facilitate the follow-up and tabulation of children reported with elevated blood lead levels, training to ensure the safety of abatement workers) in the implementation of proposed activities. This includes the establishment of networks with other State and local agencies with expertise in childhood lead poisoning prevention

programming.

11. Activities, services, and educational materials provided by the program must be culturally sensitive (i.e., programs and services provided in a style and format respectful of cultural norms, values, and traditions which are endorsed by community leaders and accepted by the target population), developmentally appropriate (i.e., information and services provided at a level of comprehension which is consistent with learning skills of individuals to be served), linguisticallyspecific (i.e., information is presented in dialect and terminology consistent with the target population's native language and style of communication), and educationally appropriate.

12. Assurances that income earned by the childhood lead poisoning prevention program is returned to the lead program for use by the program.

13. For awards to State agencies, there must be a demonstrated commitment to provide technical, analytical, and program evaluation assistance to local agencies interested in developing or strengthening childhood lead poisoning

- prevention programs.
 14. SPECIAL REQUIREMENT regarding Medicaid provider-status of applicants: Pursuant to section 317A of the Public Health Service Act (42 U.S.C. 247b-1) as amended by Sec. 303 of the "Preventive Health Amendments of 1992" (Pub. L. 102–531), applicants AND current grantees must meet the following requirements: For Childhood Lead Poisoning Prevention Program services which are Medicaidreimbursable in the applicant's State:
- Applicants who directly provide these services must be enrolled with their State Medicaid agency as Medicaid providers.
- Providers who enter into agreements with the applicant to provide such services must be enrolled with their State Medicaid agency as

An exception to this requirement will be made for providers whose services are provided free of charge and who accept no reimbursement from any third-party payer. Such providers who accept voluntary donations may still be exempted from this requirement.

15. For State Prevention Programs, a Surveillance component defined as a

process which: (1) systematically collects information over time about children with elevated PbB levels using laboratory reports as the data source; (2) provides for the follow-up of cases, including field investigations when necessary; and (3) provides timely and useful analysis and reporting of the accumulated data including an estimate of the rate of elevated PbB levels among all children receiving blood tests.

For Surveillance Grants

The following are requirements for surveillance only grant projects:

- 1. A full-time director/coordinator with authority and responsibility to carry out the requirements of surveillance program activities.
- 2. Ability to provide qualified staff, other resources, and knowledge to implement the provisions of this program. Applicants requesting grant supported positions must provide assurances that such positions will be approved by the applicants' personnel system.
- 3. Effective, well-defined working relationships with childhood lead poisoning prevention programs within the applicants' State.
- 4. Revise, refine, and implement, in collaboration with CDC, the methodology for surveillance as proposed in the respective program application.
- 5. Collaborate with CDC in any interim and/or final evaluation of the surveillance activity.
- 6. Monitor and evaluate all major program activities and services.
- 7. Demonstrated experience or access to professionals knowledgeable in conducting and evaluating public health
- 8. Ability to translate program findings to State and local public health officials, policy and decision-makers, and to others seeking to strengthen program efforts.

Evaluation Criteria

The review of applications will be conducted by an objective review committee who will review the quality of the application based on the strength and completeness of the plan submitted. The budget justification will be used to assess how well the technical plan is likely to be carried out using available resources. The maximum ratings score of an application is 100 points.

A. The factors to be considered in the evaluation of prevention program grant funds are:

1. Evidence of the Childhood Lead Poisoning Problem (35%) The applicant's ability to identify populations and communities at high

risk, as defined by data from previous screening efforts, environmental data, and/or demographic data. (Populationbased data or estimates should be compared to NHANES III data discussed in the Background and Definition Section included in the application kit). Current screening prevalence should also be discussed.

2. Technical Approach (30%) The quality of the technical approach in carrying out the proposed activities

including:

(a) Goals and Objectives: The extent to which the applicant has included goals which are specific, measurable, and relevant to the purpose of this proposal (10 points).

(b) Approach: The extent to which the applicant provides a detailed description of the proposed activities which are likely to achieve each objective for the budget period (10 points).

(c) Timeline: The extent to which the applicant provides a reasonable schedule for implementation of the

activities (5 points).

(d) Evaluation: The extent to which evaluation plans address the achievement of each objective (5 points).

3. Applicant Capability (10%) Capability of the applicant to initiate and carry out proposed program activities successfully within the time frames set forth in the application. Proposed staff skills must match the proposed program of work described. Elements to consider include:

(a) Demonstrated knowledge and experience of the proposed project director or manager and staff in planning and managing large and complex interdisciplinary programs involving public health, environmental management, and housing rehabilitation. The percentage of time the project manager will devote to this project is a significant factor, and must be indicated (5 points).

(b) Written assurances that proposed positions can and will be filled as described in the application (3 points).

(c) Evidence of institutional capacity, demonstrated by the experience and continuing capability of the jurisdiction, to initiate and implement similar environmental and housing projects. The applicant should describe these related efforts and the current capacity of its agency (2 points).

4. Collaboration (20%)

(a) Extent to which the applicant demonstrates that proposed activities are being conducted in conjunction with, or through, organizations with known and established ties in the target communities. Evidence of support and