

**U.S. ENVIRONMENTAL PROTECTION AGENCY**  
**Indoor Air Quality: Communication, Education, and Outreach Programs**  
**Request for Applications**

**SUMMARY**

Request for Applications (RFA) for Indoor Air Quality (IAQ) Communication, Education, and Outreach Programs. This action announces the availability of funds from the Environmental Protection Agency's (EPA) Indoor Environments Division/Office of Radiation and Indoor Air, under Statutory Authority 42 U.S.C. 7401-7626; Pub. L. 159, 69 Stat.322. This assistance program is described in the Catalog of Federal Domestic Assistance Section 66.034. There are no cost-sharing requirements.

In recent years, EPA's Indoor Environments Program (hereinafter "the Program") has awarded a total of approximately \$4 million a year in assistance to national non-profit organizations whose mission and activities seek to reduce people's exposure to pollutants of concern in the indoor environment. The amount of these awards has ranged from \$30,000 a year to over \$1 million a year, depending on the priority of the issue and the level of activity of the organization.

For this competition, the Program anticipates awarding approximately the same level of resources. However, the number of awards and the dollar amount of each award will vary depending upon Agency priorities, proposal quality and level of activity, and resource availability. The Program plans to award assistance agreements (in all probability cooperative agreements) with a project period of no more than three years. These agreements will be funded incrementally for each year of the agreement depending on resource availability and performance acceptability.

Assistance agreements will support communication, education, and outreach

projects that address any of the following five Program priority areas: indoor asthma triggers, indoor air quality (IAQ) in schools, secondhand smoke, radon, and multi-priority indoor air quality issues (i.e., projects that address more than one of the identified priority areas).

The purpose of this assistance program is to support demonstrably effective programs that reduce the public's exposure to indoor environmental asthma triggers, indoor air pollutants in schools, secondhand smoke, and radon. Copies of this RFA can also be obtained at <http://www.epa.iaq>.

**DATES**

1. Applicants must submit a Letter of Intent demonstrating their eligibility to compete for assistance on or before 02/28/03 (see Section II, Eligibility Criteria).
2. EPA will notify applicants whether they are deemed eligible to submit a full application on or before 03/21/03.
3. EPA will host a Pre-application Assistance Conference Call on 03/31/03, from 1:00 until 4:00pm ET. The order of the discussion by topic will be:  
Roll-call and Overview: 1:00 - 1:30pm  
Multi-Priority IAQ: 1:30 - 2:00pm  
*(potential applicants in this category are encouraged to remain on the line for the duration of the call)*  
Indoor Asthma Triggers: 2:00 - 2:30pm  
IAQ in Schools: 2:30 - 3:00pm  
Secondhand Smoke: 3:00 - 3:30pm  
Radon: 3:30 - 4:00pm
4. Submissions from invited eligible applicants are due on or before 04/21/03.
5. Selected projects will be announced on or around 07/15/03.

## ADDRESSES

E-mail Letters of Intent to [drew.victoria@epa.gov](mailto:drew.victoria@epa.gov). Send Applications by private shipping company **ONLY** (e.g., Federal Express, UPS, DHL, or courier) to the attention of Victoria Drew, U.S. Environmental Protection Agency, Indoor Environments Division (6th Floor), 501 3<sup>rd</sup> Street, NW, Washington, DC 20001, (202) 564-9049.

## FOR FURTHER INFORMATION CONTACT

Victoria Drew, U.S. Environmental Protection Agency, Indoor Environments Division (6th Floor), 501 3<sup>rd</sup> Street, NW, Washington, DC 20001, (202) 564-9049 or at [drew.victoria@epa.gov](mailto:drew.victoria@epa.gov). Please send any questions to the above e-mail address. Physical location is for package delivery only.

We encourage first time recipients of Federal funds to familiarize themselves with the regulations applicable to assistance agreements found in the Code of Federal Regulations (CFR) Title 40, Part 30 for non-profit organizations and institutions of higher education group, and Part 31 for State and local government entities (see <http://www.epa.gov/docs/epacfr40/chapt-I.info/subch-B.htm>). You may also obtain a copy of the CFR Title 40, Part 30 and Part 31 at your local U.S. Government Bookstore, or through the U.S. Government Printing Office.

## I. OVERVIEW

Section 103 of the Clean Air Act (CAA) authorizes EPA's Administrator to conduct and promote the coordination and acceleration of research, investigations, experiments, demonstrations, surveys and studies relating to the causes, effects (including health and welfare effects), extent, prevention, and control of air pollution by making grants to air pollution control agencies, to other public or nonprofit private agencies, institutions, and

organizations, and to individuals, for purposes stated in Section 103(a)(1).

The goal of the Indoor Environments Program is to implement national activities which reduce exposure to contaminants indoors that have been demonstrated to pose a health risk to Americans, with special emphasis on efforts directed towards children's health and the health of other disproportionately affected populations. An important component of this Program has entailed collaboration with non-profit organizations that have complementary goals.

## II. WHAT CRITERIA MUST I MEET TO BE ELIGIBLE FOR THIS GRANT?

To be eligible to compete for these assistance funds, applicants must:

- (1) Meet standards for eligibility described in Section 103 (b)(3) of the CAA (<http://www.epa.gov/oar/caa/caa103.txt>);
- (2) Demonstrate that you are a national organization. Eligible entities include national non-profit organizations, public and private agencies, and institutions of higher learning actively involved in indoor environment issues. For-profit companies are not eligible. By "national," EPA seeks entities that have an extensive network of contacts with constituents located throughout the country, not just in one region, or can otherwise demonstrate that they are national in scope. The term "non-profit" is defined by OMB in Circular A-22 (see [www.whitehouse.gov/omb/circulars/a122/a122.html](http://www.whitehouse.gov/omb/circulars/a122/a122.html)); and
- (3) Demonstrate that your current activities, as they relate to the programs outlined in this Request for Applications (RFA), are achieving measurable results/outcomes (refer to the "Examples of Results/Outcomes" section in each priority area description).

### III. HOW DO I SUBMIT AN APPLICATION?

The application process involves two stages. Stage 1 is a two-page Letter of Intent. Stage 2 consists of participation in an optional pre-application assistance call and submission of a full application. Applicants whose Letters of Intent are accepted as evidence of eligibility will be invited to participate in Stage 2 of the application process.

#### Stage 1: Letter of Intent

A two-page Letter of Intent is due via e-mail to [drew.victoria@epa.gov](mailto:drew.victoria@epa.gov) on or before 02/28/03. Your letter of intent must provide all of the following information:

- 1) Contact information for your organization:
  - a. name of your organization
  - b. contact person's name
  - c. mailing address (overnight package address if different)
  - d. e-mail address
  - e. phone number and fax number;
- 2) A statement that your organization has non-profit status;
- 3) A brief description of your organization which demonstrates that you meet the eligibility criterion as a national organization (see Section II.(2) above);
- 4) A description of the quantitative results/outcomes of your current program(s) as they relate to one or more of the program areas outlined in this RFA (see each program area description for "Examples of Results/Outcomes");
- 5) An indication of which one of the following program categories your organization intends to apply for assistance: indoor asthma triggers, IAQ in schools, secondhand smoke, radon, or multi-priority IAQ issues (i.e., more than one of the previously listed program areas);

- 6) An indication of whether or not you would like to participate in the Pre-application Assistance Call.

#### Stage 2: Application Process

##### Pre-Application Assistance Conference Call

Applicants whose Letters of Intent are accepted as evidence of their eligibility will be invited to participate in the full competition, and may participate in an optional Pre-application Assistance Conference call. The call is being organized according to the priority areas in the RFA to answer any questions prospective applicants may have. If you indicate a desire to participate in the Pre-application Assistance Conference call in your Letter of Intent, you will be e-mailed instructions for participating in the conference call scheduled for 03/31/03.

##### Application Kit for Federal Assistance

The Application Kit for Federal Assistance is available at [http://www.epa.gov/ogd/grants/how\\_to\\_apply.htm](http://www.epa.gov/ogd/grants/how_to_apply.htm). This website explains how to complete SF-424A Budget Forms and describes cost principles for a Federal grant.

##### Proposal

In addition to the standard forms contained in the Application Kit for Federal Assistance, you must submit a proposal of no more than eleven pages including a detailed work plan, itemized budget for each year of your requested project period, and biographical information for key personnel. Text may be single or double-spaced, no less than 12 point font. Margins are not specified. Proposals must be legible. No additional materials (e.g. brochures, videos, etc.) beyond the eleven page limit will be given to the review panel for consideration.

Your proposal should address the ranking criteria outlined in each priority area for which you are applying. To address the ranking criteria, you should make sure that your proposal succinctly addresses the following topics:

- (1) Work Experience – describe your organization’s experience in implementing national indoor environmental communication, education, and/or outreach programs, measurable results of your past/current programs, and your organization’s capacity to conduct the activities outlined in this RFA;
- (2) Proposed Project Goals – include a summary of your specific goals, objectives, expected outcomes, and deliverables. Outcomes should be described specifically and, to the extent possible, quantitatively. Possible project outcomes range from information dissemination, to improved health status. Activities with outcomes that result in tangible health benefits, or most directly lead to reduced health risk, will be ranked more highly than those that simply aim to distribute information.
- (3) Target Population – describe the target population, community, and any special demographics of areas targeted for this work;
- (4) Overview of Project – describe the basic structure of the proposed project, how you would expect to collaboratively involve EPA, and quantify the number of people you plan to reach;
- (5) Methods and Materials – describe the education strategies and materials you will use;
- (6) Monitoring and Evaluation – define outputs (e.g., how many households were educated, how many homes were assessed, in how many homes actions were taken) and outcomes (e.g., the effectiveness of the education and mitigation methods, the level of increased awareness) and how you will measure project success. Describe any mechanisms for tracking program outputs, and evaluating program outcomes;
- (7) Staff – describe staffing needed to implement the proposed work plan, including number of staff and their qualifications. Attention should be paid to the qualifications and experience of key personnel, including any experience implementing evaluation and tracking procedures, and managing grants;
- (8) Budget – itemize funds for salaries, materials, equipment, contracted activities, travel, overhead, and other pertinent information. Discuss how the budget relates to the objectives, outcomes, and deliverables in the work plan. Remember to include a budget for each year for which you are requesting assistance;
- (9) Timeline – indicate project length, tasks, quarterly report submission and final report submission dates; and
- (10) Sustainability – explain how you will sustain the project beyond the life of the EPA financial assistance and promote its adoption in other localities.

Applicants are advised to clearly mark any information they consider to be confidential. EPA will make final confidentiality determinations in accordance with Agency regulations at 40 CFR Part 2, Subpart B.

EPA reserves the right to reject applications in one or all of the RFA program areas, and, if necessary, make no awards. In addition, EPA reserves the right to retain acceptable applications for 6 months beyond the predicted award date in the event that additional funds become available for this RFA.

## **HOW WILL DISPUTES BE RESOLVED?**

Should a dispute arise during the course of this competition, the resolution process described in 40 CFR 30.63 and Part 31, subpart F will be adhered to.

#### IV. INDOOR ASTHMA TRIGGERS

EPA's goal is to reduce exposures of people with asthma to indoor asthma triggers, with a special emphasis on children with asthma and low income adults. This includes improving and expanding the delivery of asthma management programs to reach more people more effectively in homes, schools and childcare centers and integrating environmental management into medical and health care asthma management practices.

EPA's objectives are to establish environmental controls in standards of care for clinical practice of asthma management; to directly educate children, parents and caregivers in school and child care centers about asthma management and indoor environmental triggers; and to directly educate the medical community and health care professionals that controlling indoor environmental asthma triggers is an integral part of asthma management.

Proposals should focus on achieving results in one or more of the following program areas:

- 1) Implement a childcare providers initiative through an established asthma program to educate childcare providers on indoor asthma triggers and actions to reduce triggers in childcare settings.
- 2) Implement an established school-based program which provides direct education to children with asthma on asthma management, including identifying and managing indoor asthma triggers. Implement an established program targeted at educating school nurses on asthma management including environmental asthma triggers to equip them to educate and deliver care to children with asthma.
- 3) Implement a program which educates parents of children with asthma through local outreach efforts.
- 4) Implement a program which provides education to respiratory therapists on comprehensive asthma management, including environmental controls to provide asthma care to patients.
- 5) Implement an asthma initiative targeting health plans across the country which educates health plans on the importance of integrating environmental management into comprehensive asthma management plans; assist plans with developing asthma management plans.
- 6) Implement a program that provides grass roots services to health plans targeting medicaid and State Children's Health Insurance Program populations.
- 7) Implement a program in which lay health educators or peers provide education to families on comprehensive asthma management, including environmental triggers.
- 8) Implement a program that educates health professionals on environmental management as a part of comprehensive asthma management.
- 9) Implement an innovative approach to reduce the public's exposure to indoor environmental asthma triggers, including secondhand smoke.
- 10) Implement a school-based initiative which integrates an established asthma education program with an IAQ management program consistent with *IAQ Tools for Schools* to holistically address asthma in schools.

## Examples of Outcomes/Results for Asthma Projects

Number of children and adults educated about indoor asthma triggers, as part of comprehensive asthma management.

Number of health care professionals (e.g., respiratory therapists, school nurses, lay health educators, physicians) with demonstrated increased knowledge of indoor asthma triggers and mitigation solutions.

Number of health care professionals delivering comprehensive asthma education and care to children with asthma.

Number of child care providers with demonstrated increased knowledge of indoor asthma triggers and mitigation solutions.

Number of homes, schools, or child care centers in which indoor triggers have been identified, and the type of mitigation actions which have been taken.

Number of schools implementing IAQ management plans consistent with IAQ Tools for Schools.

Number of health plans educated on environmental asthma management.

Number of health plans integrating environmental management into comprehensive asthma disease management plans.

Decreases in the number of emergency room visits, inpatient hospital admissions, sick visits to primary care physicians for asthma, school days missed, symptom days, and rescue medication used, and improvement in quality of life indicators.

## How EPA Will Rank Asthma Applications

Applications will be ranked on the basis of the criteria listed below. Ranking for each criterion is based on a scale of 0 (does not meet the requirement) to 5 (exceeds the requirement).

- (1) Applicant is currently implementing national level asthma education, outreach, and/or management programs which are achieving public health outcomes.
- (2) The applicant's proposal has clearly stated goals and objectives which are likely to reduce the incidence and severity of asthma episodes in the target population and generate behavioral changes in the home, school, or day care environment as a result of its proposed activities.
- (3) Proposed asthma program integrates indoor environmental trigger identification and mitigation approaches into a comprehensive asthma management education program (i.e., medical management and the socio-economics of the target population are also addressed).
- (4) Applicant's proposed work targets socioeconomically disadvantaged, urban and/or disproportionately impacted (with respect to asthma severity or incidence) children.
- (5) Applicant demonstrates it will use education strategies that are effective for varied populations and geographic locations in the US, and will contribute to an improved understanding of how to conduct asthma education programs that address indoor asthma triggers. Education materials reflect current standards for conducting environmental health or public health education and

- outreach activities, particularly with respect to motivating behavioral changes in low-literacy, socioeconomically disadvantaged and/or disproportionately impacted populations. Education materials are culturally competent (i.e., improve communication and mutual understanding among people from diverse backgrounds).
- (6) Applicant outlines educational materials and mitigation methods for secondhand smoke, house dust mites, cockroaches, molds, and animal dander which are compatible with the guidance contained in EPA's asthma brochure, "Clear Your Home Of Asthma Triggers: Your Children Will Breathe Easier" [www.epa.gov/iaq/asthma/resources.html](http://www.epa.gov/iaq/asthma/resources.html) and the findings and recommendations contained in the January, 2000 National Academy of Sciences report on asthma, "Clearing the Air: Asthma and Indoor Air Exposures" <http://books.nap.edu/catalog/9610.html>.
- (7) Applicant clearly describes a monitoring and evaluation component which is practical, reasonable, and sound. The applicant must, at a minimum, report bottom-line results on the IAQ priority issue areas that are being addressed. Applicant agrees to provide quarterly performance reports to EPA which shall include, at a minimum, information about the above. In addition, the applicant describes any outcomes data that will be obtained through this project, such as, the number of emergency room visits, inpatient hospital admissions, sick visits to primary care physicians for asthma, school days missed, symptom-free days, rescue medication used, or other quality of life indicators.
- (8) Organization has sufficient qualified staff to accomplish the scope of work; staff have the knowledge and experience to successfully perform the proposed work.
- (9) The project budget is appropriate to accomplish the scope of the work (i.e., number of children with asthma, their parents and/or care-givers that will be reached).
- (10) Applicant addresses how they will sustain their project beyond the life of the EPA assistance, and promote its adoption in other localities.



## V. INDOOR AIR QUALITY IN SCHOOLS

EPA's goal is to implement good IAQ management programs in schools nationwide and promote holistic approaches that help schools address the entire range of environmental issues in schools. In 1995, EPA developed the voluntary *Indoor Air Quality Tools for Schools (IAQ TFS)* Kit in response to complaints of poor indoor air quality in schools and the alarming rise in cases of asthma among school- and preschool-age children. The Kit provides step-by-step guidance that enables schools to identify, resolve and prevent indoor air quality problems in order to provide a healthier learning and teaching environment. The term indoor air quality is used in its broadest sense and includes all potential contaminants that may be found in indoor air from both indoor and outdoor sources (including, but not limited to, products, finishes, furnishings, cleaning and art supplies, pest management, allergen sources, outdoor air pollution, etc.) and can include a wide range of chemical, gaseous, and particulate contaminants (including, but not limited to, volatile organic compounds, mold, diesel exhaust, pesticides, radon, lead, PCBs, mercury, etc.).

In order to implement an IAQ management program in schools consistent with *IAQ Tools for Schools* into as many K-12 public and private schools as possible, EPA's objectives are to:

- 1) train school personnel (facilities, administration, nurses, teachers, maintenance, etc.), health officials, parents and others interested in good indoor air quality management practices in schools;
- 2) educate school personnel and the general public about the importance of good indoor air quality in school facilities;
- 3) promote partnerships and coalitions which have targeted good indoor air quality in schools as their goal;

- 4) implement the *IAQ Tools for Schools* Kit at the local, school district and State level; and
- 5) support EPA's annual National Symposium on *IAQ Tools for Schools* with scholarships for attendees.

Proposals should focus on achieving results in one or more of the following program areas:

- 1) Implement an education and outreach program targeting the greater school community on the importance of good IAQ in schools.
- 2) Implement a program that increases the use of good IAQ management practices in schools consistent with *IAQ Tools for Schools* focusing on various target audiences, including:
  - a. school facilities managers,
  - b. school nurses and other health care professionals,
  - c. principals,
  - d. custodians, maintenance, food service and other educational support personnel,
  - e. school administrators
  - f. school business officials,
  - g. teachers and other educators.
- 3) Implement an education and outreach program targeted at school boards on the importance of good IAQ in schools.
- 4) Implement a holistic program which both educates children with asthma in a school-based setting and also addresses the reduction of asthma triggers in the school building.
- 5) Implement an innovative program that helps raise the importance of IAQ as a serious risk to children in urban schools.
- 6) Implement a program that increases good IAQ management practices in schools consistent with *IAQ Tools for Schools*, using materials and training

designed by the recipient specifically for urban school settings.

- 7) Implement a training and implementation program utilizing EPA's national *IAQ Tools for Schools* symposium, including recruitment of appropriate attendees, sponsoring scholarships to attend and following up to support implementation of the program in schools.
- 8) Implement a program that utilizes *IAQ Tools for Schools* as a framework for an environmental management system that will assist schools or school districts to efficiently address all of their environmental issues in a comprehensive manner consistent with EPA policies and guidance.

#### Examples of Results/Outcomes for IAQ in Schools Projects

Number and names of schools and/or school districts with a partially implemented IAQ management plan (e.g. IAQ coordinator designated, IAQ management plan in place, some checklists implemented).

Number and names of schools committing to implement an IAQ management plan generally consistent with *IAQ Tools for Schools*.

Number and names of schools or school districts receiving the *IAQ Tools for Schools* Kit.

Number and type of community-based programs implemented to encourage schools or school districts to implement IAQ management plans.

Number of schools fully implementing the *IAQ Tools for Schools* Kit. The definition of implementation for one school is: (a) checklists distributed to school staff; (b) teacher's, ventilation, and maintenance checklists returned;

- (c) school walkthrough completed; and
- (d) prioritized list of actions to improve indoor air quality developed.

#### How Will EPA Rank Schools Applications?

Applications will be ranked on the basis of the criteria listed below. Ranking for each criterion is based on a scale of 0 (does not meet the requirement) to 5 (exceeds the requirement).

- (1) Applicant is currently implementing a school-based education and outreach program focusing on creating healthy school environments.
- (2) The applicant's proposal has clearly stated goals and objectives which are likely to improve school indoor environments, raise awareness, and create behavioral changes in the school environment as a result of its educational outreach activities.
- (3) Applicant's proposed work targets members of the school community, including school facilities managers, nurses and other health professionals, principals, custodians, maintenance and other educational support personnel, administrators, school business officials, teachers, parents, and/or elected school officials.
- (4) Applicant demonstrates it will use education and implementation strategies that are effective for varied populations and geographic locations (suburban, rural and urban schools) in the US, and will contribute to an improved understanding of how to conduct good IAQ management practices. Special consideration may be given to proposals that target low-income, urban and/or disproportionately impacted (with respect to asthma severity or incidence) children. Applicants focusing on specific target populations should

- present a rationale for their focus and approach. All applicants should demonstrate that their current programs are provided in a culturally competent manner and that linguistic and educational needs for the target population are addressed. Applicants should demonstrate knowledge of the community or target population which should extend beyond simply identifying groups by broad racial and ethnic categories.
- (5) Applicant clearly describes a monitoring and evaluation component which is practical, reasonable, and sound. The applicant must, at a minimum, report:
- a) the number of schools and school districts fully or partially implementing good management practices consistent with *IAQ Tools for Schools* (see definition of full and partial implementation in the previous section;
  - b) the number of schools or school districts committed to implementing good management practices consistent with *IAQ Tools for Schools*; and
  - c) the number of people trained in good management practices consistent with *IAQ Tools for Schools*.

Applicant agrees to provide quarterly performance reports to EPA which shall include, at a minimum, the above information. Additional desirable but not mandatory evaluation components include: a) estimated cost savings from *IAQ Tools for Schools* implementations; b) indications of student health outcomes such as reduced visits to school nurses; and c) number of people reached with message about the benefits of improved indoor air quality in schools.

- Applicant assures that evaluation methodologies include input from the diverse cultures in the community, if necessary, and reflects a sensitivity to and understanding of cultural behaviors, attitudes and preferences.
- (6) Organization has sufficient qualified staff to accomplish the scope of work; staff have the knowledge and experience to successfully perform the proposed work. Applicant has appropriate grant management experience. Applicant exhibits cultural competency in staffing, skill and areas of knowledge to address unique community needs or effectiveness with target population.
  - (7) Applicant presents a budget which itemizes funds for salaries, materials, equipment, contracted activities, travel, overhead and other pertinent information. Application discusses how the budget relates to the objectives, outcomes and deliverables in the work plan. The budget reflects project activities targeted to diverse populations, and, if appropriate, budget reflects line items or categories which may include, but are not limited to, items such as interpretation and translation services.
  - (8) Applicant outlines educational materials and methods for reaching various aspects of the school community in order to increase use of good IAQ management practices in school buildings. These practices, materials, and methods are generally consistent with *IAQ Tools for Schools* (see [www.epa.gov/schools](http://www.epa.gov/schools)). Programmatic components such as EPA's National *IAQ Tools for Schools* Symposium and educational conferences (exhibits and speaking opportunities) should be specifically addressed, if applicable. Special consideration will be given to proposals which propose to recruit and sponsor at least 20

participants to attend the National Symposium. In addition, the education and outreach portions of the program should be generally consistent with related EPA policies, programs and guidance, such as integrated pest management and Energy Star.

- (9) Applicant proposes a project time line, such as project length, tasks, quarterly report submission and final report submission dates.

## VI. SECONDHAND SMOKE

Applicant addresses how they will sustain their project beyond the life of the EPA grant and promote its adoption in other localities. EPA's goal is to develop nationally-applicable, results-based projects that: promote awareness and understanding of the health benefits of creating smoke-free environments for children; reduce children's exposure to secondhand smoke; strengthen the capacity of families and communities to create and sustain a smoke-free environment for children; and, assess the effectiveness and sustainability of education and intervention strategies that reduce and/or prevent children's exposure to secondhand smoke.

The Agency's overarching goal is to reduce the millions of households in which children, aged 6 and under, are exposed to secondhand smoke (please see [www.epa.gov/smokefree/](http://www.epa.gov/smokefree/)). EPA's objective is to encourage and motivate residents who smoke to make their homes and cars smoke-free and reduce children's exposure to secondhand smoke. Objectives related to this goal are:

- (1) to refine and expand outreach efforts to reach diverse populations and/or communities that are disproportionately affected by exposure due to a variety of factors;
- (2) to increase awareness and promote intervention methods on secondhand smoke exposure among medical and health care professionals, and to integrate these methods into standards of care in clinical practices of medical and health care delivery systems;
- (3) to reach new parents of infants;
- (4) to encourage the merging of secondhand smoke exposure reduction and asthma management; and
- (5) to work in cooperation with national, state and local efforts (e.g. tobacco-related and other health education

organizations, asthma management groups, consumer organizations, etc.) to raise awareness and promote action on reducing children's health risks associated with secondhand smoke through implementation of a variety of approaches (including smoke-free home pledge and media materials).

Submitted proposals should focus on achieving results. Examples of the types of projects that will further the goal of reducing secondhand smoke exposure in children include, but are not limited to, the following:

- 1) Implement health promotion projects that protect children from secondhand smoke exposure targeted at residents of socioeconomically diverse and/or disproportionately exposed communities or tribes. Project activities impacting affected communities should include development of, or use of, existing linguistically and culturally competent tools, as necessary, to effectively communicate with target populations.
- 2) Implement a program which secures commitments from, and gives assistance to, national health plans to place emphasis on children's secondhand smoke exposure reduction programs, including medicaid and state health insurance programs for children.
- 3) Implement a program in which lay health educators or peers (e.g., "promotoras") and community-based organizations are provided "train the trainer" courses on how to implement children's secondhand smoke reduction programs for Spanish-speaking and other non-English-speaking families.
- 4) Use existing products to provide Spanish-speaking and other non-English speaking families with secondhand smoke information. In the absence of available products for Spanish-speaking

- or other non-English speaking families, create customized materials. The culturally competent products could also address other asthma triggers to broaden interest and encourage preventive action.
- 5) Implement a childcare providers initiative through an established child care organization or program educating child care providers on ways to educate parents and/or care givers to protect children from exposure to secondhand smoke at home and to create smoke-free environments for children utilizing an existing training module.
  - 6) Implement health education program(s) that integrate children's secondhand smoke exposure reduction programs into clinical practices of medical and health care delivery systems (including pediatric and obstetric professionals, hospitals, and clinics). Work with medical and health care professionals to evaluate and determine effectiveness of the proposed secondhand smoke interventions in order to create "best practices" or improved standards of care.
  - 7) Implement health education program(s) to reach new parents with creative and innovative approaches about how to create and maintain smoke-free environments for infants (such as reaching mothers of newborns during their stay in maternity wards, birthing centers, etc.).
  - 8) Develop an innovative pilot approach that has a high likelihood of success in reaching parents of small children to reduce their exposure to secondhand smoke.

### Examples of Results/Outcomes for Secondhand Smoke Projects

Number of adults living with children, aged 6 and under, who commit not to smoke in their homes and cars.

Number of adults living with children aged 6 and under who have been counseled on the health effects of secondhand smoke exposure to children.

Number and type of community-based programs implemented to reduce children's exposure to secondhand smoke in homes and cars.

Number of state/local/partner programs that focus on reducing children's exposure to secondhand smoke.

Number of pledges/commitments to create a smoke-free environment to reduce children's exposure to secondhand smoke.

Number of health care delivery systems, clinical practices and/or health care professionals (e.g., hospitals and clinics, pediatric and obstetric professionals, respiratory care therapists, asthma/allergy specialists, lay health educators, health care providers both mainstream and those who serve medically under-served populations, etc.) with expanded activities aimed at reducing children's exposure to secondhand smoke programs.

Number of child care providers with demonstrated increased awareness of health risks to children from exposure to secondhand smoke; number of parents/families reached through childcare providers and the number of children who are no longer exposed.

Number of health plans educated on children's exposure to secondhand smoke; number of health plans that have

provisions in their plans or guidance to medical personnel relating to reducing children's exposure to secondhand smoke.

### How Will EPA Rank Secondhand Smoke Applications?

Applications will be ranked on the basis of the criteria listed below. Ranking for each criterion is based on a scale of 0 (does not meet the requirement) to 5 (exceeds the requirement).

- (1) Applicant is currently implementing national level environmental and/or public health programs, and/or tobacco related health programs which are achieving measurable public health outcomes.
- (2) The applicant's proposal has goals and objectives which are clearly stated and are likely to reduce children's exposure to secondhand smoke in the target population, and generate behavioral changes in the home or child care environment as a result of its activities.
- (3) The proposed project budget is appropriate to accomplish the scope of the work (i.e., number of smoke-free homes, number of pledges/commitments to create smoke-free homes and cars, number of parents and/or care-givers that will be reached).
- (4) Applicant's proposed work targets socioeconomically disadvantaged and/or disproportionately affected or exposed children.
- (5) Applicant exhibits cultural competence (i.e., thorough knowledge of the cultural characteristics and needs of the community or target population group). This should extend beyond simply identifying groups by broad racial and ethnic categories.
- (6) Applicant's proposed project activities will advance existing "best practices" for reducing children's exposure to secondhand smoke, including the best practices established by health care delivery systems.
- (7) Education strategies use proven and effective methods for conducting environmental health or public health education outreach activities, particularly with respect to motivating behavioral changes in low-literacy, socioeconomically disadvantaged, and disproportionately affected populations.
- (8) Organization has sufficient qualified staff to accomplish the proposed scope of work; project staff is culturally competent (i.e., exhibits knowledge and experience to address any unique community needs in order to perform the proposed work effectively).
- (9) Applicant clearly describes a monitoring and project evaluation component to assess project success which is practical, reasonable, and sound and provides for performance reports which, where appropriate, report the number of households that have pledged/committed to make their home and car smoke-free.
- (10) Applicant describes methods to sustain the project after expiration of EPA funding support and/or to institutionalize approaches taken and promote its adoption in other localities.

## VII. RADON

EPA's goal is to reduce the public health risk from indoor radon gas by promoting public awareness of the health risks from exposure to indoor radon, and encouraging the public to test homes for elevated levels of indoor radon, mitigate elevated levels of indoor radon, build new homes with radon-resistant features, and to test and fix schools with elevated radon levels. To achieve this goal, EPA's objectives are to develop nationally-applicable, performance-based activities and events that will (a) promote public awareness and understanding of the health benefits of reducing exposure to elevated levels of radon gas; (b) encourage the public to test homes for elevated levels of radon gas; (c) adopt state-wide or local jurisdiction building codes based on radon-resistant construction techniques; (d) increase and track the number of homes built with radon-resistant construction techniques; (e) increase and track the number of homes mitigated for elevated levels of radon gas; (f) increase and track radon information disclosure, testing or mitigation in residential real estate transactions; and (g) increase and track the number of schools tested, mitigated for elevated levels of radon, or built with radon-resistant new construction features.

Proposals should focus on achieving results in one or more of the following areas:

- 1) Generating increased public awareness of the health risks of radon exposure using conventional or innovative approaches;
- 2) Providing a national, radon telephone "hotline" in either English, Spanish, or both;
- 3) Increasing the number of homes tested for radon;
- 4) Increasing the number of homes mitigated for elevated levels of radon;
- 5) Increasing the number of homes built with radon-resistant construction techniques;

- 6) Increasing the number of states or localities adopting radon-resistant construction codes;
- 7) Increasing the number of states or localities adopting radon testing and/or disclosure in residential real estate transactions;
- 8) Conducting field studies to further quantify the radon-reduction effectiveness of radon-resistant construction techniques for new homes and radon mitigation systems in existing homes, and evaluations of other potential indoor air quality benefits that may be associated with radon mitigation systems and radon-resistant new home construction; and
- 9) Increasing the number of schools tested, mitigated, or built with radon-resistant new construction techniques.
- 10) Supporting the exchange of information, ideas and interests between state radon programs including a National Radon Meeting.

### Examples of Results/Outcomes for Radon Projects

Number of radon tests conducted.  
Number of homes mitigated for elevated levels of radon.  
Number of new homes built with radon-resistant new construction features.  
Number and names of state or local radon resistant new construction codes (RRNC) adopted.  
Number of builders voluntarily using RRNC techniques.  
Number of real estate professionals (agents, home inspectors, leaders, etc.) urging testing and fixing.  
Number and names of proactive State and/or local laws promoting radon information disclosure, testing or



mitigation in association with real estate transactions.

Number and names of associations or real estate agencies with policies urging radon information disclosure, testing or mitigation in association with real estate transactions.

Number of builders, code officials, others trained about RRNC techniques.

Number of real estate trainers, agents, licensing officials, and others trained on how and why to address radon during real estate transfers.

### How EPA Will Rank Radon Applications

Applications will be ranked on the basis of the criteria listed below. Ranking for each criterion is based on a scale of 0 (does not meet the requirement) to 5 (exceeds the requirement).

- (1) Applicant is currently implementing national level radon education and awareness-building programs that are achieving measurable public health outcomes.
- (2) The applicant's proposal has goals and objectives that are clearly stated and are likely to reduce exposure to elevated levels of radon gas in the target population.
- (3) Applicant's proposed work targets socioeconomically-disadvantaged populations, high radon risk areas, and/or, disproportionately impacted populations.
- (4) Applicant demonstrates it will use education strategies that are effective for varied populations and geographic locations in the United States, and will contribute to an improved understanding of how to reduce exposure to elevated levels of radon gas. Education materials reflect current standards for conducting environmental health or public health education and outreach activities, particularly with respect to motivating behavioral changes in low-literacy, low-income, and disproportionately impacted populations.
- (5) Applicant clearly describes a monitoring and project evaluation component for assessing project success that is practical, reasonable, and sound and provides for performance reports which, at a minimum, report measurable and/or demonstrable bottom-line results.
- (6) Applicant has sufficient qualified staff to accomplish the proposed scope of work; project staff have the knowledge and experience to successfully perform the proposed work.
- (7) The proposed project budget is appropriate to accomplish the proposed scope of work and deliverables.
- (8) Applicant outlines educational materials and methods for reaching various segments of the general public and specific radon audiences (real estate agents and builders) in order to increase radon testing and mitigation. These practices, materials, and methods must be generally consistent with EPA's radon policies and guidance (see [www.epa.gov/iaq/radon](http://www.epa.gov/iaq/radon)). In addition, the education and outreach portions of the program should be generally consistent with related EPA policies, programs and guidance, such as Energy Star.
- (9) Applicant provides a project time line, including project length, tasks, quarterly report submissions, and final report submission dates.
- (10) Applicant addresses how they will sustain their project beyond the life of the EPA assistance agreement and promote its adoption in other localities.

## VIII. MULTI-PRIORITY

If applicants are applying for more than one priority area, proposals are to be submitted under this section. These projects should involve development and implementation of multi-pronged and/or synergistic approaches to reach targeted geographic areas and/or particular populations. The goals for this program area are to: (a) create outreach and education opportunities that achieve significant IAQ health risk reduction in two or more priority areas, including radon, indoor asthma triggers, indoor air quality in schools, and secondhand smoke; (b) develop effective communication channels and networks of credible sources of information to encourage and promote public action on indoor air pollutant risk reduction; and (c) reach under-served and/or disproportionately exposed populations and communities by using culturally-competent information, tools and resources to educate and encourage risk reduction from indoor air pollutants.

Proposals should focus on impacting health risk reduction in two or more of the IAQ priority areas as identified above. The following activities illustrate the types of projects that will be considered for funding, although funding will not be limited to these specific activities:

- 1) Develop and/or implement IAQ risk reduction programs which motivate action. These programs utilize extensive communications channels and systems that work with a wide variety of representatives from organizations that have credibility with the intended target audiences (e.g. public health, media, consumer protection, community organizations, state and local government agencies, etc.);
- 2) Develop and utilize an outreach network of trained environmental health professionals who agree to: serve as resources to promote action and behavior

change in IAQ priority areas, including radon and radon resistant new construction, asthma, mold, secondhand smoke, and large building IAQ; develop community-based programs for environmental health professionals; or conduct outreach to environmental health professionals in a variety of ways;

- 3) Conduct public outreach programs that educate state, regional, or local officials or opinion leaders and leverage resources to help encourage widespread IAQ health risk reduction. By using diverse strategies to enhance collaboration among state and local governments, the private sector, the scientific community, and not-for-profit health and consumer organizations, increase community networking capacity to create new or expanded programs that address IAQ-related health risk reduction for the general public;
- 4) Conduct outreach activities to disproportionately affected, medically under-served, and/or socioeconomically-disadvantaged geographic areas or populations using culturally competent tools and resources to reduce health risks associated with two or more IAQ priority areas; provide opportunities for increased participation of these communities in developing and/or disseminating public information and undertaking health risk prevention activities;
- 5) Conduct education and outreach programs that effectively reach and inform Spanish-speaking and/or other non-English speaking populations about health risks associated with two or more IAQ priority issue areas; create opportunities to use diverse strategies to stimulate public action through media

and grassroots efforts, such as localized direct mail campaigns, bilingual media programs, local and/or national toll-free telephone hotlines, community health events, and other public forums;

- 6) Convene and facilitate multi-priority education workshops for State officials to foster networking and collaboration opportunities, and to provide access to up-to-date information about risk assessment, measurement, demonstration programs and techniques, training and proficiency programs, community organizations and programs, etc., regarding two or more IAQ priority issue areas.

#### Examples of Results/Outcomes for Multi-Priority Projects

Applicants for multi-priority projects should also refer to the Examples of Results/Outcomes described under each of the priority areas in this RFA.

The following are examples of additional outcomes or results relevant to proposals submitted under this multi-priority section:

Number of public health officials trained on secondhand smoke, radon, IAQ management in schools, or indoor asthma triggers health risk reduction;  
Number of telephone hotline calls answered, number of program materials distributed;  
Number of media stories or broadcasts urging action to prevent IAQ health risk;  
Number of people made aware of IAQ health risk reduction actions;  
Number of IAQ booths and conferences at home shows and other community venues, and other efforts that raise risk awareness;

Number and type of outreach activities implemented for or through State or local government officials; number of participants reached, materials distributed, or courses held; number and type of actions taken by participants as a result of the activity;

Number and type of opportunities for involvement by low-income, under-served and high-risk communities and number of actions taken as a result; Number of participants in educational workshops and number of action plans developed and implemented as a result.

#### How EPA Will Rank Multi-Priority Applications

Applications will be ranked on the basis of the criteria listed below. Ranking for each criterion is based on a scale of 0 (does not meet the requirement) to 5 (exceeds the requirement).

- (1) Applicant is currently implementing national level environmental and/or public health programs in two or more IAQ priority issue areas which have achieved demonstrable public health outcomes and/or behavior changes.
- (2) The applicant's proposal has goals and objectives which are clearly stated and are likely to reduce health risks in the target population, or are likely to create behavioral changes as a result of the proposed activities in the selected priority areas. Applicant's proposal incorporates the key program requirements described in this RFA for the relevant IAQ priority issue areas.
- (3) The project budget is appropriate to accomplish the proposed scope of work and deliverables.
- (4) Applicant's proposed project works with influential, recognized networks and organizations to effectively reach target audiences.

- (5) The proposed project(s) uses outreach strategies that are likely to be effective and replicable in diverse communities, including socioeconomically-disadvantaged, and/or disproportionately affected residents or communities in the US.
- (6) Applicant's proposed project activities advance the development of "best practices," standards of care, or policies directed towards the target audience; outreach materials and vehicles build on the best existing outreach practices or demonstrate convincingly that any proposed new techniques have a high likelihood to succeed with the given target audience;
- (7) Education strategies use practical and demonstrably effective methods for conducting public health education activities, particularly with respect to motivating behavioral changes in low-literacy, socioeconomically disadvantaged, and/or disproportionately affected populations.
- (8) Applicant has sufficient qualified staff to accomplish the proposed scope of work; project staff have the knowledge and experience to successfully perform the proposed work.
- (9) Applicant clearly describes a monitoring and project evaluation component for assessing project success that is practical, reasonable, and sound, and provides for performance reports which, at a minimum, report measurable and/or demonstrable bottom-line results.
- (10) Applicant addresses how they will sustain their project beyond the life of the EPA assistance agreement and promote its adoption in other localities.