

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
Child Lead Exposure Elimination: Innovations Grants
FY 2018 APPLICATION Specifications

Purpose:

The Michigan Department of Health and Human Services (MDHHS), on behalf of Michigan's Child Lead Exposure Elimination Commission (CLEEC), is pleased to announce the opportunity for organizations to apply for one-time innovation grants up to \$75,000 to encourage cutting edge advances in the elimination of child lead exposure. The Commission hopes to fund approximately 10 projects.

MDHHS is looking for projects that demonstrate an innovative approach to the elimination of exposure to lead (and therefore the elimination of childhood lead poisoning), and have the potential for replication throughout the State of Michigan. Each project must have clear and defined outcomes. **Applicants may submit more than one proposal, so long as each proposal is distinct and separate from any other proposal.**

Background:

The recent events in Flint, Michigan have highlighted the problem of child lead exposure and child lead poisoning both throughout the state of Michigan and across the nation. Over the past 17 years, there has been a dramatic reduction in the number of Michigan children with elevated blood lead levels (EBLs); however, in that same time period, science has taught us that there is no safe level of lead in a child. Michigan children continue to be unnecessarily exposed to lead, and this exposure disproportionately impacts low-income areas and minority children. By far the most common identified form of lead exposure for children is through lead paint and lead dust in older homes—young children, with their propensity for hand-to-mouth activity and exploration, ingest lead that is found on window sills, floors, and soil. However, Flint has served as painful proof that exposure to lead in water can also be a serious threat to children, impacting a younger and more developmentally vulnerable age group in a vehicle made for ingestion. Residual lead in the environment from years of leaded gas use and industrial emissions also poses a risk. Lead is a neurotoxin, and its effects on a child's brain are irreversible. While early intervention, case management, and access to supplemental educational and nutritional services can mitigate the impact of exposure on a child's development, lead exposure detrimentally impacts a child's cognition and behavior, affecting the child's entire life trajectory. While appropriately testing and providing needed services to children with EBLs should remain a high priority, the state, along with every individual and entity that possesses the ability to combat exposure, must take a much more proactive approach to preventing exposure from occurring in the first place.

The Michigan Child Lead Exposure Elimination Commission, which was established in 2017, was created to coordinate all efforts for the elimination of child lead exposure including successful implementation of the recommendations set forth in a report issued in by the Child Lead Poisoning Elimination Board in November 2016: *A Roadmap to Eliminating Child Lead Exposure* (see www.michigan.gov/leadcommission). The Commission prioritized the recommendations in that report, with a priority upon the prevention of exposure *before* children are lead poisoned (i.e. "primary prevention"). A CLEEC Action Plan was developed grouping the priority recommendations, including primary and secondary preventive actions, into six categories: Regulations/laws, Funding, Testing, Data,

Partnerships, and Education. The CLEEC public action plan is available at www.michigan.gov/leadcommission.

Projects funded by this Request for Proposal (RFP) are expected to address the Commission's prioritized recommendations. As stated in the 2018 state budget: "Sec. 1907. From the funds appropriated in part 1 for child lead poisoning elimination board, the department [Michigan Department of Health and Human Services] shall implement recommendations of the board offered in the board's report of November 2016. The recommendations implemented by the department under this section shall be based in science and best practices, and the department shall give priority to the implementation of the recommendations that are most in agreement with recommendations of nationally recognized organizations and authorities."

Attachment 1 outlines the potential projects that the Commission has identified that would greatly support the recommendations; however, any innovative proposal is being sought that emphasizes approaches to primary prevention of lead exposure in children.

The FY 2018 funds are to support new projects and are not available to sustain or continue any related programs. The funds are for projects or pilots that can show demonstrable results within one year.

Program Description:

Projects funded in response to this RFP are expected to yield measurable outcomes related to elimination of childhood lead exposure and strategies that can be replicated by other agencies and organizations throughout the state.

Primary Prevention, or projects addressing the elimination of lead exposure, rather than addressing lead exposure issues after children have been poisoned, are valued by the Commission, but all preventive project proposals are welcome. Broadly, they should address innovative and new strategies in lead exposure prevention rather than replicating known strategies.

The following considerations should be included in each proposal:

- Proposals are considered as pilot sites of innovation with a focus on primary prevention of lead exposure.
- This is a one-time, one-year funding opportunity.
- Projects are limited to a maximum of \$75,000.
- Proposals should address potential for sustainability and scalability.
- Project evaluation should include quantified metrics
- Grantees are encouraged to leverage non-traditional funding (such as local millages, local fees, engaging Community Development Financial Institutions (CDFIs), etc.)
- At the end of the project period, grantees are expected to orally present the project outcomes to the Michigan CLEEC in addition to submitting a final written report.

Eligibility Criteria:

- Applicants may be local health departments, non-profit organizations, universities, or other entities. Individuals are not eligible to apply.

- Applicants must have a Federal Tax ID number/employer identification number (EIN) and a Duns and Bradstreet identification number (DUNS) to receive funding.
- Selected applicants must be registered in SIGMA Vendor Self Service prior to receiving payment (<http://www.michigan.gov/VSSLogin>).

Selection Process:

This Request for Proposal is competitive. All interested parties must submit a complete application packet to Kristin Benson (BensonK5@michigan.gov) by **March 8, 2018, 12:00 p.m. (noon)** to be considered for funding. Questions must be submitted in writing by **February 15, 2018** to BensonK5@michigan.gov. All questions and answers will be posted at www.michigan.gov/leadcommission by **February 20, 2018**.

EVALUATION CRITERIA

The total maximum number of points that an application can receive equals 100 points. Only those applications receiving a score of 70 points or more will be considered for award. **The maximum allowable indirect rate is 10%**. The maximum number of points for each of the categories is as follows:

Category	Total Points Possible
Statement of work	85
A. Project Description	20
B. Work Plan	65
 Budget	 15
Total	100

Evaluators will score applications using the following review questions:

Statement of Work

A. Project Description: Background, justification and program synopsis (Maximum 20 points)

- Does the project describe an unmet need and how it will fulfill that need?
- Is the project as described consistent with the overall goals of the RFP?
- Does it address specific priority recommendations of the Commission?

- Does it provide a measurable goal?
- Does it focus on primary prevention?
- Does it address the number of children impacted and the economic benefit of the project?
- Does it describe how, if successful, the project could be replicated elsewhere?
- Does it describe the qualifications of the applicant to carry out the proposed project?

B. Work Plan (Maximum 65 points)

- Are the objectives consistent with the program goal(s)?
- Do the activities clearly describe what actions or steps will be taken to accomplish each objective?
- Does the work plan describe the responsible staff and their roles in implementing the project?
- Is an Evaluation Plan included that specifies metrics for program success?

Budget (Maximum 15 points)

- Are the budget expenditure category line items requested allowable and reasonably adequate to provide consistent service during the project period?
- Are the funds allocated in the budget expense categories consistent with the scope of activities?
- Do the budget expenditure category line items support the application plan, objectives, and activities of the program?
- Is the indirect/administrative rate less than or equal to 10%?

**MICHIGAN DEPARTMENT HEALTH AND HUMAN SERVICES
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FY 2018 APPLICATION NARRATIVE**

Applicant Name:

Project Title:

Project Director Name: (include Project Director's CV in an appendix)

Project Director Email Address:

Project Director Phone Number:

STATEMENT OF WORK –

Please limit your written response for the Statement of Work narrative to 1,000 – 2,500 words. In addition, up to two documents to support the application may be included as appendices.

A. PROJECT DESCRIPTION AND IMPACT

B. WORK PLAN: OBJECTIVES, ACTIVITIES AND OUTCOMES – *Minimum of three measureable objectives.*

BUDGET

This project **will not fund** the following types of expenditures: 1) renovations 2) facilities (e.g. rent), 3) equipment at \$5,000 or greater, and 4) project costs that MDHHS is already funding through other grants.

A. BUDGET NARRATIVE – *Describe briefly how the expenditures listed in your project budget will be used to meet your objectives in your statement of work.*

B. BUDGET – *Please use the following expenditure categories*

1. Salaries – *List position titles and percentage of time for each funded position, if applicable.*

2. Fringe Benefits – *If positions are listed, please itemize costs of fringe benefits*

3. **Travel** – *Identify if these costs are for mileage, meals, lodging.*
4. **Supplies and Materials** – *Identify materials, printing, or any equipment items under \$5,000.*
5. **Contractual** – *List any Subcontractors, if applicable.*
6. **Other** – *List items that do not appear in any other category.*
7. **Total Direct Expenditures:**
8. **Indirect cost** – *Describe and provide basis for amount (e.g. negotiated rate)- **NOTE:** Indirect costs cannot exceed 10%.*
9. **Total -**

Project	Amount	Notes	CLPEB Recommendation Addressed
Commission Identified Potential Innovative Projects			
Funding for LIRAs and abatement of homes in high lead areas where at-risk pregnant mothers and young children live. Consider a pilot partnership with Nurse Family Partnership or other maternal infant health programs that offers home-based services to at-risk pregnant mothers and young children. Pilots could include activities such as lead education of home visitors, development and piloting of a scalable and effective screening tool, funding for the referrals, and case management needed to facilitate inspection and abatement work.	\$10,000 - \$75,000	RFP process	
Identify properties in high risk zip codes where, over time, more than one child has been lead poisoned and provide necessary testing, lead hazard inspections, and abatement.	\$10,000 - \$75,000	RFP process	
Explore the relocation of families in the interim until abatement of their housing is completed.	\$10,000 - \$75,000	RFP process	
Identify families eligible for primary prevention activities and refer them for the appropriate activities.	\$10,000 - \$75,000	RFP process/In Detroit and Grand Rapids, pilots are underway/in planning phase. In Detroit, some families have made it all the way through the process, though there are challenges with having enough contractors to get actual abatement work done for both EBL cases and primary prevention cases. These pilots would support completing this work.	
Assist locals in creation/implementation of property ordinances (Property Maintenance Codes) that require landlords to engage in lead hazard control.	\$10,000 - \$75,000	Lobbying effort - no funding needed/Both Jackson and Detroit have such codes, but Detroit, for instance, doesn't have the funding or staffing capacity to enforce.	
Implementation of universal testing at the local level that is scalable to a larger level. Such a project should also address/make recommendations for testing pregnant women. Education and training program for healthcare professionals should also be considered.	\$10,000 - \$75,000	RFP process	
Provide interested local health departments with the resources necessary to leverage HUD investment in conducting EBL investigations (EBL and Section 8 lists).	\$10,000 - \$75,000	RFP process	
Provide local health departments with greater incentives to begin/resume performing, and to build capacity to perform, EBL investigations. Such incentives could include continued stipends for training and certifications (MDHHS current practice), funding for XRF machines and their maintenance, increased Medicaid reimbursement rates, and continued mentoring from established EBL investigators.	\$10,000 - \$75,000	RFP/Funding for XRF or LeadCare machines already allocated under State Resources	
Competitive grants to develop replicable and scalable models for alternative financing LIRAs or lead abatement (TIF, local millage, local fees, engaging CDFI's, etc. vs. HUD, CHIP or state GF).	\$10,000 - \$75,000	RFP/Funding for XRF or LeadCare machines already allocated under State Resources	
Total	\$100,000-\$750,000		