

NEW JERSEY DEPARTMENT OF HEALTH

Office of Local Public Health
Childhood Lead Program



Name of Grant: Childhood Lead Exposure Prevention (CLEP) Project
Request for Applications (RFA)

Project Period: July 1, 2023 - June 30, 2026
Budget Periods: July 1, 2023 - June 30, 2024
July 1, 2024 - June 30, 2025
July 1, 2025 - June 30, 2026

Philip D. Murphy
Governor

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I. IMPORTANT DATES

REQUEST FOR APPLICATION RELEASE DATE:	April 06, 2023
LETTER OF INTENT DUE:	April 14, 2023
REQUEST FOR APPLICATION QUESTIONS DUE:	April 21, 2023
APPLICATION OPEN DATE IN SAGE:	April 28, 2023
APPLICATION CLOSE DATE IN SAGE:	May 19, 2023
NOTIFICATION DATE:	June 7, 2023
ANTICIPATED START DATE:	July 1, 2023

II. INTRODUCTION AND EXECUTIVE SUMMARY

New Jersey Administrative Codes (N.J.A.C.) 8:51 and 8:51A require all children to be screened for the presence of blood lead to protect them from the adverse health effects due to exposure to lead hazards in their homes and in the environment, pursuant to New Jersey Statutes Annotated (N.J.S.A. 26:2-137.2, et. Seq (P.L. 1995, c. 328)). Every physician, registered professional nurse, as appropriate, or licensed health care facility that provides health care services to a child who is at least six months of age, but less than 72 months of age, shall perform a Periodic Environmental Assessment (PEA) with anticipatory guidance, as well as conduct universal blood lead screening at both one (1) year and (2) years of age and children 26 months to less than 72 months of age, if without a history of blood lead screening. Current data shows that approximately 72% of children in NJ have had at least one blood lead test by 3 years of age along with 92% having at least one blood lead test prior to reaching 72 months of age.

The New Jersey Department of Health (NJDOH) promulgates and oversees regulations specifying actionable blood lead levels that require response by local health authorities. These regulations are based on guidelines set forth by the Centers for Disease Control and Prevention (CDC). As of the date this RFA was posted, N.J.A.C. 8:51 defines the minimum actionable blood lead level to be 5 micrograms per deciliter ($\mu\text{g}/\text{dL}$) of whole blood. In October 2021, the CDC lowered the minimum actionable blood lead level to 3.5 $\mu\text{g}/\text{dL}$ and NJDOH is currently updating its regulations to match this lower threshold.

The NJDOH's Office of Local Public Health (OLPH), Childhood Lead Program (CLP) announces the availability of up to \$17 million in State funds, with the funding amount set for the first year of a three-year grant cycle. The purpose for this funding opportunity is to implement N.J.A.C. 8:51, Childhood Elevated Blood Lead Levels (CEBLL) to achieve the following:

- To reduce elevated blood lead levels in children aged 1-5 years in which 97.5 percent have a blood lead level less than or equal to the actionable blood lead level as defined in N.J.A.C. 8:51, by the close of the project period;
- To reduce the mean blood lead levels in children aged 1-5 years to an average blood lead level of less than 2.9 micrograms per deciliter ($\mu\text{g}/\text{dL}$), by the close of the project period; and
- To increase lead education and outreach in areas with higher historical data about the importance of screening, nutrition, personal hygiene, and housekeeping measures to help reduce exposure to lead hazards and lead absorption, by the close of the project period.

III. GOAL

The Childhood Lead Exposure Prevention (CLEP) Project shall conduct the following activities in accordance with N.J.A.C. 8:51 and N.J.A.C. 8:51A: blood lead screening, nurse case management (NCM), environmental investigations (EI), and documentation of service provision in the Childhood Lead Information Database (i.e., Communicable Disease Reporting and Surveillance System or CDRSS).

IV. TARGET POPULATION

Children younger than 17 years of age with blood lead levels greater than or equal to the actionable blood lead level, as defined by N.J.A.C. 8:51.

V. ELIGIBLE APPLICANTS

The awarding of grants is on a competitive basis for all New Jersey local health departments (LHDs) that have been listed in the NJDOH OLPH LHD Directory no later than February 1, 2023. Applicants must meet or be willing to acquire the minimum caseload of 10 cases through Pathway A, Pathway B, or Pathway C. Applicants proposing to provide services to multiple jurisdictions/areas, through partnerships or agreements with other entities, are required to demonstrate support from the licensed Health Officer of the jurisdiction within the proposed service area, including a Letter of Commitment with the application and a fully executed interlocal agreement within three (3) months of the notice of funding award.

There are three pathways to becoming a funded CLEP project. Any applicant that has been disbarred or is under suspension by the DOH or other governmental agency is not eligible to apply for this RFA.

PATHWAY A	PATHWAY B	PATHWAY C
Applicant has trained key staff¹	Applicant has trained key staff ¹	Applicant has or is willing to acquire trained key staff ¹
Applicant has operational equipment²	Applicant has operational equipment ²	Applicant has or is willing to acquire operational equipment ²
Applicant has experience³	Applicant has experience ³	Applicant has or is willing to acquire experience ³
Applicant has a deemed sufficient caseload within its jurisdiction	Applicant is willing to acquire a deemed sufficient caseload through cross-jurisdictional agreements	Applicant is willing to acquire a deemed sufficient caseload through cross-jurisdictional agreements

¹Nurse case manager, lead inspector/risk assessor

²X-ray fluorescence (XRF) analyzers

³Subject matter expertise and field experience

VI. LETTER OF INTENT

The deadline for submission of Letter of Intent (LOIs) to clpp.fhs@doh.nj.gov is 12 Noon (EST) on **Friday, April 14, 2023**. Although submitting an LOI does not obligate an LHD to complete an application for this funding opportunity, an application will only be accepted if an LOI was submitted. LHDs that did not submit an LOI by the deadline are not eligible to apply for this funding opportunity.

VII. PROJECT REQUIREMENTS

Infrastructure

- Ensure all staff providing case management and environmental intervention services hold active professional licenses.
- Attend initial and/or refresher trainings for CDRSS as provided by the NJDOH Childhood Lead Program.
- If applicable, create and execute cross-jurisdictional agreement(s) for the provision of services as outlined in this RFA. Template resources can be found in the Health Officer Orientation Packet, <http://www.nj.gov/health/lh/professionals/>.

- Ensure equipment used to conduct environmental interventions is accessible and operational.
- Formalize a plan for CLEP project key staff coverage due to furlough days, vacation days, extended medical leave and vacancies.
- Establish a professional development plan for enhancing childhood lead proficiency and expertise. This professional development plan shall include, but is not limited to, continuing education in the area of expertise and a timeline for completion of plan activities.

Implementation

- Identify municipalities with low childhood blood lead screening rates and educate health care providers on the importance of age-appropriate and risk-based screening.
- Conduct blood lead screening in accordance with N.J.A.C. 8:51A.
- Provide case management and environmental interventions in accordance with N.J.A.C. 8:51.
- Refer parents/legal guardians of children with elevated blood levels to federal, state, regional, and local governmental agencies, and community-based organizations for recommended services.
- Partner with federal, state, regional, and local governmental agencies, and community-based organizations to prevent elevated blood lead levels in children residing in high-risk geographic areas. Agencies include, but are not limited to, U.S. Housing and Urban Development, U.S. Environmental Protection Agency, NJ Department of Community Affairs, NJ Department of Environmental Protection, NJ Department of Human Services, NJ Department of Children and Families, public housing authorities, local code offices, Medicaid Managed Care Organizations, Federally Qualified Health Centers, Maternal and Child Health Consortia, and Regional Lead and Healthy Homes Coalitions.

Quality Assurance

- Use CDRSS to document public health actions in accordance with N.J.A.C. 8:51.
- Establish a system to monitor CLEP project staff confidentiality of personally identifiable information (PII).
- Develop and implement a quality assurance and improvement plan that includes performance measures to evaluate the provision of services required under this RFA.
- Develop a communication and performance management plan to advise, monitor, and/or provide corrective action for sub awardees.
- As applicable, provide technical assistance to other CLEP grantees with limited field experience (supplemental funding will be provided to CLEP grantees providing technical assistance).
- As applicable, provide technical assistance on establishing pilot projects for primary prevention.

FOR GRANTEEES WITH SUBAWARDEES:

It is the responsibility of the awardee to develop a communication and performance management plan to advise, monitor, and/or conduct corrective action for sub awardees.

VIII. FUNDING

Up to \$17 million dollars will be available for funding up to 40 health departments for the CLEP project activities. Award amounts will consider the proposed case load and geographic reach based on Letters of Commitment to enter into cross-jurisdictional agreements, experience, current and proposed agency capacity (e.g., trained staff, access to operational equipment), and current SFY 2023 appropriations. This competitive RFA is for a project period starting July 1, 2023 through June 30, 2026. Subsequent funding for years two (2) and three (3) is contingent upon the availability of funds and performance of the grantee, including but not limited to the timely and accurate submission of reports, timely spending of current grant funding, satisfactory progress toward completion of SFY 2023 grant objectives, an approved annual work plan and a well-defined sustainability plan.

The local board of health shall work with health care providers in its jurisdiction to ensure equity. This shall include all children less than 72 months of age are appropriately screened for elevated blood lead levels. If the LHD is unable to arrange for the child to be screened by a health care provider, they shall perform a lead screening of the child, in accordance with N.J.A.C. 8:51-2.2. Whenever a child has a

confirmed (venous) blood level at or above the actionable blood level prescribed in N.J.A.C. 8:51, the local board of health shall provide for case management of the child and his or her family (N.J.A.C. 8:51-2.4). Case management shall consist of, but is not limited to:

- A home visit, when applicable,
- Written and verbal education about the effects and prevention of lead poisoning,
- A review of the lead Hazard Assessment Questionnaire, when applicable,
- Monitoring blood lead retesting and results,
- Referral to a physician or licensed health care facility to provide primary medical care, if there is no regular provider for medical care for the child,
- Arranging for lead screening, when indicated, of siblings and other children at least six months and less than 72 months of age living in the same household, and of pregnant women living in the same household,
- Assessing the need for emergency relocation,
- Education and counseling about nutrition, personal hygiene, and housekeeping measures to help reduce lead absorption and reduce their child's exposure to lead hazards, and
- Referrals to all appropriate community resources including but not limited to food banks, the New Jersey Supplemental Nutrition Program for Women Infants and Children (WIC), and the Supplemental Nutrition Assistance Program (SNAP).

Whenever a child has a confirmed (venous) blood level at or above the actionable blood level for environmental investigation as prescribed in N.J.A.C. 8:51, the local board of health shall provide environmental investigation of the homes as per (N.J.A.C. 8:51-4.1). Environmental investigation shall consist of, but is not limited to:

- Investigation of the primary residence for possible lead exposure,
- Investigation of any secondary addresses for possible lead exposure,
- Investigation of possible alternative sources of lead exposure such as consumer goods, home remedies, cultural products and imported goods, and
- If lead is found in the home and abatement of the home for lead sources is required, provide referrals to community resources for abatement funding.

There are three (3) Regional Lead and Healthy Homes Coalitions that span the state of New Jersey. The regions include the North, Central, and South. Applicants must identify the regional coalition that covers their jurisdiction and attend quarterly meetings to strategize on activities for strengthening prevention and education in their communities. Examples of these activities may include but are not limited to: developing a response plan to strengthen communication among stakeholders in the event of an acute lead hazard occurrence; develop/update educational materials to inform families about the importance of nutrition, personal hygiene, and housekeeping measures to help reduce lead absorption and reduce their child's exposure to lead hazards; and develop a regional resource guide with referral agencies that can assist in addressing the determinants of health that lead burdened families may experience (i.e., health care access, language translation services, food insecurity, etc.).

Applicants are permitted to apply for funding based on the following, 1) the number of elevated blood lead cases, at or above the actionable blood lead level as defined in N.J.A.C. 8:51, within the specified coverage area, 2) experience, and 3) current and proposed agency capacity (e.g., trained staff, access to operational equipment). Upon receipt of the applicant's LOI, if requested, the NJDOH Childhood Lead Program shall assist the applicant in the compilation of nurse case management and/or environmental investigation data. Applicants must specify which services will be provided within their coverage area, as described below:

- Services:
 1. nurse case management (NCM),
 2. environmental investigation (EI), or
 3. both, NCM and EI;
- The approximate number of cases for NCM and/or EI, per municipality, and
- A needs assessment of the overall coverage area; see *Section IX - Required Information*.

The application shall reflect the proposed budget for year one including funding all objectives. Years two and three shall be budgeted for the same events and the items in the initial proposal but are not to be construed as approvals for those years and may require modifications to meet emergent needs. Year two and three budgets and workplans shall be reviewed, evaluated, and approved independently prior to the start of each new fiscal year within the grant cycle. Funding levels and/or workplans may change based upon performance, funding availability, and other criteria as determined by the NJDOH.

The NJDOH may exercise its sole discretion to extend the application deadline or reissue the RFA or portions thereof, in the event that insufficient qualified applications are received. Applications that are incomplete or received after the due date shall be disqualified.

The NJDOH shall not provide payment until a fully executed Notice of Grant Award is in place.

IX. SUBMITTING QUESTIONS ABOUT THE RFA

The submission of questions about the RFA will only be accepted from the LHDs that entered LOIs by the defined deadline. The RFA Questions Submission Form shall be utilized to submit questions to clpp.fhs@nj.doh.gov by **12 Noon on Friday April 21, 2023**. Questions will not be accepted in any other format or at any other time. Written responses to questions will be formatted into a Q&A document and emailed to those LHDs who submitted the LOIs by **Wednesday April 26, 2023**.

X. HOW TO ACCESS AN APPLICATION

The NJDOH requires all grant applications to be submitted electronically through the System for Administering Grants Electronically (SAGE) at www.sage.nj.gov. If your agency does not have an existing account in SAGE, an account will need to be created to apply for this grant.

If you are a first time NJDOH applicant whose organization has never registered in the NJDOH SAGE system new agency form must be completed and submitted to the NJDOH. The link can be found on the NJDOH SAGE homepage by selecting "New User" or "Request Access to SAGE". The NJDOH shall review the documents to ensure that the applicants have satisfied all applicable requirements. When approved, the organization's status will be activated in SAGE.

The SAGE System Administrator shall grant permission via email or a phone call to the organization's Authorized Official informing them they are authorized to access the application in SAGE. Your organization will not have access to an application in SAGE until all documents are received and all procedures are satisfied.

NOTE - Paper submissions of the application will not be accepted. SAGE will automatically not permit application submissions after the closing date listed in the RFA. No extensions shall be granted.

XI. REQUIRED INFORMATION

Applications should be succinct, self-explanatory, and organized in the SAGE sections as indicated.

Needs Assessment

The needs assessment must include a description and supporting documentation of the following for the proposed service area:

- Coverage area
- Screening and elevated blood lead level rates,
- Housing characteristics,
- Characteristics of other risk factors for lead exposure,
- Description of at-risk racial and ethnic populations,
- Description of current availability/accessibility of blood lead screening for children,
- Description of relevant community organizations and coalitions,
- Proposed case load.

- Coverage area, CDRSS user role, and email address of CDRSS users (template provided after letter of intent received) for grantee and sub-awards

Project Objectives

<u>Screening</u>	
Objective	Timeframe
Increase by 10% the percentage of children younger than 17 years of age with a capillary blood lead level at or above the actionable blood lead level, as prescribed by N.J.A.C. 8:51A. that receive a venous confirmatory blood lead test.	Annually
<u>Nurse case management and Environmental Investigation</u>	
Ensure at least 75% of cases who receive initial nurse case management within the timeframes prescribed in N.J.A.C. 8:51-2.5.	End of Budget Period
Increase by 15% the percentage of cases that receive an initial environmental investigation within the timeframes prescribed in N.J.A.C. 8:51-4.1.	Annually
Increase by 20% the percentage of applicable cases (cases that have a venous blood test result of 10µg/dL or higher) that receive a joint nurse case management and environmental investigation initial home visit.	End of Project Period
For environmental cases requiring an environmental inspection, achieve a minimum of 20% that have been screened/tested for possible non-paint lead sources using either a consumer analyzer machine or Clinical Laboratory Improvement Amendments (CLIA) certified laboratory testing.	Annually
Ensure referrals to community resources for nurse case management and environmental investigation are provided to families of children with elevated blood lead levels.	Quarterly
<u>Agency Capacity</u>	
Decrease by 10% the number of days between the issuance of orders to the property owner to abate lead hazards and the owner of the abated property obtaining a clearance certificate.	Annually
Provide documentation for the following: <ul style="list-style-type: none"> • Proof of active New Jersey professional registrations/licenses for all nurse case manager(s) and lead inspector/risk assessor(s); • Proof NCM and LI/RA attended or registered to attend a CDRSS training hosted by the NJDOH CLP. • Key staff coverage policy plan during short-term and long-term time periods (e.g., vacancies, extended medical leave, vacation, furlough days); • Plan for the hiring and training of key staff. • Make, model and serial number of any handheld X-Ray Fluorescence (XRF) analyzer. • Make, model and serial number for any heavy metal consumer analyzer; 	Within 30 days of grant award
<u>CDRSS Use and Confidentiality</u>	
Decrease by 10% the number of cases that exceed 3 days from when nurse case management activity is conducted to when data is documented in CDRSS. Nurse case management timeframes are available at N.J.A.C. 8:51-2.5(a).	Annually

Decrease by 10% the number of cases that exceed 3 days from when environmental investigation activity is conducted to when data is documented in CDRSS. Environmental intervention timeframes available at N.J.A.C. 8:51-4.1(e) .	<i>Annually</i>
Ensure quarterly, quality assurance audits of the nurse case management data entered in the database as prescribed in N.J.A.C. 8:51-10.1(j), using the Quality Assurance and Improvement Form, available at N.J.A.C. 8:51 Appendix J .	<i>Quarterly</i>
Ensure quarterly, quality assurance audits of the environmental intervention data entered in the database as prescribed in N.J.A.C. 8:51-10.1(j), using the Quality Assurance and Improvement Form, available at N.J.A.C. 8:51 Appendix J .	<i>Quarterly</i>

Methods

The methods must describe the activities and procedures to support the objectives. Applicants must provide a clear and concise description of methods that will be used to address each objective.

- Coordination and integration with federal, state, and local health, housing, social and early childhood service agencies serving the same populations
- Identification of municipalities with low childhood blood lead screening rates and education of health care providers on the importance of age-appropriate and risk-based screening
- Provision of screening services in accordance with N.J.A.C. 8:51A
- Provision of case management and environmental interventions in accordance with N.J.A.C. 8:51
- Assurance that staff providing case management and environmental intervention services hold active professional licenses, attend CDRSS initial or refresher trainings provided by the DOH/FHS, and have a professional development plan
- Ability to provide services to diverse populations including non- or limited-English speakers
- Assurance of coverage for key CLEP project staff (case manager, lead inspector/risk assessor) for short-term and long-term time periods (e.g., vacancies, extended medical leave, vacation, furlough days)
- Ability to hire and train new key CLEP project staff
- Assurance that cross-jurisdictional agreement(s) for the provision of services as outlined in this RFA are executed
- Assurance that reimbursement for case management and environmental interventions is sought
- Assurance of a comprehensive system of referrals for parents/legal guardians of children with elevated blood levels
- Assurance that equipment used to conduct environmental interventions is accessible and operational
- Assurance that public health actions are documented in CDRSS in accordance with N.J.A.C. 8:51
- System to monitor CLEP project staff's confidentiality of personal protected information
- Assurance that data will be used to measure performance the CLEP project's continued quality improvement
- Prevention of elevated blood lead levels in children by collaborating with federal, state, regional, and local governmental agencies, and community-based organizations
- Assurance that sub-grants, if applicable, are monitored and meet all of the conditions of the sub-grant as stipulated in the contract.
- Ability to identify accomplishments, address challenges and willingness to share lessons learned and implement improvements in providing services.

Evaluation

The CLEP project must have at least one evaluation measure for each method. Applicants must propose a plan for evaluating the project which must include both process and outcome measures. All

grantees will be expected to incorporate Quality Improvement (QI) activities to critically review the effectiveness of chosen strategies using a Plan-Do-Study-Act (PDSA) methodology. These QI activities should lead to adjustment of improvement strategies as needed to optimize their effectiveness.

Budget and Justification

The budget should be reasonable and appropriate based on the scope of work to be provided. A justification for each budgeted line item is required. Additionally, indirect costs are an allowable expense. If they are requested, an indirect cost letter is required to be included in the application. Allowable costs include:

- personnel and fringe,
- the purchase of X-ray fluorescence (XRF) analyzers for painted surfaces and consumer products,
- radioactive sourcing,
- dust wipes,
- personal protective equipment,
- contractual agreements for services,
- educational materials,
- translation services,
- in-state staff continuing education courses,
- in-state trainings (e.g., lead inspector/risk assessor licensure),
- out-of-state staff continuing education courses,
- point-of-care blood lead screening equipment (e.g., LeadCare II analyzers),
- computer equipment for in-office and home visit use,
- healthy homes and safety items for household use (e.g., smoke detectors, cleaning supplies, pillow and mattress covers), and
- expenses related to providing field technical assistance to less experienced CLEP project grantees.

NOTE - The purchase of computer equipment for home visit use should include mobile broadband service with touch screen capability and be impact resistant.

- A maximum of 10% of the Health Officer's total salary/wages, excluding fringe may be charged to the Grant.

After applications have been scored and ranked by the reviewers, NJDOH staff shall review the budget request. The NJDOH may negotiate specific line items that it determines to be inappropriate, excessive, or contrary to NJDOH grant policies.

Attachments

The following documents must be included with the application submitted through the SAGE system. Failure to provide the required attachments shall result in the application being deemed non-responsive.

Required

- Organizational chart indicating key CLEP staff (case manager and lead inspector/risk assessor)
- Resumes for existing key CLEP staff.
- Job description(s) for vacancies of key CLEP staff with applicant hiring policies and proposed hiring; timelines, and commitment to submit resumes of any CLEP staff hired during the grant cycle
- Computer security policy.
- Annual audit report.
- Tax Clearance Certificate—applications can be obtained at <http://www.state.nj.us/treasury/taxation/busasst.shtml>;
- Indirect cost rate if indirect costs are requested.
- Letters of Commitment from proposed cross-jurisdictional agreements indicating the specific services to be contracted; and

Additional (attach in SAGE under Miscellaneous Attachments section)

- Contact list of all CLEP project staff that perform case management, environmental interventions, translation services, support services, supervision, financial services, and grants management for services provided under this RFA. The contact list must include each staff person's name, job title, role, email address, office phone number, fax number, and cell phone number.
- **Professional Service Agreements** must be reviewed and approved by NJDOH prior to its execution, with the exception of auditing. Basis for cost estimate must be clearly stated. Upload a draft copy of the contract on this line in the "Supporting Documents" column for review if available. Auditor agreement not required. *NOTE – the fully executed contract must be uploaded into the Grant prior to issuing reimbursement. Reimbursement cannot be issued for PSAs without an executed contract.
- **Equipment** - Applicants may follow their organizations' equipment policy, however any item with an acquisition cost of \$5,000 or more per unit must be categorized as Equipment (regardless if the item type seems to align with another cost category). A vendor generated quote must be obtained and uploaded directly to the corresponding Schedule B line in the column provided to the right of the justification box, the "Supporting Documents" column. DO NOT upload the quote in any other location within the SAGE application. No additional non-equipment items are to be included on an equipment line.

XII. OTHER REQUIREMENTS

CLEP project grantees are required to submit quarterly progress reports. The progress reports shall be in a format provided, or approved, by the NJDOH.

Expenditure Reporting

CLEP project grantees are required to submit quarterly expenditure reports.

- Only costs as approved in the grant can be requested for reimbursement. Email approvals for changes are not allowed for reimbursement purposes. A formal budget revision must be completed prior to requesting the reimbursement for those costs on an expenditure report.

- Supporting documentation for any overtime costs must be attached. Overtime is only allowed if approved in the grant.

- All corresponding invoices (not purchases orders) MUST be attached. NJDOH may request additional documentation or clarification.

CLEP grantees are required to submit within 90 days of award notification, executed cross-jurisdictional agreements.

XIII. NJDOH CONTACTS

Grants Management Officer (Fiscal and SAGE Information)
 Mina Macar, Mina.Macar@doh.nj.gov, 609-376-8706
 Beth Maxwell, Beth.Maxwell@doh.nj.gov, 609-376-8747
 Joseph Crouchman, Joseph.Crouchman@doh.nj.gov, 609-376-8785

Program Management Officer (Program Information)
 Siobhan Pappas, Siobhan.Pappas@doh.nj.gov, 609-633-2937

XIV. EVALUATION AND SCORING CRITERIA

Criterion 1: NEEDS ASSESSMENT (15 points)

Extent to which the applicant:

- Describes the need for services, including reasonable geographic reach, in relationship to the proposed case load.
- Describes how the CLEP project will be organized to address the needs of children with elevated blood lead levels.

- Demonstrates or indicates a willingness to acquire experience and capacity in providing age-appropriate blood lead screening in accordance with N.J.A.C. 8:51A, providing case management and environmental interventions in accordance with N.J.A.C. 8:51, and coordinating medical follow-up of children with blood lead levels 45 ug/dL or greater.
- Demonstrates experience in providing services to diverse populations.
- Describes how the applicant has addressed challenges encountered when providing case management and environmental interventions for children with elevated blood lead levels and lessons learned to improve service provision.

Criterion 2: METHODS (40 points)

- Extent to which the proposed activities and procedures support the objectives.

Criterion 3: EVALUATION (10 points)

Extent to which the applicant's:

- Evaluation plan measures the performance of each method/activity.
- Quality assurance and improvement plan describes how the CLEP project will monitor compliance with N.J.A.C. 8:51, N.J.A.C. 8:51A, and fulfill the requirements of this RFA.
- Staffing plan is appropriate, adequate, and ensures ongoing professional development.

Criterion 4: RESOURCES/CAPABILITIES (20 points)

Extent to which the applicant describes:

- Past and current accomplishments or willingness to acquire experience and capacity in performing case management and environmental interventions.
- Key personnel currently on staff that have adequate time, applicable licenses, and subject matter expertise to devote to the CLEP project.
- Policies and processes for the hiring and training of key CLEP staff.
- Access to and use of operational equipment, specifically XRF machines.
- Relationships with other organizations to facilitate the prevention of childhood elevated blood lead levels and linkage to recommended services.

Criterion 5: SUPPORT REQUESTED (15 points)

Extent to which:

- The proposed budget is reasonable given the scope of work.
- Letters of Commitment are included agreeing to enter into cross-jurisdictional agreements with the applicant.

GRANT AMENDMENT AND BUDGET REVISION REQUESTS:

Last date to initiate a Grant Amendment in SAGE is Monday, April 1, 2024.

Last date to initiate a Budget Revision in SAGE Monday, May 13, 2023.

EXPENDITURE REPORT AND PROGRESS REPORT SCHEDULE:

Both Expenditure Reports and Progress Reports are due the below dates for each reporting period:

Quarter 1 - Due October 16, 2023

Quarter 2 - Due January 15, 2024

Quarter 3 - Due April 15, 2024

Quarter 4 - Due July 15, 2024

FINAL EXPENDITURE REPORT - Due July 31, 2024