U.S. Department of Health and Human Services

HRSA

Health Resources & Services Administration

Maternal and Child Health Bureau
Division of Services for Children with Special Health Care Needs

Family-to-Family Health Information Centers

Funding Opportunity Number: HRSA-22-069

Funding Opportunity Type(s): Competing Continuation, New

Assistance Listings (AL/CFDA) Number: 93.504

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

Application Due Date: January 5, 2022

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!

HRSA will not approve deadline extensions for lack of registration.

Registration in all systems may take up to 1 month to complete.

Issuance Date: September 30, 2021

Jessica Teel
Senior Public Health Analyst,
Division of Services for Children with Special Health Care Needs
Telephone: (301) 945-5133
Email: jteel@hrsa.gov

See Section VII for a complete list of agency contacts.

Authority: 42 U.S.C. § 701(c) (Title V, § 501(c) of the Social Security Act)

508 COMPLIANCE DISCLAIMER

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, please email or call one of the HRSA staff listed in Section VII. Agency Contacts.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2022 Family-to-Family Health Information Centers. The purpose of this program is to provide information, education, technical assistance, and peer support to families of children and youth with special health care needs (CYSHCN) and the professionals who serve them.

Funding Opportunity Title:	Family-to-Family Health Information Centers
Funding Opportunity Number:	HRSA-22-069
Due Date for Applications:	January 5, 2022
Anticipated Total Annual Available FY 2022 Funding:	Up to $5,708,250
Estimated Number and Type of Award(s):	Up to 59 grants
Estimated Annual Award Amount:	Up to $96,750 per award subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	June 1, 2022 through May 31, 2027 (5 years)
Eligible Applicants:	Eligible applicants include any domestic public or private entity. Domestic faith-based and community-based organizations, tribes, and tribal organizations are eligible to apply. Eligibility for this funding opportunity is limited to applicants within the 50 states, the District of Columbia, the five U.S. Territories (American Samoa, Guam, Puerto Rico, the Northern Mariana

	Islands and the U.S. Virgin Islands) and entities that will serve American Indian and/or Alaska Native tribes[1]. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Wednesday, October 27, 2021
Time: 3 p.m. ET
Call-In Number: 1 833 568 8864 US Toll-free
Participant Code: 54026854
Weblink: https://hrsa-gov.zoomgov.com/j/1614479271?pwd=V3BKNFdKNFo4WlhERS9FUDdGM3NvUT09

HRSA will record the webinar and make it available at: https://mchb.hrsa.gov/fundingopportunities/default.aspx.

[1] Section 501(c)(5)(A) defines the term "Indian Tribe" as having "the meaning given such term in section 1603 of Title 25." Section 1603 of Title 25 defines the term "Indian Tribe" as "any Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or group or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688) [43 U.S.C. 1601 et seq.],688), which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians." Accordingly, this NOFO will also refer to individuals of this population as American Indian and/or Alaska Native, as appropriate.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Family-to-Family Health Information Centers (F2F HICs) Program. The purpose of this program is to provide information, education, technical assistance, and peer support to families of children and youth with special health care needs (CYSHCN) and the professionals who serve them.

This program will fund one F2F HIC in each of the 50 states, the District of Columbia, 5 U.S. Territories (Puerto Rico, Guam, American Samoa, the U.S. Virgin Islands, and the Northern Mariana Islands); and up to 3 F2F HICs to serve American Indians/Alaska Natives.

Program Goal

The goal of the F2F HIC Program is to promote optimal health and well-being for CYSHCN and their families by advancing a well-functioning system of services in which families and health professionals partner in health care decision-making. Recipients funded under this program are expected to integrate the following Family/Professional Partnership Program principles throughout project policies and activities: CYSHCN and their families should receive care in systems that are:
(1) family-centered, (2) culturally and linguistically appropriate, and (3) which promote shared decision-making between families of CYSHCN, health professionals, and appropriate state and community organizations.

Program Objectives

The recipient will be responsible for collecting data and reporting annually on these objectives for the purposes of monitoring and evaluating the overall effectiveness of the program. Baselines for new recipients will be established for these measures within the first year of the award. Competing continuing recipients will use data from the last year (FY 2021) of the most recent award cycle as their baseline.

- By May 31, 2027, increase by 10 percent from baseline the number of families of CYSHCN and professionals who have received information, education, and/or training from F2F HICs.
- By May 31, 2027, increase by 10 percent from baseline the number of CYSHCN and families from underrepresented and diverse communities trained to partner at all levels of shared decision-making.
- By May 31, 2027, increase by 10 percent from baseline the number and type of state agencies/programs and community-based organizations assisted in providing services/information to families of CYSHCN.

2. Background

About MCHB and Strategic Plan

The Maternal and Child Health Bureau (MCHB) administers programs with focus areas in maternal and women's health, adolescent and young adult health, perinatal and infant health, child health, and children with special health care needs. To achieve its mission of improving the health and well-being of America's mothers, children, and families, MCHB is implementing a strategic plan that includes the following four goals:

Goal 1: *Assure access to high quality and equitable health services to optimize health and well-being for all MCH populations*

Goal 2: *Achieve health equity for MCH populations*

Goal 3: *Strengthen public health capacity and workforce for MCH*

Goal 4: *Maximize impact through leadership, partnership, and stewardship*

The F2F HICs program addresses MCHB Goals 1–3 by:

- advancing a well-functioning system of services in which families and health professionals partner in health care decision-making (Goal 1);
- seeking to address health inequities and meet the needs of diverse and underserved families (Goal 2); and
- providing education and training for health professionals on how to work with parents/families of CYSHCN (Goal 3).

To learn more about MCHB and the bureau's strategic plan, visit https://mchb.hrsa.gov/about.

This program is authorized by 42 U.S.C. § 701(c) (Title V, § 501(c) of the Social Security Act).

CYSHCN are those who have or are at risk of having a chronic physical, developmental, behavioral, or emotional condition and who require health and related services of a type or amount beyond that required by children generally.[2] Approximately 13.9 million children in the United States (18.9 percent) have a special health care need and 1 in 4 households (28.1 percent) have 1 or more children with CYSHCN.[3] CYSHCN often require a variety of services from multiple, diverse systems and need a number of different funding sources to pay for those services. Only 14.1 percent of CYSHCN receive services in a well-functioning system as characterized by family-professional partnerships, access to a medical home, adequate financing, coordinated services, screening, and transition to adult services.[4]

[2] McPherson, M. Arango, P., Fox, H. A new definition of children with special health care needs. Pediatrics. 1998; 102: 137-140.
[3] Data Resource Center for Child and Adolescent Health. Accessed at: https://www.childhealthdata.org/browse/survey?s=2&y=32&r=1&t=2713
[4] Children with Special Health Care Needs: NSCH Data Brief July 2020 accessed at https://mchb.hrsa.gov/sites/default/files/mchb/Data/NSCH/nsch-cshcn-data-brief.pdf

Within the population of CYSHCN, there are significant disparities in access to high-quality care. Only 9.3 percent of Hispanic children and 14.4 percent of Black children report receiving care in a well-functioning system, versus 15.6 percent of White children from the 2018–2019 National Survey of Children's Health.[5] Families of Black and Hispanic CYSHCN report having needs for care coordination that go unmet more frequently, as well as lower satisfaction with the care they receive.[6] Language and cultural differences can also pose barriers to families in understanding diagnosis and treatment options as well as accessing services,[7] underscoring the need for services for CYSHCN to need to be organized and provided in culturally responsive and linguistically appropriate ways.[8]

HRSA's MCHB promotes family engagement as one of six core outcomes for CYSHCN. Family engagement is defined as "patients, families, their representatives, and health professionals working in active partnership at various levels across the health care system to improve health and health care." [9] Actively engaging families as equal partners in their child's health care system and decision making is associated with reduced unmet health needs and problems, improvement in specialty referrals, reduction of out of pocket expenses, and improvement in patient physical and behavioral function.[10] In addition to family engagement, families of CYSHCN require an in-depth understanding of the health care system and options for health care. Both families and providers need training and support to improve quality of care, parent and family satisfaction, and families' communication and relationships with health care providers.[11]

For many parents/families, the best sources of information are their peers – other families of CYSHCN experienced with navigating the health care system for themselves and their children. In order to help address the challenges for families in accessing care, the F2F HICs Program was developed to fill the gaps in information and support for families of CYSHCN and the providers who care for them. Providers benefit from the F2F HIC activities as well. From June 2019 to May 2020, nearly all (94 percent) of surveyed professionals (n=299) agreed the F2F HIC helped them better work with families and other health service professionals.

The F2F HIC Program was originally funded through a Special Projects of Regional and National Significance (SPRANS) pilot program in 2005, and is currently authorized and funded under § 501 (c) of the Social Security Act. The F2F HICs are staffed by parents

[5] Data Resource Center for Child and Adolescent Health. Accessed at: https://www.childhealthdata.org/browse/survey?s=2&y=32&r=1&t=2713
[6] Pankewicz, A., Davis, R., Kim, J., Antonelli, R., Rosenburg, H., Berhane, Z., & Turchi, R. (2020). Children with special needs: Social determinants of health and care coordination. Clinical Pediatrics 59(13) 1161-1168. DOI: 10.1177/0009922820941206
[7] Hughes, D. (2015). In Their Own Words: Improving the Care Experience of Families with Children with Special Health Care Needs. Accessed at: https://www.lpfch.org/sites/default/files/field/publications/in_their_own_words_improving_the_care_experience_of_families_with_cshcn.pdf
[8] Rosen-Reynoso, M., Porsch, M.V., Kwan, N., Bethell, C., Thomas, V., Robertson, J., Hawes, E., Foley, S., & Palfrey, J. (2016). Disparities in access to easy-to-use services for children with special health care needs. Maternal and Child Health Journal, 20, 1041-1053. DOI: 10.1007/s10995-015-1890-z

[9] Carman, K.L., Dardess, P., Maurer, M., Sofaer, S., Adams, K., Bechtel, C., & Sweeney, J. (2013). Patient and family engagement: A framework for understanding the elements and developing interventions and policies. Health Affairs, 32(2), 223–231.
[10] Smalley et al. (2014). Family perceptions of shared decision-making with health care providers: Results of the National Survey of CYSHCN, 2009-2010. Doi 10.1007/s10995-013-1365-z
[11] Marbell, P. (2017). Engaging families in improving the health care system for children with special health care needs. Lucile Packard Foundation for Children's Health.

or caregivers of CYSHCN, who provide family-friendly support, education, and advocacy for families with CYSHCN.

Since the program's inception in 2005, the network has grown from 29 to currently 59 funded F2F HICs (1 in each of the 50 states, the District of Columbia, the territories (Puerto Rico, Guam, American Samoa, the U.S. Virgin Islands and the Northern Mariana Islands), and three organizations focused on serving Native Americans/American Indian Tribes. Preliminary data from June 1, 2019 – May 31, 2020 show that F2F HICs provided outreach and information to a total of 207,530 families and 97,655 health professionals through individualized assistance and/or training. Examples of services include helping families maximize their health insurance coverage; understand their options for Medicaid, Supplemental Security Income, and Children's Health Insurance Program (CHIP); access services and supports; and plan and manage transition points (into school, graduation, to adult services) in their children's lives. [12]

In expanding the F2F HICs Program's reach to territories and tribal regions, the program has also enhanced partnerships with diverse and underserved communities in order to advance health equity. F2F HICs promote health equity by disseminating culturally and linguistically competent materials and resources in multiple languages, conducting outreach to culturally diverse communities, partnering with non-profit groups that represent the interest and needs of ethnic and cultural minorities, providing support groups, and subcontracting with members of specific communities to coordinate trainings. The U.S. Department of Health and Human Services defines equity as the consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. [13]

MCHB is committed to promoting equity in health programs for mothers, children, and families. As such, the definition of equity provides a foundation for the development of programs that intend to reach underserved communities and improve equity among all communities. Addressing issues of equity should include an understanding of intersectionality and how multiple forms of discrimination impact individuals' lived experiences. Individuals and communities often belong to more than one group that has been historically underserved, marginalized, or adversely affected by persistent poverty and inequality. Individuals at the nexus of multiple identities often experience unique forms of discrimination or systemic disadvantages, including in their access to needed services. [14] The F2F HIC Program's family-staffed model allows for the F2Fs to meet

[12] Family-to-Family Health Information centers Helping Families of Children & Youth with Special Health Care Needs (CYSHCN) & the Professionals who Serve Them: 2018 Data Brief. September 2020 accessed at https://familyvoices.org/wp-content/uploads/2018/02/2017-2018F2FDataReport_4.11.19F.pdf

[13] Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 86 FR 7009, at § 2(a) (Jan. 20, 2021), https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01753.pdf.

[14] *See* Executive Order 13988 on Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation, 86 FR 2023, at § 1 (Jan. 20, 2021), https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01761.pdf.

families where they are, making their role a critical component of advancing health equity for CYSHCN.

The F2F HIC Program fills a critical need for reliable information and support for all families with CYSHCN. Additionally, they serve as an important complement to, and resource for, other HRSA-funded programs that support direct health care service delivery or system infrastructure, such as Title V, and/or serve families with condition-specific health care needs. This investment is even more critical during the COVID-19 pandemic as families need assistance in navigating and accessing health care systems.

In response to the COVID-19 public health emergency, MCHB continues to prioritize meeting emerging needs, including routine childhood vaccinations and well-child visits; funding telehealth expansion; and supporting vaccination, testing, contact tracing, and slowing the spread of the coronavirus. MCHB is committed to supporting states, jurisdictions, and tribes to provide services safely to MCH populations, and encourages them to follow appropriate CDC, state, and local health department guidance. Read more about MCHB's response to COVID-19 at https://mchb.hrsa.gov/coronavirus-frequently-asked-questions.

For additional information about existing centers, please visit: http://www.fv-ncfpp.org/f2fhic/find-a-f2f-hic/.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: Competing Continuation, New

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately $5,708,250 to be available annually to fund up to 59 recipients. This includes 1 recipient in each of the 50 states, the District of Columbia, 5 U.S. Territories (Puerto Rico, Guam, American Samoa, the U.S. Virgin Islands and the Northern Mariana Islands), and up to 3 F2F HICs to serve American Indians/Alaska Natives. You may apply for a ceiling amount of up to $96,750 total cost (includes both direct and indirect, facilities, and administrative costs) per year.

This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The period of performance is June 1, 2022 through May 31, 2027 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for the F2F HICs Program in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at 45 CFR part 75.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include any domestic public or private entity. Domestic faith-based and community-based organizations, tribes, and tribal organizations are eligible to apply. Eligibility for this funding opportunity is limited to applicants within the 50 states, the District of Columbia, the 5 U.S. Territories (American Samoa, Guam, Puerto Rico, the Northern Mariana Islands, and the U.S. Virgin Islands) and entities that will serve American Indian and/or Alaska Native Tribes.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA may not consider an application for funding if it contains any of the non-responsive criteria below:

- Exceeds the ceiling amount
- Fails to satisfy the deadline requirements referenced in Section IV.4

NOTE: Multiple applications from an organization are not allowable. You can only apply to **one** of the target areas described in Program-Specific Instructions: (1) states, (2) U.S. Territories, or (3) American Indians/ Alaska Natives. The application must clearly identify the target area. No more than one award will be made to conduct activities in a state, the District of Columbia, U.S. territory, or tribe. If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates) an application is submitted more than once prior to the application due date, HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at Grants.gov: HOW TO APPLY FOR GRANTS.

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for HRSA-22-069 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements
Section 4 of HRSA's *SF-424 Application Guide* provides general instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, etc. You must submit the information outlined in the HRSA *SF-424 Application Guide* in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide* except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the HRSA *SF-424 Application Guide* for the Application Completeness Checklist.

Application Page Limit

The total size of all uploaded files included in the page limit shall be no more than the equivalent of **50 pages** when printed by HRSA. The page limit includes the project and budget narratives, and attachments required in the *Application Guide* and this NOFO.

Please note: Effective April 22, 2021, the abstract is no longer an attachment that counts in the page limit. The abstract is the standard form (SF) "Project_Abstract Summary." Standard OMB-approved forms included in the workspace application package do not count in the page limit. If you use an OMB-approved form that is not included in the workspace application package for HRSA-22-069, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit of 50 will not be read, evaluated, or considered for funding.**

Applications must be complete, within the maximum specified page limit, and validated by Grants.gov under HRSA-22-069 prior to the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3321).
3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachments 9–15: Other Relevant Documents*.

See Section 4.1 viii of HRSA's *SF-424 Application Guide* for additional information on all certifications.

Program-Specific Instructions

In addition to application requirements and instructions in Section 4 of HRSA's *SF-424 Application Guide* (including the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract), include the following:

Selection of Target Area:

You should identify the target area to which you are applying. Please note that an applicant organization cannot apply or be awarded both a state/territory F2F award and a tribal F2F award in order to not duplicate services.

Target Area 1: States and District of Columbia

You are expected to identify and work directly in the state you will serve or the District of Columbia.

Target Area 2: U.S. Territories

You are expected to identify and work directly in the Territory you will serve.

Target Area 3: American Indians/Alaska Natives

You are expected to clearly describe the geographic area and the tribe(s) you will serve. Up to three (3) F2F HICs will be funded to serve the specific needs of American Indians/Alaska Natives with CYSHCN. To the extent possible, awards will be made so as not to duplicate coverage of an area or populations served by another tribal F2F HIC. You should describe how you will interact with the state F2F(s) that serve that area, so as not to duplicate services. It is expected that you will clearly demonstrate knowledge of working with tribes, knowledge and understanding of tribal leadership and governance systems, and have existing professional working relationships with the tribe(s) with whom you intend to work. In addition, HRSA prefers that the staffing plan include representation from both the community and the Tribal Chairman/Governor's office.

Additional Program Information
All recipients for any of three target areas will be expected to demonstrate and use a strengths-based approach that supports protective, improved quality of life factors for CYSHCN and families.[15] This approach should be family centered, culturally and linguistically appropriate, and promote shared decision making between families of CYSHCN, health professionals and appropriate state and community organizations. In addition, it is expected that you will have personnel on staff who are capable of engaging directly with families of the population(s) to be served.

Program Description
The F2F HICs are statutorily required to:

1) Assist families of CYSHCN in making informed choices about health care in order to promote good treatment decisions, cost effectiveness, and improved health outcomes;
2) Provide information regarding the health care needs of, and resources available to, CYSHCN;
3) Identify successful health care models for CYSHCN;
4) Develop, with representatives of health care providers, managed care organizations, health care purchasers, and appropriate state agencies, a model for collaboration between families of CYSHCN and health professionals;
5) Provide training and guidance regarding the care of CYSHCN;
6) Conduct outreach activities for families of CYSHCN, health professionals, schools, and other appropriate entities and individuals; and
7) Staff centers with families of CYSHCN who have expertise in federal and state public and private health care systems, and with health professionals.

In addition to the seven statutorily required activities, the F2F HICs are expected to:

- Develop partnerships with organizations serving CYSHCN and their families, especially in activities addressing disparities and emerging health trends. Partnerships should include state Title V programs. Additional partnerships could include, but not be not limited to the following: other state agencies/programs; other programs serving children such as Head Start; primary health care organizations; parent/family-led organizations; population or condition-specific organizations; patient navigator programs; programs receiving funds from federal agencies such as the Centers for Disease Control and Prevention (CDC), the Substance Abuse and Mental Health Services Administration (SAMSHA); and other HRSA program/award recipients.
- Develop a Diversity and Inclusion Plan that addresses inclusion of underrepresented populations (e.g., rural, urban, race, ethnicity, disability, gender, sexual orientation, family structure, socioeconomic status) in family engagement activities such as training and leadership development across the state/jurisdiction. Applicants are expected to develop a disparity impact statement within this plan using local data (e.g., the CDC Social Vulnerability Index (SVI)

[15] Child Trends 2018: *A State Multi-Sector Framework for Supporting Children and Youth with Special Health Care Needs*. Lucile Packard Foundation for Children's Health.

[https://www.atsdr.cdc.gov/placeandhealth/svi/index.html]))) to identify populations at highest risk for health disparities and low health literacy. The disparity impact statement will provide the framework for ongoing monitoring and determining the impact of the Family-to-Family Health Information Center. Below are available HHS resources:
    - CMS.gov: Quality Improvement & Interventions: Disparity Impact Statement
    - SAMHSA.gov: Disparity Impact Statement
- Collect, monitor, analyze, and report on data as outlined in the Project Narrative Section within Evaluation and Technical Support Capacity.

i. Project Abstract

Use the Standard OMB-approved Project Abstract Summary Form 2.0 that is included in the workspace application package. Do not upload the abstract as an attachment or it will count toward the page limitation. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's *SF-424 Application Guide*.

The body of the abstract must adhere to the following format:

- Problem: Briefly state the principal needs and problems, which are addressed by the project.
- Goals and Objectives: Identify the major goal(s) and objectives for the period of performance.
- Methodology: Describe the programs and activities used to attain the objectives.
- Coordination: Describe the coordination planned with appropriate national, regional, state/territory/tribal and/or local health agencies to implement the proposed project.
- Evaluation: Briefly describe the evaluation methods to be used to assess program outcomes and the effectiveness and efficiency of the project in attaining goals and objectives.

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, the table below provides a crosswalk between the narrative language and where each section falls within the review criteria. Any forms or attachments referenced in a narrative section may be considered during the objective review.

Narrative Section	**Review Criteria**
Introduction	(1) Need
Needs Assessment	(1) Need and (4) Impact
Methodology	(2) Response and (4) Impact
Work Plan	(2) Response, (3) Evaluative Measures, and (4) Impact

Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative	(6) Support Requested

ii. Project Narrative

This section provides a comprehensive description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and organized in alignment with the sections and format below so that reviewers can understand the proposed project.

Use the following section headers for the narrative:

- *INTRODUCTION -- Corresponds to Section V's Review Criterion 1 Need*

  The application should clearly identify the proposed target area: (1) state (2) U.S. Territory or (3) American Indians/Alaska Natives. If you plan to serve American Indians/Alaska Natives, you should clearly describe the geographic area and American Indian/Alaska Native tribes to be served.

  HRSA expects that applications proposing to serve American Indians/Alaska Natives will demonstrate knowledge and understanding of Tribal leadership and governance systems of the tribe(s) to be served and experience in working with the target population.

  This section should briefly describe the purpose and goals of the proposed project including a discussion of CYSHCN and their needs in the target population. You must concisely describe the problem, summarize the proposed project and the anticipated benefits of the project to the state/territory/tribe.

  The project should clearly demonstrate how activities will engage families from planning to implementation.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criteria 1 Need and 4 Impact*
  - This section should describe the target population of families of CYSHCN to be served by the proposed project. The description should include specific needs for families in accessing health and related services as identified by families of CYSHCN and other key stakeholders; socio-cultural determinants of health; health disparities; and documentation of the target population's unmet needs related to the program purpose. Include a description of agencies that serve CYSHCN in the state/territory/tribe(s) and can serve as partners.

  - Demographic data of the population to be served, including geographic, economic, racial/ethnic, and linguistic data, should be included and cited whenever possible to support the information provided. Data can be both

quantitative and qualitative. Relevant data from current/past activities, the National Survey for Children's Health (NSCH), Title V MCH Block Grant activities supporting CYSHCN and other sources can be used. NSCH data must be no earlier than 2016.

- Discuss any relevant contributing factors and barriers in the state/territory/tribe(s) that the project will work to overcome. Also, discuss any needs of the state/territory/tribe(s) as they relate to health insurance, and improving health literacy of this population.

- You are encouraged to review the State Title V MCH Block Grant Program Needs Assessment findings. The Title V MCH Services Block Grant statute requires each state and jurisdiction to conduct a statewide, comprehensive Needs Assessment every 5 years.

- You also are encouraged to review the Title V State Action Plans for your state/territory to document the need for proposed projects. States develop 5-year State Action Plans that document priority needs. In these plans, states take a further step and identify objectives, strategies, and relevant national performance measures to address needs in six population health domains including Children with Special Health Care Needs.

▪ *METHODOLOGY -- Corresponds to Section V's Review Criteria 2 Response and 4 Impact*
Propose methods that will be used to meet each of the project goals and objectives.

You should propose activities that have a focus on overall health for the broad population of CYSHCN (as defined by HRSA).[16] For example, if an applicant is a family organization with a history of funding that is condition-specific or related to the education, mental health, or developmental disabilities sectors, evidence of activities that address health for the broad CYSHCN population should be included in their application. Likewise, applicants that represent a primary medical focus should provide information about how families with questions in other sectors, for example, behavioral or educational, will be served or referred to appropriate services.

Propose methods that address the following:

- **Statutorily required activities** *(*please refer to Program Description section for full description) related to: 1) assisting families to make informed choices; 2) providing information; 3) identifying successful health care delivery models; 4) developing models for collaborations; 5) providing training and guidance; 6) conducting outreach activities; and 6) staffing by families and health professionals.

[16] McPherson, M., Arango, P., Fox, H., Lauver, C., McManus, M., Newacheck, P. W., et al. (1998). A new definition of children with special health care needs. *Pediatrics, 102(1 pt 1)*, 137-140.

- **Additional activities** (please refer to Program Description section for full description) addressing the following:1) partnerships; 2) plan for developing a diversity and inclusion plan 3) collection, monitoring, analysis, and reporting on data, including program objectives as outlined in the Program Objectives section.

In addition, you should address how you will achieve the following:

- Identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities including development of the proposal, including the extent to which these contributors reflect the cultural, racial, linguistic, and geographic diversity of the populations and communities served.
    - Engage key stakeholders in the needs assessment process including the CYSHCN program under the MCH Block Grant, families, and members of the targeted communities/population group. Other stakeholders could include community- and faith-based organizations, Tribal councils/governments and representatives from underrepresented and diverse communities.
- Report on the number of partnerships and demonstrate partner involvement in activities via the project work plan. Example of partners include, but need not be limited to the following: state Title V programs and other state/territory/tribal agencies programs; child-focused programs; primary care organizations; parent/family-led organizations; parent navigator programs; federal agencies and HRSA programs/award recipients.
- Implement a plan for promoting the F2F HIC as a resource to serve families in the state/territory/tribal community. This activity could be addressed through outreach activities and partnerships with health clinics, mental and behavioral health groups, providers, community groups, and others.
- Implement a plan for project sustainability after the period of federal funding ends. HRSA expects recipients to sustain key elements of the project, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population.
- Design activities to achieve results that will have state/territory/tribal and/or national level impact and/or are replicable in other states/territories/tribal settings.
- Implement a plan to ensure that project results will be effectively disseminated to key stakeholder audiences including Title V, families, providers, policy makers, other federal programs, and members of the targeted communities/population groups.
- By the end of year 2, develop a plan to address diversity, equity, and inclusion in the F2F HIC to ensure that the state/territory/tribe's activities are inclusive of and address the needs of the populations it serves, including geography (e.g., rural, urban), race, ethnicity, disability, gender, sexual orientation, family structure, socio-economic status. (Please refer to Program Description section for full description).

- *WORK PLAN -- Corresponds to Section V's Review Criteria 2 Response, 3 Evaluative Measures, and 4 Impact*
  Describe the activities or steps that you will use to achieve each of the core activities proposed in the methodology. Proposed activities should be clearly linked to the project goals and objectives. The application should show compelling evidence that such plans are supported and can be accomplished and sustained throughout the proposed period of performance.
  - Use a timeline, time allocation table, graph, or chart that includes each activity and identifies responsible staff and partners, proposed outcome, intended impact, and how the activity's outcome and impact will be measured. Describe how activities will help move toward greater engagement of families as co-producers and partners; for more information, reference: http://www.pcmh.ca/documents/Family%20Engagement%20Harts%20Ladder.pdf.

  - Provides a logic model within *Attachment 1* of the application. Applications lacking a complete and well-conceived evaluation protocol may not be funded.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion 2 Response*

  Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria 3 Evaluative Measures and 5 Resources/Capabilities*

  You should describe the plan for meeting the objectives of the program as outlined in the Program Objectives section. Specifically, you should propose a plan to collect, analyze, and report on the following data to HRSA on an annual basis through performance reports, non-competing continuations, and feedback data collection forms. Data should include the following:
  - The number of families and professionals who have been provided:
    - Information via direct one-on-one contact through an in-person contact or by telephone or virtual communication (unduplicated number - only including initial and not repeat contacts);
    - Training via presentations during conference sessions, workshops, and other activities.
    - NOTE: You should only count the number of families and professionals provided services supported by funding received through this NOFO.
  - Percentage of families with CYSHCN served who report that the information or services received from Family-to-Family Health Information Centers helped prepare them to work with those who serve their children.

Collected through the OMB approved (OMB No. 0906-0400) feedback survey.

- Percentage of professionals served who reported the information or services received from the Family-to-Family Health Information Centers helped prepare them to work better with families of CYSHCN and/or others who serve CYSHCN. Collected through the OMB approved (OMB No. 0906-0400) feedback survey.
- The number and types of state agencies/programs and community-based organizations assisted in providing services to families of CYSHCN. Examples include: the Newborn Screening Program, Early Hearing Detection and Intervention, Early Intervention/Part C, provider organizations, schools, faith-based organizations, etc.

Present an evaluation plan that contains: (1) strategies to identify/use appropriate data sources, collect and analyze data that will measure outcomes/impact of the project; (2) strategies to collect, analyze, and track data to measure outcomes/impact as it relates to different socio-cultural groups (e.g., race, ethnicity, language); (3) mechanisms to monitor and evaluate the efficiency of the proposed project activities/process; and (4) an explanation of how the data will be used to inform and improve the quality of program development and service delivery. Describe any data collection tools to be used (e.g., surveys, database) and key elements of those tools that will be used in the evaluation strategy. Evaluation plans often evolve as a project progresses through a 5-year period of performance. HRSA will ask award recipients to provide updates to their evaluation plans and report findings of the evaluation in their annual progress report.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion 5 Resources/Capabilities*

    - Provide information on your organization's current mission and structure; fiscal, administrative, and managerial viability; and scope of current activities.
    - Describe your organization's proven and successful leadership role in activities undertaken related to the functions of F2F HICs and proposed activities.
    - Provide information that demonstrates how the program meets the statutory requirement of being staffed by families who have expertise in federal and state public and private health care systems and by health professionals. If an applicant is a university or other type of organization, family staff must have equal decision-making authority for the F2F HICs project. Include a memorandum of agreement/understanding between your organization and the staff in *Attachment 4* of the application. Describe how these all contribute to your ability to conduct the program requirements and meet program expectation including other activities of the organization that could complement F2F HIC activities.

- Address how the proposal builds upon your organization's previous accomplishments and reflects documented success in working collaboratively with families, state/territory/tribe and community programs, and health agencies for CYSHCN, including Title V and other relevant organizations, in functions similar to those of a F2F HIC.
- Provide one organizational chart (a one-page figure that depicts the organizational structure of the project, including subcontractors and other significant collaborators) and describe the relationship of this program within the broader organization. Include as *Attachment 5* of the application.
- Describe the staffing plan, which includes current experience, expertise, skills, and knowledge of staff, contractors, and partners; data collection capabilities; and previous work and materials. Include a description of the existing available resources (staff, funds, related projects, in-kind contributions) and supports available at the community, state/territory/tribe, regional, and/or national levels to support/carry out your project.
- Provide information on the organization's resources and capabilities to support provision of culturally and linguistically competent health literacy services proposed for the project.
- Describe the organization's capacity to manage federal funds.
- Include a staffing plan and job descriptions for key faculty/staff in *Attachment 2 (Staffing Plan and Job Descriptions)*. Include biographical sketches in *Attachment 3*, and, at minimum, contain the following elements: (1) related employment history with a summary of job responsibilities and (2) educational background. Biographical sketches must also contain information regarding the faculty/staff personal experience with CYSHCN, if applicable.
- For F2F HICs that will support tribal communities, HRSA prefers that the staffing plan include representation from both the community and the Tribal Chairman/Governor's office.

iii. Budget

The directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's *SF-424 Application Guide* and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if HRSA selects your application for funding, you will have a well-organized plan and, by carefully following the approved plan, may avoid audit issues during the implementation phase.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) you incur to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by you to satisfy a matching or cost-sharing requirement, as applicable. If you are requesting indirect costs, you must include a current rate

agreement or indicate you are creating one within budget narrative.

The Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H, § 202 Salary Limitation does **not** apply to this program.

iv. Budget Narrative

See Section 4.1.v. of HRSA's *SF-424 Application Guide.*

In addition, the F2F HICs Program requires the following:

- **Award-related Meetings:** You should include sufficient funding to support one (1) F2F HIC staff to attend a yearly technical assistance meeting and participation in monthly/quarterly conference calls.
- **Access Accommodations:** You should include the cost of access accommodations as part of your project's budget. This includes sign language interpreters; plain language and health literate print materials in alternate formats (including Braille, large print, etc.); and cultural/linguistic competence modifications such as use of cultural brokers, translation or interpretation services at meetings, clinical encounters, and conferences.
- **Evaluation Activities:** Data collection activities and procedures required by the award recipient's evaluation should be accounted for and included within the scope of the budget (e.g., baseline and period data collection per award year).

v. Program-Specific Forms

Program–specific forms are not required for application.

vi. Attachments

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limitation.** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limitation. **Clearly label each attachment**. You must upload attachments into the application. Any *hyperlinked* attachments will *not* be reviewed/opened by HRSA.

Attachment 1: Work Plan

Attach the work plan for the project that includes all information detailed in Section IV.2.ii. Project Narrative. Also include the required logic model in this attachment.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's *SF-424 Application Guide)*

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also, please include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 3: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in *Attachment 2*, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch.

Attachment 4: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated.

Attachment 5: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project.

Attachment 6: Tables, Charts, etc.

To give further details about the proposal (e.g., Gantt or PERT charts, flow charts).

Attachment 7: For Multi-Year Budgets--5th Year Budget, if applicable as it only applies to 5-year periods of performance.

After using columns (1) through (4) of the SF-424A Section B for a 5-year period of performance, you will need to submit the budget for the 5th year as an attachment. Use the SF-424A Section B, which does not count in the page limit: however, any related budget narrative does count. See Section 4.1.iv of HRSA's *SF-424 Application Guide*.

Attachment 8: Progress Report

(FOR COMPETING CONTINUATIONS ONLY)

A well-documented progress report is a required and important source of material for HRSA in preparing annual reports, planning programs, and communicating program-specific accomplishments. The accomplishments of competing continuation applicants are carefully considered; therefore, you should include previously stated goals and objectives in your application and emphasize the progress made in attaining these goals and objectives. HRSA program staff reviews the progress report after the Objective Review Committee evaluates the competing continuation applications.

The progress report should be a brief presentation of the accomplishments, in relation to the objectives of the program during the current period of performance. The report should include:

(1) The period covered (June 1, 2019 through May 31, 2022)

(2) Specific objectives - Briefly summarize the specific objectives of the project.

(3) Results - Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

Attachments 9–15: Other Relevant Documents

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number Transition to the Unique Entity Identifier (UEI) and System for Award Management (SAM)

You must obtain a valid DUNS number, also known as the Unique Entity Identifier (UEI), and provide that number in the application. In April 2022, the *DUNS number will be replaced by the UEI, a "new, non-proprietary identifier" requested in, and assigned by, the System for Award Management (SAM.gov). For more details, visit the following webpages: Planned UEI Updates in Grant Application Forms and General Service Administration's UEI Update.

You must register with SAM and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)). For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator.

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable SAM requirements. If you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award, and HRSA may use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

*Currently, the Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (https://www.dnb.com/duns-number.html)
- System for Award Management (SAM) (https://sam.gov/content/home | SAM.gov Knowledge Base)
- Grants.gov (https://www.grants.gov/)

For more details, see Section 3.1 of HRSA's *SF-424 Application Guide*.

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages instead, the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM.gov.

If you fail to allow ample time to complete registration with SAM or Grants.gov, you will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *January 5, 2022 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

The F2F HICs Program is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

See Section 4.1 ii of HRSA's *SF-424 Application Guide* for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 5 years, at no more than $96,750 per year (inclusive of direct **and** indirect costs). This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2021 (P.L. 116-260) do **not** apply to this program.

You cannot use funds under this notice for the following purposes:

- **Shared Staffing:** If you are proposing to utilize the same director or contractual staff across multiple awards, you should so indicate and assure that the

combined funding for each position does not exceed 100 percent FTE. If such an irregularity is found, HRSA will reduce funding accordingly.
- **Cash Stipends/Incentives:** Funds cannot be utilized for cash stipends/monetary incentives given to clients **to enroll** in project services. However, funds can be used to **facilitate participation** in project activities (e.g., transportation costs/tokens), as well as for services rendered to the project. In addition, cash stipends or incentives must be of reasonable amount.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the HRSA Grants Policy Bulletin Number: 2021-01E.

All program income generated as a result of awarded funds must be used for approved project-related activities. Any program income earned by the recipient must be used under the addition/additive alternative. You can find post-award requirements for program income at 45 CFR § 75.307.

V. Application Review Criteria

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review, except for the progress report submitted with a competing continuation application, which will be reviewed by HRSA program staff after the objective review process.

Six review criteria are used to review and rank the Family-to-Family Health Information Center Program applications. Below are descriptions of the review criteria and their scoring points.

The extent to which the proposal describes:

Criterion 1: NEED (10 points) – Corresponds to Section IV's Introduction and Needs Assessment

The strength of the application to:

- Demonstrate understanding of the purpose of the proposed project and the needs of CYSHCN in the state/territory/tribe.
- Identify the target population to be served, including geographic, economic, racial/ethnic and linguistic data to illustrate the needs/problems/barriers and contributing factors of the problem, including addressing disparities and emerging health trends.
- Describe the state/territory/tribe's MCH/CYSHCN community and their partners.
- Describe the needs assessment process and the extent to which it integrated the inclusion of the Title V CYSHCN program, families, members of the targeted communities/population group, and other key stakeholders to assess program needs.

Criterion 2: RESPONSE (30 points) – Corresponds to Section IV's Methodology, Work Plan, and Resolution of Challenges

Overall Methodology (15 points)

The strength of:

- Statutorily required activities (8 points) (please refer to the Program Description) related to: 1) assisting families to make informed choices; 2) providing information; 3) identifying successful health care delivery models; 4) developing models for collaborations; 5) providing training and guidance; 6) conducting outreach activities; and 6) staffing by families and health professionals.
- Additional activities (7 points) (please refer to the Program Description) related to: 1) partnerships, 2) developing a Diversity and Inclusion Plan that addresses Inclusion of underrepresented populations (e.g., rural, urban, race, ethnicity, disability, gender, sexual orientation, family structure, socioeconomic status), and 3) collection, monitoring, analysis and reporting on data as outlined in the Project Narrative section within Evaluation and Technical Support Capacity.

Collaboration and Outreach (10 points)

The strength and effectiveness of the methods proposed to achieve the following:

- Identify meaningful support and collaboration with key stakeholders in planning designing, and implementing all activities including development of the proposal, as well as the extent to which these contributors reflect the cultural, racial, linguistic, and geographic diversity of the populations and communities served.
- Implement activities that have a focus on overall health of CYSHCN. For example, if an applicant is a family organization focused on a specific disability sector, they should also provide evidence of activities that address health for the broad CYSHCN population in their application. Likewise, applicants that represent a primary medical focus should provide information about how families with questions in other sectors, for example, mental health or educational, will be served or referred to appropriate services.

- Implement a plan for promoting the F2F HICs as a resource to serve families in the state/territory/tribe. This activity could be addressed through partnerships with health clinics, mental and behavioral health groups, providers, community groups and others.

Sustainability (5 points)
The strength of the description of the following:

- Planning for project sustainability after the period of federal funding ends. The applicant is expected to demonstrate how they will sustain and track key elements of the project, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes of the target population.
- Identifying challenges that are likely to be encountered, e.g., staff turnover or loss of partnerships, and include practical approaches that will be used to resolve such challenges.

Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV's Work Plan and Evaluation and Technical Support Capacity
The strength and effectiveness of the method(s) proposed to monitor and evaluate the project results. Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.

Evaluation Design (5 points)
The extent to which:

- The applicant provides a logic model that demonstrates effective, clear linkages between the proposed activities and the desired program outcomes.
- The application includes an evaluation plan that addresses the following: 1) strategies to identify/use appropriate data sources, collect, analyze and track data that will measure outcomes/impact of the project as well as the different underrepresented populations (e.g., rural, urban, race, ethnicity, disability, gender, sexual orientation, family structure, socioeconomic status); 2) mechanisms to monitor and evaluate the efficiency of proposed project activities/process; and 3) explain how the data will be used to inform and improve the quality of program development and service delivery.
- The project level evaluation methodology is specific and related to the stated goals, objectives, and priorities of the project and describes any data collection tools to be used (e.g., surveys, database) and key elements of those tools that will be used in the evaluation strategy.
- The evaluation protocol is capable of demonstrating and documenting measureable progress toward achieving the project's stated goals and impact/outcomes.

Data Collection (10 points)

- The ability of the applicant to collect and report on the required performance measures as specified in *Section VI. Performance Measures and Program Data* of this NOFO including the ability to collect information on race, ethnicity, gender, sexual orientation, primary language, and disability status.

- The appropriateness of the selected data collection and calculation methods to meet the objectives of the program.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's Needs Assessment, Methodology, and Work Plan

- The extent to which the proposed project has a public health impact and the project will be effective, if funded.
- The extent to which the proposal presents a well-designed and coherent plan that describes how project results will be effectively disseminated to key stakeholder audiences including Title V, families, providers, policy makers, other federal programs, and targeted communities/population groups.
- The extent to which the proposed project shows meaningful support and collaboration with key stakeholders (e.g., planned joint projects, products and other achievements as a result of the partnership) including Title V's CYSHCN program and families in the planning, designing and implementation of all activities as well as the development of the application. This collaboration should be representative of underrepresented populations (e.g., rural, urban, race, ethnicity, disability, gender, sexual orientation, family structure, socioeconomic status)
- The extent to which the proposal provides evidence of partnerships by including letters of support between the applicant and partnering organizations.
- The extent to which the proposal describes how the program will report on the number of partnerships and demonstrates partner involvement in activities via the project work plan. Example of partners include: state/territory Title V programs and other state/territory/tribal agencies/programs; child-focused programs; primary care organizations; parent/family-led organizations; patient navigator programs; population or condition-specific organizations; federal agencies and HRSA programs/awarded recipients.

Criterion 5: RESOURCES/CAPABILITIES (30 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity and Organizational Information

The strength of the description of:

Staffing (8 points)

- Project personnel are qualified by training and/or experience to implement and carry out the project, the applicant organization is capable, with qualified and available facilities and personnel to fulfill the needs and requirements of the proposed project.
- The project is staffed/run by CYSHCN families who have expertise in federal and state/territory/tribal public and private health care systems, and by health professionals.

Organization (8 points)

- The organization has the capacity to successfully implement the F2F HICs project and demonstrates sound experience, leadership roles, expertise, skills, and knowledge of staff, contractors, and partners; including capability for data collection and evidence of previous work related to the F2F HICs program purpose;

- The applicant provides an organizational chart (a one-page figure that depicts the organizational structure of the project, including subcontractors and other significant collaborators) and describes the relationship of this program within the broader organization.

Experience (9 points)

- The applicant agency's current mission and structure, scope of current activities, are suitable to the proposed activities;
- The proposal builds upon previous accomplishments achieved and reflects documented success of the applicant in working collaboratively with families, state and community programs, and health agencies for CYSHCN, including Title V, and other relevant organizations in functions similar to those of a F2F HIC.

Infrastructure (5 points)

- The infrastructure is already in place necessary to achieve the purpose of this initiative to include:
    - A staffing plan and job descriptions of key faculty/staff. Biographical sketches must be included and, at a minimum, should contain the following elements: (1) related employment history with a summary of job responsibilities and (2) educational background. Biographical sketches must also contain information regarding the faculty/staff personal experience with CYSHCN, if applicable.
    - Effective fiscal, administrative and management systems (e.g., book-keeper/accountant, intake and tracking forms, data system, fiscal tracking system, and employee handbook).
    - Contracts with specified tasks, activities, duties, and timelines.

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's Budget and Budget Narrative

The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, and the anticipated results.

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
    - Funding to support family participation (e.g., transportation, child care, salaries, etc.), ADA requirements and cultural linguistic competence modifications such as use of cultural brokers, translation or interpretation services at meetings and conferences.
    - Funding to support one trip, for at least one staff person, to attend a yearly technical assistance meeting.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

The objective review process provides an objective evaluation of applications to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities. See Section 5.3 of HRSA's *SF-424 Application Guide* for more details.

For this program, HRSA will use geographical dispersion for tribal applicants as a factor to select recipients for this grant. This program will fund one F2F HIC in each of the 50 states, the District of Columbia, five U.S. Territories (Puerto Rico, Guam, American Samoa, the U.S. Virgin Islands and the Northern Mariana Islands); and up to three F2F HICs to serve American Indians/Alaska Natives.

3. Assessment of Risk

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory, or other requirements (45 CFR § 75.205).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider your comments, in addition to other information in FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

HRSA will report to FAPIIS a determination that an applicant is not qualified (45 CFR § 75.212).

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of June 1, 2022. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *SF-424 Application Guide*.

If you are successful and receive a NOA, in accepting the award, you agree that the award and any activities thereunder are subject to:

- all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award,
- other federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and
- applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements
Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html and https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html.

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov.

- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, *see* http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.

- HHS-funded health and education programs must be administered in an environment free of sexual harassment. *See* https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html.

- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, *see* https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

Federal funding recipients must comply with applicable federal civil rights laws. HRSA supports its recipients in preventing discrimination, reducing barriers to care, and promoting health equity. For more information on recipient civil rights obligations, visit the HRSA Office of Civil Rights, Diversity, and Inclusion website.

Executive Order on Worker Organizing and Empowerment
Pursuant to the Executive Order on Worker Organizing and Empowerment, HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

Requirements of Subawards
The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See 45 CFR § 75.101 Applicability for more details.

Data Rights
All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

3. Reporting

Award recipients must comply with Section 6 of HRSA's *SF-424 Application Guide* **and** the following reporting and review activities:

1) **DGIS Performance Reports.** Available through the Electronic Handbooks (EHBs), the Discretionary Grant Information System (DGIS) is where recipients will report annual performance data to HRSA. Award recipients are required to submit a DGIS Performance Report **annually**, by the specified deadline. To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program are available at https://grants4.hrsa.gov/DGISReview/ProgramManual?NOFO=HRSA-22-069&ActivityCode=H84. The type of report required is determined by the project year of the award's period of performance.

Type of Report	Reporting Period	Available Date	Report Due Date
a) New Competing Performance Report	June 1, 2022 – May 31, 2027 *(administrative data and performance measure projections, as applicable)*	Period of performance start date	120 days from the available date
b) Non-Competing Performance Report	June 1, 2022 – May 31, 2023 June 1, 2023 – May 31, 2024 June 1, 2024 – May 31, 2025 June 1, 2025 – May 31, 2026	Beginning of each budget period (Years 2–5, as applicable)	120 days from the available date
c) Project Period End Performance Report	June 1, 2026 – May 31, 2027	Period of performance end date	90 days from the available date

The full OMB-approved reporting package is accessible at https://mchb.hrsa.gov/data-research-epidemiology/discretionary-grant-data-collection (OMB Number: 0915-0298 | Expiration Date: 06/30/2022).

2) **Progress Report(s)**. The recipient must submit a progress report narrative to HRSA **annually** via the Non-Competing Continuation Renewal in the EHBs, which should address progress against program outcomes (e.g., accomplishments, barriers, significant changes, plans for the upcoming budget year). Submission and HRSA approval of a progress report will trigger the budget

period renewal and release of each subsequent year of funding. Further information will be available in the NOA.

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at 2 CFR § 200.340 - Termination apply to all federal awards effective August 13, 2020. No additional termination provisions apply unless otherwise noted.

VII. Agency Contacts

You may request additional information and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

Hazel N. Booker
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-4236
Fax: (301) 443-6686
Email: NBooker@hrsa.gov

You may request additional information regarding the overall program issues and/or technical assistance related to this NOFO by contacting:

Jessica Teel
Senior Public Health Analyst, Division of Services for Children with Special Health Need
Attn: Family-to-Family Health Information Centers
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 18W56
Rockville, MD 20857
Telephone: (301) 945-5133
Fax: (301) 443-9354
Email: jteel@hrsa.gov

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base: https://grants-portal.psc.gov/Welcome.aspx?pt=Grants

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). Always obtain a case number when calling for support. For assistance with submitting in the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Telephone: (877) 464-4772 / (877) Go4-HRSA
TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

VIII. Other Information

Technical Assistance

HRSA has scheduled following technical assistance:

Webinar

Day and Date: Wednesday, October 27, 2021
Time: 3 p.m. ET
Call-In Numbers: 1 833 568 8864 US Toll-free
Participant Code: 54026854
Weblink: https://hrsa-gov.zoomgov.com/j/1614479271?pwd=V3BKNFdKNFo4WlhERS9FUDdGM3NvUT09

HRSA will record the webinar and make it available at: https://mchb.hrsa.gov/fundingopportunities/default.aspx.

Tips for Writing a Strong Application

See Section 4.7 of HRSA's *SF-424 Application Guide*.