



HARRIS COUNTY, TEXAS

Office of Management and Budget 1001 Preston; Suite 500 Houston, TX 77002 713-274-1135

Grants Coordination Section - Conveyance Form Application Award

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Department Name / Number

DUNs

Grant Title

Public Health Services - 275	JFMKAENLGN81	Childhood Lead Poisoning Prevention and Surveillance '25
Funding Source: U.S. Department of Health & Human Services: CFDA# 93.197		Grant Agency: U.S. Department of Health & Human Services
Program Year: 7 th		Program Ending:
Grant Begin Date: 09/30/2024		Grant End Date: 09/29/2025
Grant Org. Key:		If applicable, Prior Year Org. Key: FY24_CLPP

Grant Description:

Funded by the U.S. Department of Health & Human Services, Centers for Disease Control, this funding will support primary and secondary prevention strategies for childhood lead poisoning prevention and surveillance including: ensuring blood lead testing and reporting; enhancing blood lead surveillance; improving linkages to recommended services and developing policies for targeted, population-based interventions with a focus on community-based approaches for lead hazard elimination.

	Total Budget	Grant Funded	County Funded
Salary & Benefits	\$288,120.01	\$288,120.01	\$0.00
Non-Labor	\$69,525.00	\$69,525.00	\$0.00
Sub Tot. Incremental Cost	\$357,645.01	\$357,645.01	\$0.00
Indirect Cost	\$30,000.00	\$30,000.00	\$0.00*
TOTALS	\$387,645.01	\$387,645.01	\$0.00

* under development

Full Time Equivalent Positions

3.00

Date Guidelines are Available

% of Positions Paid by Grant

100.00 %

Grant Submittal Deadline Date

Grant Discussion:

This will be a non-competing renewal for a grant originally accepted by Commissioners Court on 4/13/21. The project will aim to reduce lead exposures and lead poisoning through the enhancement of lead screenings and to develop targeted population-based policy interventions. Budget is requested for 3 FTEs to coordinate development and implementation of these interventions, as well as for operating supplies and operating costs. There is no match requirement.

County Funded Cost Projection

Year	Required	Discretionary
2024	-	-
2025	-	-
2026	-	-
2027	-	-
2028	-	-

Completed by :

Eric Cadow

Cadow, Eric

Date :

04/14/2024

Reviewed by:

Mike Mattingly

Mike Mattingly (Apr 15, 2024 08:11 CDT)

Date :

04/14/2024

THE STATE OF TEXAS §

COUNTY OF HARRIS §

The Commissioners Court of Harris County, Texas, Met in a regular session at its regular term at the Harris County Administration Building in the City of Houston, Texas, on _____,

with the following members present:

Judge Hidalgo	County Judge
Rodney Ellis	Commissioner, Precinct No. 1
Adrian Garcia	Commissioner, Precinct No. 2
Tom S. Ramsey, P.E.	Commissioner, Precinct No. 3
Lesley Briones	Commissioner, Precinct No. 4

and the following members absent: _____,

constituting a quorum, when among other business, the following was transacted:

ORDER AUTHORIZING HARRIS COUNTY PUBLIC HEALTH to apply for the renewal of a grant from the U.S. Department of Health and Human Services for the FY 2025 Childhood Lead Poisoning Prevention and Surveillance program.

Commissioner _____ introduced an order and moved that Commissioners Court adopt the order. Commissioner _____ seconded the motion for adoption of the order. The motion, carrying with it the adoption of the order, prevailed by the following vote:

	Yes	No	Abstain
Judge Hidalgo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comm. Ellis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comm. Garcia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comm. Ramsey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comm. Briones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The meeting chair announced that the motion had duly and lawfully carried and that the order had been duly and lawfully adopted. The order adopted follows:

IT IS ORDERED that the County Judge is authorized to approve Harris County Public Health to apply for an award renewal from the U.S. Department of Health and Human Services - Centers for Disease Control and Prevention for the FY 2025 Childhood Lead Poisoning Prevention and Surveillance program. The total amount of this contract is \$387,645.01 for the funding period effective September 30, 2024 to September 29, 2025.

The documents are attached hereto and incorporated herein and incorporated as if set out in full word for word. Harris County is authorized to do any and all things necessary or convenient to accomplish the purpose of this Order.

Centers for Disease Control and Prevention (CDC)
Office of Financial Resources

Instructions for Preparing an Annual Performance Report (APR)
Catalog of Federal Domestic Assistance (CFDA): 93.070
Notice of Funding Opportunity Number (NOFO): CDC-RFA-EH21-2102CONT24

**Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children CDC–RFA-EH21-2102
National Center for Environmental Health (NCEH)/Agency for Toxic Substances and Disease Registry**

Eligibility:

This award will be a continuation of funds intended only for recipients previously awarded under **CDC-RFA-EH21-2102 Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children**.

Anticipated Funding Level:

For this award, recipients are required to prepare their fiscal year 2024 budget based on the current year's award amount. Please refer to the most recent Notice of Award for the award amount.

Application Submission:

CDC requires recipients to submit their Annual Performance Reports (APR), which serves as the non-competing continuation application, through www.grantsolutions.gov no later than 120 days prior to the end of the budget period.

If you encounter any difficulties submitting your Annual Performance Report through www.grantsolutions.gov, please contact the GrantSolutions helpdesk at 866-577-0771 or email help@grantsolutions.gov prior to the submission deadline. If you need further information regarding the Annual Performance Report process, please contact **Darryl Walker**, Grants Management Specialist at **404-498-5602**, or email: lzq7@cdc.gov. For programmatic information, please contact **Wilma Jackson**, Team Lead, LPPSB at **404-639-0618**, or email: cvn8@cdc.gov.

Reports must be submitted by **05/01/2024, 11:59 PM ET** on www.grantsolutions.gov for reporting period **4/1/2023 – 3/31/2024**. Late or incomplete reports could result in an enforcement action such as a delay in the award or a reduction in funds. CDC will accept requests for a deadline extension on rare occasions and after adequate justification has been provided.

Annual Federal Financial Report Submission

The Annual Federal Financial Report (FFR) SF-425 is required and must be submitted through the Payment Management System (PMS) no later than 90 days after the end of the budget period. If a budget period is greater than 12 months, at a minimum annual FFRs are submitted for each 12-month period. The annual FFR for this Budget Period **9/30/2023 – 9/29/2024** is due in PMS by **12/28/2024**.

General Application Packet Tips:

- Properly label each item of the application packet
- Number all pages
- This report must not exceed 45 pages excluding administrative reporting. Web links are allowed. **NOTE:** However, the Program would strongly encourage recipients to please try to limit the number of pages to

25 or less.

- Where the instructions on the forms conflict with these instructions, follow these instructions.
- GrantSolutions allows several file types to be uploaded within the system. Refer to GrantSolutions help support for a list of the file types.

Checklist of required contents of application packet:

1. [Performance Progress and Monitoring Report](#) (PPMR)
2. SF-424A Budget Information-Non-Construction (online form) and Budget Justification (attachment)
3. Indirect Cost Rate Agreement (attachment)
4. Performance Narrative
5. SF-LLL Disclosure of Lobbying Activities (online form and instructions), if applicable¹, are located at <https://www.grants.gov/forms/forms-repository/post-award-reporting-forms>
6. Interim Federal Financial Report (FFR) SF-425 (if applicable) instructions are located at <https://www.grants.gov/forms/forms-repository/post-award-reporting-forms>
7. Additional Program Requirements, if applicable

1. Performance Progress and Monitoring Report:

- PPMR instructions are attached to the form located at <https://www.cdc.gov/grants/documents/Performance-Progress-and-Monitoring-Report-PPMR.pdf>.

2. SF-424A Budget Information and Justification:

- Instructions for completing SF-424A Budget Information-Non-Construction online form are located at https://www.grantsolutions.gov/gs/pdf/ophs-1_SF424A_Instruction.pdf
- Analysis of Remaining Time and Funds
 1. If it appears there will be insufficient funds, provide a detailed justification for the shortfall. List the actions taken to bring the obligations in line with the authorized funding level.
 2. Based on the current rate of obligation, if it appears there will be unobligated funds at the end of the current budget period, provide detailed actions that will be taken to obligate this amount or use the process below to get access to unused funds.

Expanded Authority: The recipient is permitted the following expanded authority in the administration of the award. Carryover of unobligated balances from one budget period to a subsequent budget period is allowed for this cooperative agreement.

Unobligated funds may be used for purposes within the scope of the project as originally approved. Recipients will report use, or intended use, of unobligated funds in Section 12 “Remarks” of the annual Federal Financial Report (FFR). If the Grants Management Officer (GMO) determines that some or all of the unobligated funds are not necessary to complete the project, the GMO may restrict the recipient’s authority to automatically carryover unobligated balances in the future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

In addition to reporting use of unobligated funds in the annual FFR, program requests the submission of an interim FFR as part of the APR submission. Submit an interim **hardcopy** FFR as an attachment and title: “Interim FFR” Federal Financial Report (FFR), Standard Form-425,

¹ The form has instructions that indicate when the form is required.

available on the internet at <https://www.grants.gov/forms/forms-repository/post-award-reporting-forms>

- The estimated unobligated balance should be realistic in order to be consistent with the annual FFR to be submitted following the end of the budget period.
- The proposed budget should be based on the federal funding level, which is stated on page one of this document (Anticipated Funding Level).
- In a separate narrative, provide a detailed, line-item budget justification of the funding amount requested, including any request to use unobligated funds, to support the activities to be carried out with those funds. Attach and title it "Budget Narrative".
- The budget justification must be prepared in the general form, format, and to the level of detail as described in the CDC Budget Preparation Guidelines. The budget guidance is provided on CDC's internet at: <http://www.cdc.gov/grants/applying/application-resources.html> and the GrantSolutions application control checklist.
- For any new, proposed subcontracts, provide the information specified in the Budget Guidance.
- When non-federal matching is required, provide a line-item list of non-federal contributions including source, amount, and/or value of third-party contributions proposed to meet a matching requirement.

3. Indirect Cost Rate Agreement (This is not applicable to institutions of higher education. The rates applied are based on the agreement in effect from the first year of award.):

- A. If indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those recipients under such a plan.
- B. Clearly describe the method used to calculate indirect costs. Make sure the method is consistent with the Indirect Cost Rate Agreement.
- C. To be entitled to use indirect cost rates, a rate agreement must be in effect at the start of the budget period.
- D. If there is no Indirect Cost Rate Agreement or the agreement has expired, indirect costs may be charged as direct if (1) this practice is consistent with the recipient's/applicant's approved accounting practices; and (2) if the costs are adequately supported and justified.
- E. If applicable, attach and name the document, "Indirect Cost Rate."
- F. If applicable, the recipient's indirect costs are based on a rate of ten percent of modified total direct costs (MTDC) as defined in 45 CFR Part 75.2.
- G. For institutions of higher education, indirect costs are based on the negotiated indirect cost rate agreement used for the first-year award, and rates in that agreement are to be used for the remainder of the competitive segment in accordance with 45 CFR Part 75. Indirect cost/facilities and administration rates for subcontracts will be treated in the same manner as those for the recipient if the subcontractor is covered by 45 CFR Part 75.
- H. For grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S., indirect costs are based on a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of \$25,000.

4. Performance Narrative:

Section I. Current Budget Period Progress:

Provide a brief report addressing the following elements of each strategy or activity. Identify and justify any carryover, discontinued or redirection of activities.

The annual performance report must include the following:

- **Performance Measures** (including processes and outcomes) – Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results** – Recipients must report evaluation results for the work completed to date (including any data about the effects of the program).
- **Work Plan** – Recipients must update work plan each budget period.
- **Data management Plan** – Projects or activities that involve collection or generation of new public health data are required to develop a Data Management Plan (DMP) and updated throughout the life cycle of the data. Recipients must report updates to the DMP.
- **Successes**
 - Recipients must report progress on completing activities outlined in the work plan.
 - Recipients must describe any additional successes (e.g., identified through evaluation results or lessons learned) achieved in the past year.
 - Recipients must describe success stories. See guidance for creating a CLPPP success story below under **Additional Program Requirements**.
- **Challenges**
 - Recipients must describe any challenges that might affect their ability to achieve annual and project-period outcomes, conduct performance measures, or complete the activities in the work plan.
 - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Recipients**
 - Recipients must describe how CDC could help them overcome challenges to achieving annual and project-period outcomes and process measures and completing activities outlined in the work plan.

Section II. New Budget Period Proposed Strategies and Activities:

- A. List proposed strategies for the upcoming budget period. These strategies must support the intent of the original Notice of Funding Opportunity (NOFO) **CDC-RFA-EH21-2102**.
- B. Each strategy and activity must contain a process and outcome measure that assesses effectiveness.
- C. For each strategy:
 1. List activities and the methods used to implement the activity;
 2. List the person(s)/positions responsible for implementing the activity;
 3. Provide process measure and outcome measure data;
 4. Provide a timeline for accomplishment;
- D. In addition to this information, include comments pertaining to budgetary or administrative issues that might hamper the success or completion of the project or activity as originally proposed and approved. Please utilize the Excel work plan format.

5. Additional Program Requirements

The recipients should complete the following requirements for **Year 4**:

Requirement 1 – COMPONENT A: Recipients are required to report blood lead surveillance data on a quarterly basis in CDC required format by end of the following quarters for each budget period: March 31, June 30, September 30, December 31 and include information on the following outcomes in the annual report narrative:

- Improved blood lead testing and reporting rates for children less than 6 years of age at risk for lead exposure (e.g., screening/testing penetrance, and the incidence and prevalence of children with blood lead levels greater than or equal to the CDC blood lead reference value).

- Improved use of surveillance system data to capture missing data on child demographic and follow-up information (e.g., race/ethnicity, socioeconomic status, small geographic area [zip code or census tract], referrals to recommended services, completion of services by type).
- Increased rates of children less than 6 years of age with blood lead levels greater than or equal to the CDC blood lead reference value who are linked to recommended services (e.g., environmental inspections, medical evaluations, nutritional counseling, developmental milestones).
- Decreased disparities in blood lead levels by race/ethnicity and socioeconomic status.

Requirement 2 – All: Recipients are required to comply with CDC/ATSDR policy on public access to data. A data management plan (DMP) is required for each intramural and extramural collection of public health data covered by this policy. CDC meets federal requirements by tabulating de-identified national, state, and county-level aggregate (summary) data and making it available on CDC’s website at:

<https://www.cdc.gov/nceh/lead/data/index.htm>.

Requirement 3 – All: Arrange for two key staff, usually the Program Manager and Surveillance Epidemiologist, to attend the CDC Childhood Lead Poisoning Prevention and Surveillance annual cooperative agreement recipient meeting in Atlanta, GA (or other location to be determined by CDC).

Requirement 4 – All: Complete annual web-based **Awardee Lead Profile Assessment for Year 4**. CDC will provide the link to the assessment. The purpose of the assessment is to identify the context and policies used for implementing childhood lead poisoning prevention and surveillance activities in the United States.

Requirement 5 – All: Submit a **Year 4 Success Story per Component funded** based on one of the activities in your annual report. A concise success story has one clearly defined challenge, describes an intervention taken to address that challenge, and tells the impact or outcome of that intervention that would not have been possible without the funding provided by this NOFO. Examples are available at:

<https://www.cdc.gov/nceh/lead/programs/success-stories.htm> by **December 28, 2025**. Use the information below to guide the creation of the success story.

Success Story: Guidance for Childhood Lead Poisoning Prevention Programs (CLPPPs)

What is a success story?

A success is defined as accomplishing one of the goals outlined in your program's childhood lead poisoning prevention work plan. It is an indication that your program’s efforts are paying off and that you have positive results to show for your hard work.

Success stories should document program activities related to one or more CLPPP core strategies:

- Blood lead testing
- Surveillance
- Linkages of lead-exposed children to recommended services
- Target, population-based interventions

Success stories that focus on health equity are also encouraged.

What is the purpose of collecting success stories?

The purpose of these success stories is to showcase CLPPP program achievements and share best practices. Success stories exhibit tangible results of program activities related to CLPPPs core strategies and demonstrate progress toward meeting program objectives. Success stories are an effective tool for promoting your program’s mission and achievements. Success stories can be used to:

- Respond to public/media inquiries about your program
- Provide readily available examples to decision makers for justifying investment or support of your program
- Effectively demonstrate initiatives being supported by program funding
- Better engage with populations of focus while showcasing prior achievements in their communities
- Validate program's efforts (short- and mid-term objectives), even if long-term outcomes are still not yet reached
- Increase interest in program's activities by showcasing prominent achievements

What are examples of success story topics?

A success story is your program's opportunity to showcase the successes you have achieved in childhood lead poisoning prevention. Some common themes and outcomes shared in previous success stories include

- Ensuring vulnerable populations are tested for lead
- Increasing blood lead level testing rates in at-risk children less than 6 years of age
- Improving blood lead surveillance and data sharing processes
- Ensuring lead-exposed children are provided with necessary case management services
- Working with local legislatures to inform policy decisions
- Engaging in outreach and education activities to increase awareness of lead poisoning

For more information and examples of previous success stories, refer to

<https://www.cdc.gov/nceh/lead/programs/success-stories.htm>.

Success Story Template

Success stories should be divided up into three sections: Challenge, Intervention, and Impact. Each section should include the information below.

Challenge

What was a specific challenge your program faced? Please consider

- How was the problem discovered?
- When was this challenge recognized?
- Where did it happen?
- Did this problem affect a high-risk population? If so, what was the cause for high risk?
- Use data and specific details if possible.

Intervention

How did your program address the above challenge? Please consider

- What actions were performed?
- Who was involved in the response?
- How long did it take to resolve?
- Include as many specific details as possible (e.g., partner names, policies implemented, costs,).
- What would others need to know to replicate your success?
- What would your audience need to know to replicate your actions?

Impact

- How did you know you were successful?
- What were the most important results of your work?
- Include measurable results (e.g., changes in blood lead levels, screening rates, new policies) if possible. If these data points are not available, a clear, demonstrated impact in your community can

be just as effective for outlining success (e.g., established partnerships, and strengthened relationships).

- How have you ensured the changes implemented will be sustainable or actionable on a regular basis?

Success Story Checklist

The following conditions should be met before submitting a success story.

- Has three sections: Challenge, Intervention, and Impact
- Submitted as both part of the annual progress report and as a **Word** document
- One page maximum
- Written in 3rd person
- Uses plain language
- Mainly uses active voice
- Includes
 - a short, descriptive title
 - a well-defined issue/challenge/problem
 - a clear, succinct description of the program or intervention
 - an impact statement
 - a call to action if appropriate
 - available evidence to support your success (data, examples)
- If program or intervention focused on vulnerable or hard-to-reach populations, mention if culturally sensitive techniques/culturally appropriate messaging were used
- Includes program pictures, if available
- If blood lead levels are reported, specify what level triggers reporting and case management in your state or jurisdiction
- Includes CDC funding disclaimer at the bottom of the page: “Funding for this work was made possible in part by [insert grant award number] from the Centers for Disease Control and Prevention (CDC). The views expressed in this material do not necessarily reflect the official policies of the CDC; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.”