum of the direct and indirect costs requested by the applicant.
- Plan to separately account for the funds under this award, including appropriate internal controls to ensure the funds are spent on the approved budget as detailed in the above items. Supplemental funds provided through this announcement are not to be comingled

with Healthy Start grant funds. Budget narrative should explain how the grantee intends to track supplemental funds separately.

Salary Limitation Requirements

The Consolidated Appropriations Act, 2016, Division H, § 202, (P.L. 114-113) states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” As of January 8, 2017, the Executive Level II salary limitation is now \$187,000. This amount reflects an individual’s base salary exclusive of fringe benefits and income that an individual may be permitted to earn outside of the duties to the health center organization (i.e., the rate limitation only limits the amount that may be awarded and charged to HRSA awards). This salary limitation also applies to sub-awards/subcontracts under a HRSA award.

The General Provisions in Division H of the Consolidated Appropriations Act, 2016 (P.L. 114-113) apply to this program. Please see Section 4.1 of HRSA’s *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in FY 2017, as required by law.

The recipient is required to have the necessary policies, procedures, and financial controls in place to ensure that their organization complies with the all federal funding requirements and prohibitions such as lobbying, gun control, abortion, etc. The effectiveness of these policies, procedures, and controls is subject to audit.

Instructions for Completing the Project Narrative

In the project narrative, the applicant should include the following information for each of the proposed activities.

Discussion of need

- The applicant should discuss the unmet need for each of the activities included in the proposal.
- Needs should be quantified. For example, identifying the anticipated size of the population receiving services; identifying the number and type of staff that need to be hired and/or contracted; and identifying the number and type of equipment needed.
- The discussion of need should include a description of barriers to provision/implementation of activities included in the proposal.

Discussion of existing infrastructure/capacity

- The applicant should discuss the existing infrastructure for service delivery and data capacity available to address the activities included in the proposal; for example, how will the applicant identify the cohort of lead-exposed children and assess their receipt of recommended services, and how will the applicant “case-find” exposed children not receiving recommended services and connect them to services.
- The applicant should discuss their existing infrastructure/capacity to address the applicant’s established relationships, infrastructure, and programmatic capacity to support the project in a timely, efficient, and effective manner that maximizes the impact of

HRSA's resources and minimizes start-up time to implementation. The applicant also should clearly describe the existing capacity for collecting and reporting data on required measures (see Performance reporting).

- The applicant should outline specific collaboration activities with local, state, and federal resources to maximize coordination and minimize duplication.

Proposed plan and activities to address unmet needs and gaps

- The detailed work plan should outline specific aims within each area of activity. The aims should be specific, measurable, achievable, realistic, and time-bound. The aims should also be informed by contributing and restricting factors affecting achievement. The plan should also discuss how the proposed activities address gaps in the infrastructure/capacity to address lead exposure, as described above, and the outcomes expected as a result of the proposed project.
- The plan should discuss how the applicant plans to address barriers to the provision and implementation of activities included in the proposal.
- The plan should discuss how these activities will be implemented in coordination with other federally-funded activities including those supported by CMS, CDC, and the Health Center Program to create a comprehensive response to the water crisis.
- The plan should describe how the applicant will effectively conduct a needs assessment of the entire population of pregnant women and children up to age six (6) years in Genesee County at risk for exposure to lead during the water crisis and identify those who have experienced lead exposure or require additional screening. The applicant should describe how this information will be documented, catalogued, and reported to inform lead response activities.
- The applicant should include a plan for reporting of lead exposure, consistent with CDC case definitions, to the lead exposure registry currently being developed by CDC.
- The plan should describe how the applicant will ensure pregnant women and children with blood lead levels over 5 ug/dL will be case managed and connected to needed medical services, behavioral and developmental screening and intervention services, and social services. Pursuant to existing law, grantees are prohibited from using federal funds for abortions except in cases of rape or incest or when the life of the mother would be endangered.
- The plan should describe how the applicant will coordinate, monitor, and separately track the use of funds under this award and other funds received.
- The applicant should provide a project timeline that identifies key milestones and target dates for achievement of each activity that will be used to monitor and assess progress in implementing those activities. The applicant should also indicate the entity responsible for meeting these timelines, including subawardees/subcontractors.
- The plan should discuss how the project will involve collaboration with existing lead response efforts in Genesee County, as well as collaboration with the broader community health system organizations, families, health professionals, local social support and health systems, community-based organizations, and early childhood systems, and other public/community-based organizations.

- The plan should describe how the project will support and integrate enabling services (e.g., case management, outreach and enrollment activities, transportation).
- The plan should describe how the project will provide support for those eligible to enroll in health coverage (e.g., approved Medicaid waiver) or other support programs (e.g., WIC).
- The applicant should include a plan for reporting on the outcome metrics identified below in accordance with the reporting requirements. The applicant may propose additional metrics, as well, and should identify any significant concerns with the ability to measure proposed metrics or complete reporting requirements. The final set of metrics to be included in regular reporting will be determined following award of funds.
- The plan should list key staff and discuss their roles, responsibilities, and qualifications. A curriculum vitae, bio-sketch, or resume should be attached for each key staff person.
- The applicant should discuss capacity building and efforts to ensure sustainability of initiatives or concepts beyond the proposed funding period.

Performance reporting

- The recipient will provide semi-annual (every six months) performance progress reports. The plan should identify metrics and targets for assessing progress as well as the impact of the project in meeting the ultimate goal of ensuring access to recommended services for pregnant women and children six (6) years of age experiencing lead exposure.
- Metrics should reflect the activities described in the proposal. HRSA will work with the grantee to jointly determine performance metrics, such as:
 - Overall number of children exposed to lead through the Flint Water System (denominator for aim 1 and 2)
 - Number and percentage of children exposed to lead through the Flint Water System identified and assessed by the grantee (aim 1);
 - Number and percentage of Medicaid-eligible children exposed to lead through the Flint Water System who were assisted with Medicaid enrollment (aim 2a);
 - Number and percentage of WIC-eligible children exposed to lead through the Flint Water System who were provided education and assistance on WIC services (aim 2b);
 - Number and percentage of children exposed to lead through the Flint Water System who received recommended screenings and services (e.g., blood lead screening) (aim 2c);
 - Number of pregnant women and children up to age six (6) with blood lead levels over 5 ug/dL (denominator for aim 3)
 - Number and percentage of children with blood lead levels over 5 ug/dL who received a developmental assessment using a validated tool (aim 3)
 - Number and percentage of children with a positive developmental screening result who are referred to early intervention services including medical, behavioral, and developmental services (aim 3)

- Number and percentage of children with a positive developmental screening result who receive enabling services (e.g., case management, home visiting, outreach activities, transportation) (aim 3)
- Number of families of children exposed to lead through the Flint Water System who receive behavioral health services and parenting supports (aim 4)
- Number and percentage of children (and/or families) still enrolled in the above services assessed in Years 3, 4, and 5 (aim 5).

Dun and Bradstreet Data Universal Numbering System (DUNS) Number and System for Award Management (SAM)

Recipients must continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

Submission Date and Time:

Submission of the request for the single source award must be completed electronically and submitted by **April 28, 2017 11:59 p.m. ET via email to smorgan1@hrsa.gov**. Please remember to safeguard all Personally Identifiable Information in your application materials. For example, bio-sketches for key personnel should not include information which can be used to distinguish or trace an individual's identity, such as their social security number, biometric records, etc. alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.

Intergovernmental Review

This funding is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100. See Executive Order 12372 in the [HHS Grants Policy Statement](#). See Section 4.1 ii of HRSA's [SF-424 Application Guide](#) for additional information.

The following uses of award funds are not permitted:

- New construction activities (i.e., additions or expansions), major alterations/renovations (the total federal and non-federal cost of the alteration/renovation project cannot exceed \$150,000).

Application Review and Selection Process

Criteria

The proposal will be reviewed by HRSA staff for completeness, eligibility, and allowable costs. HRSA reserves the right to request clarification and a resubmission of the budget and/or narrative if the proposal is not fully responsive to any of the request requirements, or if ineligible activities are proposed.

Final award decisions will be based on the following information:

- The feasibility and impact of the proposed plan to ensure access to recommended services and case management for impacted women and children
- The feasibility and appropriateness of the budget provided to support the plan
- The availability of funds to support the award

Selection Process

Following review of all applicable information, the HRSA reviewing and grants management officials will determine whether an award can be made, if special conditions are required, and what level and length of funding is appropriate.

Award decisions and funding levels are discretionary and are not subject to appeal to any HRSA or HHS official or board.

Effective January 1, 2016, HRSA is required to review and consider any information about your organization that is in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider any of your comments, in addition to other information in [FAPIIS](#) in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in [45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants](#).

Award Administration Requirements

Award Notice

HRSA anticipates issuing the Notice of Award in May 2017.

Administrative and National Policy Requirements

Effective December 26, 2014, all administrative and audit requirements and the cost principles that govern federal monies associated with an application and award are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards (Uniform Guidance) at 45 CFR part 75, which supersedes the previous administrative and audit requirements and cost principles. Successful applicants must comply with these regulations. See Section 2 of HRSA's [SF-424 Two-Tier Application Guide](#) for additional information.

Every organization is required to maintain an active System for Award Management (SAM) registration at all time during which it has an active federal award or a plan under consideration.

Reporting and Related Requirements

The recipient must comply with all applicable administrative and national policy requirements.

In addition, the recipient will be required to complete the following reporting:

- Semi-annual performance progress reports – HRSA will work with the recipient to ease the administrative burden of this reporting by working to incorporate, to the extent possible, current recipient tracking and formatting into the HRSA required reporting.
- An annual SF425 (Federal Financial Report)

- A final progress report with recommendations on ways to improve state systems of care and final Federal Financial Report, upon completion of the award.

Contact Information:

For assistance with completing the application for Addressing and Preventing Lead Exposure Through Healthy Start:

Program related questions:

Robert Windom
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Health Resources and Services Administration
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Rockville, Maryland 20852
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RWindom@hrsa.gov

Budget or other fiscal issues:

Shonda Gosnell, Chief, Maternal Child and
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