

U.S. Department of Health and Human Services



Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2023

Maternal and Child Health Bureau

Division of Maternal and Child Health Workforce Development

MCH Nutrition Training Program

Funding Opportunity Number: HRSA-23-071

Funding Opportunity Type(s): Competing Continuation, New

Assistance Listings Number: 93.110

Application Due Date: February 2, 2023

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: November 4, 2022

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See [Section VII](#) for a complete list of agency contacts.

Authority: 42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) 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, 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) 2023 Maternal and Child Health (MCH) Nutrition Training Program. The purpose of this program is to promote the healthy nutrition of mothers, children, and families by establishing and enhancing [MCH Nutrition Training Programs](#) to provide training for future and current MCH nutrition professionals and nutrition-focused technical assistance to state Title V and other MCH programs. Up to eight program recipients will provide such graduate and post-graduate training, continuing education, and technical assistance to state Title V and other MCH programs. Programs will prepare MCH nutrition trainees for leadership roles, build workforce capacity, and strengthen research and clinical care for MCH populations.

Also in this notice is the opportunity to apply for additional funding for the optional Nutrition Workforce Equity enhancement. You may apply for the MCH Nutrition Training Program without Nutrition Workforce Equity enhancement, or for the MCH Nutrition Training Program with the Nutrition Workforce Equity enhancement.

This notice is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. You should note that this program may be cancelled before award.

Funding Opportunity Title:	MCH Nutrition Training Program
Funding Opportunity Number:	HRSA-23-071
Due Date for Applications:	February 2, 2023
Anticipated FY 2023 Total Available Funding:	MCH Nutrition Training Program: \$1,825,000 (includes \$25,000 for grantee meeting, with the recipient(s) to be determined after award) Nutrition Workforce Equity Enhancement additional funding: \$130,000

Estimated Number and Type of Award(s):	MCH Nutrition Training Program: Up to eight grants. Nutrition Workforce Equity Enhancement (Optional): Up to one MCH Nutrition Training Program may receive additional funding for Nutrition Workforce Equity Enhancement, subject to the availability of appropriated funds.
Estimated Annual Award Amount:	MCH Nutrition Training Program: Up to \$225,000 per year subject to the availability of appropriated funds Nutrition Workforce Equity Enhancement: Up to \$130,000 per year subject to the availability of appropriated funds.
Cost Sharing/Match Required:	No
Period of Performance:	MCH Nutrition Training Program: July 1, 2023 through June 30, 2028 (5 years) Nutrition Workforce Equity Enhancement: July 1, 2023 through June 30, 2028 (5 years)
Eligible Applicants:	Domestic public and nonprofit private institutions of higher learning may apply for training grants. See 42 CFR 51a.3(b). Tribes and tribal organizations are eligible. 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 this NOFO and in [HRSA's SF-424 R&R Application Guide](#). Visit [HRSA's How to Prepare Your Application page](#) for more information.

Technical Assistance

HRSA has scheduled the following webinar:

Monday, November 14, 2022

2 – 3 p.m. ET

Weblink: <https://hrsa.gov.zoomgov.com/j/1618019146?pwd=Rzk0U3JJNVVROENYY1FFSTYwRSs3UT09>

Attendees without computer access or computer audio can use the dial-in information below.

Call-In Number: 1-833-568-8864 US Toll-free

Meeting ID: 161 801 9146

Passcode: 97591315

HRSA will record the webinar. Archive will be available at:

<https://mchb.hrsa.gov/fundingopportunities/default.aspx>

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Maternal and Child Health (MCH) Nutrition Training Program.

The purpose of this program is to promote the healthy nutrition of mothers, children, and families by establishing and enhancing nutrition centers of excellence to train future and current MCH nutrition professionals. [MCH Nutrition Training Programs](#) provide interdisciplinary graduate-level training in MCH nutrition and collaborate with the Title V Maternal and Child Health (MCH) Block Grant Program and other MCH programs to provide continuing education (CE) and technical assistance (TA) to local, state, and national organizations serving MCH populations. The program provides training in nutrition science, social determinants of health, primary prevention and population-based environmental and policy interventions, life course initiatives, program planning and links between epidemiology and public health practice. The program develops a well-trained, diverse workforce that can effectively design, manage, and deliver nutrition interventions that address population health goals and objectives; provide care in diverse clinical, community, and public health settings; and meet the emerging needs of the MCH population.

The overall MCH Nutrition Training Program will accomplish this purpose through four overarching objectives:

- 1) Increase the number of graduate-level trainees (long-, medium-, and short-term) trained in MCH nutrition leadership with a focus on MCH systems, populations, and services.
- 2) Increase the number of practicing providers who receive CE related to emerging issues in MCH nutrition.
- 3) Increase the number of TA activities each year to support state Title V agencies and other local, state, and national organizations serving MCH populations.
- 4) Increase the number of trainees that are from backgrounds that are underrepresented in the current nutrition workforce.

[For more details, see Program Requirements and Expectations.](#)

The purpose of the optional Nutrition Workforce Equity Enhancement is to increase diversity in the nutrition workforce through partnerships with Minority Serving Institutions (MSIs) to recruit and support nutrition professionals and students from underrepresented groups. For the purposes of this NOFO, “MSI” is defined as an institution that has a demonstrated record of or historical commitment to serving underrepresented or disadvantaged students, including but not limited to, Historically Black Colleges and Universities (HBCUs), Tribal Colleges and Universities (TCUs), Hispanic Serving Institutions, Asian American and Pacific Islander Serving Institutions and Alaska Native and Native Hawaiian Serving Institutions.

2. Background

Authority

MCH Nutrition Training Program is authorized by 42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act).

About MCHB and Strategic Plan

The HRSA 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 MCH Nutrition Training Program addresses MCHB Goals 2 and 3 by:

- Supporting training and educational opportunities to create a diverse and culturally responsive MCH workforce, including professionals, community-based workers, and families.
- Translating science into practice and policy to implement effective strategies and innovations that impact MCH population health outcomes.
- Advancing MCH population-specific preparation for and responses to public health emergencies and emerging issues.

To learn more about MCHB and the bureau's strategic plan, visit [Mission, Vision, and Work | MCHB](#).

MCHB is committed to promoting equity in health programs for mothers, children, and families. As such, MCHB's working definition of health equity provides a foundation for the development of programs that aim to improve equity within and among communities. The definition is as follows: Health equity means that all people, including mothers, fathers, birthing people, children, and families achieve their full health potential. Achieving health equity is an active and ongoing process that requires commitment at the individual and organizational levels, and within communities and systems. Achieving health equity requires valuing everyone equally, eliminating systemic and structural barriers including poverty, racism, ableism, gender discrimination and other historical and contemporary injustices, and aligning resources to eliminate health and health care inequities.

Need for the MCH Nutrition Training Program

MCH and public health nutritionists have a significant role in advancing the health and well-being of MCH populations, particularly in addressing current and emerging areas of concern such as rising rates of pediatric diabetes¹, current rates of pediatric²³⁴ and adult⁵⁶ obesity, and increased food and nutrition insecurity among households with children⁷⁸ due to the COVID-19 pandemic⁹. They are also critical in integrating primary health care and public health interventions and serve as an important link in clinical-community collaborations^{10 11}. MCH nutrition leaders have unique knowledge in the biological and social determinants of health, life course initiatives, and links between epidemiology and public health practice, as well as the skills to execute comprehensive and effective food and nutrition programs, policies, systems, and environmental change strategies that support healthy weight and prevention of obesity. However, recent publications highlight challenges in training current and future MCH nutrition professionals. Challenges include perceived inadequacy of public health nutrition education and training programs for registered dietitian nutritionists, with RDNs reporting being less comfortable with skills needed to take on leadership roles in public health such as program planning and policy development¹²; disparities in geographic distribution of MCH/PH nutrition expertise and leadership; lack of racial and ethnic diversity in the nutrition workforce¹³; and a decrease of over 40 percent of the practicing PH nutrition workforce by 2025¹⁴.

In response to these challenges, HRSA MCHB will fund the MCH Nutrition Training Program to establish or enhance nutrition centers of excellence to train future and

¹ Lawrence JM, Divers J, Isom S, et al. Trends in Prevalence of Type 1 and Type 2 Diabetes in Children and Adolescents in the US, 2001–2017. *JAMA*. 2021;326(8):717–727. doi:10.1001/jama.2021.11165

² Hales C and Fryar CD. "QuickStats: Prevalence of Obesity and Severe Obesity Among Persons Aged 2–19 Years—National Health and Nutrition Examination Survey, 1999–2000 through 2017–2018." *Morbidity and Mortality Weekly Report*, 69(13): 390, 2020. <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6913a6-H.pdf> Accessed August 4, 2022

³ Hales CM, Carroll MD, Fryar CD, and Ogden CL. "Prevalence of Obesity Among Adults and Youth: United States, 2015–2016." *NCHS Data Brief*, 288, October 2017. <https://www.cdc.gov/nchs/data/databriefs/db288.pdf> Accessed September 22, 2021.

⁴ Fryar CD, Carroll MD, and Afful J. "Prevalence of overweight, obesity, and severe obesity among children and adolescents aged 2–19 years: United States, 1963–1965 through 2017–2018." *NCHS Health E-Stats*, December 2020. <https://www.cdc.gov/nchs/data/hestat/obesity-child-17-18/overweight-obesity-child-H.pdf> Accessed August 4, 2022.

⁵ Hales CM, Fryar CD, Carroll MD, et al. "Trends in Obesity and Severe Obesity Prevalence in US Youth and Adults by Sex and Age, 2007–2008 to 2015–2016." *JAMA*, 319(16): 1723–1725, April 14, 2018. <https://jamanetwork.com/journals/jama/fullarticle/2676543>

⁶ "2016 BRFSS Survey Data and Documentation." In: *Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention*, updated February 20, 2019. https://www.cdc.gov/brfss/annual_data/annual_2016.html

⁷ Alisha Coleman-Jensen, Matthew P. Rabbitt, Christian A. Gregory, and Anita Singh. 2021. Household Food Security in the United States in 2020, ERR-298, U.S. Department of Agriculture, Economic Research Service.

⁸ Seligman HK, Laraia BA, Kushel MB. Food insecurity is associated with chronic disease among low-income NHANES participants. *J Nutr*. 2010;140(2):304–310.

⁹ Trust for America's Health: "State of Obesity 2021: Better Policies for a Healthier America". <https://www.tfah.org/report-details/state-of-obesity-2021/> (accessed September 22, 2021).

¹⁰ El-Kour TY, Kelley K, et al. Dietetic Workforce Capacity Assessment for Public Health Nutrition and Community Nutrition. *JAND*. 2021;121(7):1379–1391. Doi:10.1016/j.jand.2020.08.078

¹¹ Centers for Disease Control and Prevention. *Community-Clinical Linkages for the Prevention and Control of Chronic Diseases: A Practitioner's Guide*. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services; 2016.

¹² El-Kour TY, Kelley K, et al. Dietetic Workforce Capacity Assessment for Public Health Nutrition and Community Nutrition. *JAND*. 2021;121(7):1379–1391. Doi:10.1016/j.jand.2020.08.078

¹³ Rogers, D. (2021). Report on the Academy/Commission on Dietetic Registration 2020 Needs Satisfaction Survey. *Journal of the Academy of Nutrition and Dietetics*, 121(1), 134–138. <https://doi-org.ezproxyhhs.nihlibrary.nih.gov/10.1016/j.jand.2020.10.018>

¹⁴ Baer, M. T., Harris, A. B., Stanton, R. W., & Haughton, B. (2015). The Future of MCH Nutrition Services: A Commentary on the Importance of Supporting Leadership Training to Strengthen the Nutrition Workforce. *Maternal and Child Health Journal*, 19(2), 229–235.

current MCH nutrition professionals. Recipients will provide interdisciplinary graduate-level training in MCH nutrition; develop and disseminate evidence-based curricula, teaching models, and other educational resources to enhance MCH nutrition programs training in public health practice; and provide continuing education, consultation and technical assistance to local, state and national organizations, including Title V MCH Services Block Grant programs. Training programs will work to recruit and train diverse trainees that are from backgrounds that are underrepresented in the current nutrition workforce. The Nutrition Workforce Equity Enhancement will increase diversity in the nutrition workforce through partnerships with MSIs to recruit and support nutrition professionals and students from underrepresented groups.

In FY 2018–2020, MCH Nutrition Training Program recipients demonstrated the following:

- MCH Nutrition Training Programs reached over 2,700 trainees. Twenty-one percent of trainees identified as a racial group underrepresented in the MCH workforce and 12% identified as Hispanic/Latino.
- At 5 years post training, 94% of MCH nutrition trainees demonstrated field leadership through work in nutrition-related professional organizations, academic institutions, research, and policy; 86% were engaged in nutrition work focused on MCH populations; 92% demonstrated interdisciplinary skills, including collaboration and shared-decision making across disciplines; and 75% were working with populations considered to be underserved.
- Awardees also collaborated with state Title V agencies and other partners on over 975 activities and delivered over 200 CE activities on topics such as children’s healthy weight, food insecurity, nutrition during pregnancy, and equitable food systems that reached over 22,600 participants.

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 \$1,825,000 (includes \$25,000 for MCH Nutrition Training Program Annual Meeting to be determined after award) to be available annually to fund 8 recipients. The actual amount available will not be determined until enactment of the final FY 2023 federal appropriation. You may apply for a ceiling amount of up to \$225,000 annually (reflecting direct and indirect costs) for the MCH Nutrition Training Program. In addition, approximately \$130,000 is expected to be available annually to fund one Nutrition Workforce Equity enhancement project. You may apply for a ceiling amount of up to \$130,000 annually in additional funding for the Nutrition Workforce Equity enhancement.

Type of Award	Estimated Number of Awards	Estimated Amount of Award per Grantee	Anticipated Total Availability of Funds
MCH Nutrition Training Grant	8	\$225,000	\$1,800,000
MCH Nutrition Training Grantee Meeting	1	\$25,000	\$25,000
Nutrition Workforce Equity Enhancement (optional)	1	\$130,000	\$130,000

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 July 1, 2023 through June 30, 2028 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for MCH Nutrition Training Program and the Nutrition Workforce Equity enhancement in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government. HRSA may reduce or take other enforcement actions regarding recipient funding levels beyond the first year if they are unable to fully succeed in achieving the goals listed in application.

Five recipients awarded base grant funds under this funding opportunity will be required to plan, develop, and convene the MCH Nutrition Training Program annual meeting during one of the years of the period of performance. HRSA will provide up to \$25,000, pending availability of funds, on a rotating basis to one recipient each year to host this meeting. While only five recipients will each host the meeting over the 5-year period of performance, all applicants should include a brief plan for fulfilling this responsibility along with the statement of willingness and capability. While internal planning for the annual meeting must remain consistent with a budget of \$25,000, applicants must not include these annual meeting costs in the overall budget request. Moreover, the proposed budget must not exceed \$225,000 per year, as annual meeting supplemental funding will not be finalized until post-award.

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

Limitations on Indirect Cost Rates

Indirect costs under training awards to organizations other than state or local governments or federally recognized Indian tribes will be budgeted and reimbursed at 8 percent of modified total direct costs rather than on the basis of a negotiated rate agreement and are not subject to upward or downward adjustment. Direct cost amounts for equipment, tuition and fees, as otherwise allowable, and subawards and subcontracts in excess of \$25,000 are excluded from the direct cost base for purposes of this calculation.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include domestic public and nonprofit private institutions of higher learning. See 42 CFR 51a.3(b).

Tribes and tribal organizations are eligible.

The following types of public and nonprofit private institutions of higher learning are encouraged to apply for HRSA support:

- Hispanic-serving Institutions
- Historically Black Colleges and Universities (HBCUs)
- Tribal Colleges and Universities (TCUs)
- Alaska Native and Native Hawaiian Serving Institutions
- Asian American Native American Pacific Islander Serving Institutions (AANAPISIs)

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 funding ceiling amount
- Fails to satisfy the deadline requirements referenced in [Section IV.4](#)

NOTE: Multiple applications from an organization are not allowed. HRSA will only accept and review your **last** validated electronic submission before the [Grants.gov application due date](#).

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 Research and Related (R&R) workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at [Grants.gov: HOW TO APPLY FOR GRANTS](#). If you use an alternative electronic submission, see [Grants.gov: APPLICANT SYSTEM-TO-SYSTEM](#).

Form Alert: For the [Project Abstract Summary](#), applicants using the SF-424 R&R Application Package are encountering a “Cross-Form Error” associated with the Project HRSA-23-071

Summary/Abstract field in the “Research and Related Other Project Information” form, Box 7. To avoid the “Cross-Form Error,” you must attach a blank document in Box 7 of the “Research and Related Other Project Information” form, and use the Project Abstract Summary Form in workspace to complete the Project Abstract Summary. See Section IV.2.i [Project Abstract](#) for content information.

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-23-071 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 R&R Application Guide](#) provides general instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, and certifications. You must submit the information outlined in HRSA [SF-424 R&R Application Guide](#) in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in this NOFO and HRSA’s [SF-424 R&R Application Guide](#). 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 R&R Application Guide](#) for the Application Completeness Checklist to assist you in completing your application.

Application Page Limit

The total of uploaded attachment pages that count against the page limit for the **MCH Nutrition Training Program** shall be no more than the equivalent of **75 pages** when printed by HRSA. The page limit for the optional **Nutrition Workforce Equity Enhancement** is **10 pages*** and includes the project narrative, budget narrative, and other descriptive information as described under [Attachment 6](#).

MCH Nutrition Training Program	75 pages
Nutrition Workforce Equity Enhancement	10 pages <i>*does not count in the 75-page limit</i>

Forms that DO NOT count in the Page Limit

- Standard OMB-approved forms included in the workspace application package **do not** count in the page limit. The abstract is the standard form (SF) "Project_Abstract Summary." It **does not** count in the page limit.
- The Indirect Cost Rate Agreement **does not** count in the page limit.

- The proof of non-profit status (if applicable) **does not** count in the page limit.

If there are other attachments that do not count against the page limit, this will be clearly denoted in Section IV.2.vi Attachments.

If you use an OMB-approved form that is not included in the workspace application package for HRSA-23-071, 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.

- HRSA will flag any application that exceeds the page limit and redact any pages considered over the page limit. The redacted copy of the application will move forward to the objective review committee.

It is important to take appropriate measures to ensure your application does not exceed the specified page limit.

Applications must be complete and validated by Grants.gov under HRSA-23-071 before 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. § 3354).
- 3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment #7-12: Other Relevant Documents*.

See Section 4.1 viii of HRSA's [SF-424 R&R Application Guide](#) for additional information on all certifications.

Program Requirements and Expectations

Successful MCH Nutrition Training Program recipients should address the following program expectations:

- 1. Overall, successful recipients should be responsive to the national, regional, state, and local demand for MCH nutrition leadership training.**
- 2. Successful programs should implement a curriculum that prepares graduates to assume leadership roles** in the development, improvement and integration of systems of care, especially in nutrition programs providing MCH services. The curriculum will have clear, measurable educational objectives for an interdisciplinary core curriculum, which includes clinical and community experiences, and didactic content relevant to all aspects of MCH nutrition.

Successful training program curricula will promote an understanding of MCH nutrition, particularly within the broader field of public health, and emphasize the role of MCH nutrition on population health (e.g., the role of MCH nutrition to improve maternal and infant health outcomes). Curricula will emphasize the critical role of MCH and public health nutritionists in integrating primary health care and public health interventions, and the role of MCH nutrition in Title V programs. Curricula will promote leadership skills, including the [MCH Leadership Competencies](#), and provide opportunities for trainees to interact with MCH personnel, national organizations representing nutrition professionals, and other public health professionals.

Successful programs should implement a curricula that provides didactic and community experiences to ensure trainees acquire knowledge of:

- The importance of public health nutrition, including biological and social determinants of health, primary prevention and population-based environmental and policy interventions, food and food systems, and the links between epidemiology and public health practice.
- Core MCH public health principles, community needs assessment, evidence-based policy and program development, implementation and evaluation of MCH nutrition interventions.
- Critical nutrition science and its application, such as evaluating the potential physiological and biochemical mechanisms linking diet and nutritional status with risk or disease status.
- Current and emerging public health issues related to MCH nutrition (e.g., nutrition security, childhood obesity, maternal mental health and nutrition status, nutrition of populations that are underserved, advances in neonatology).
- The role of federal and state nutrition programs, policies, and laws, including Title V.
- Needs of MCH populations living in communities that are underserved or who experience disparities in access to nutrition services and care.
- Life course and how the structural and social determinants of health (SSDOH) can affect a range of health outcomes for MCH populations.
- Cultural and linguistic responsiveness and humility, and family-centered services. For additional resources and information, see [Appendix B](#).
- Healthy People 2030 National Health Promotion and Disease Prevention Objectives related to MCH Nutrition.

Successful programs should implement a curricula that provides community-based preparation in diverse settings, including within underserved communities. Successful recipients will partner with organizations to offer practicum sites that provide exemplary, comprehensive, community-based services in a variety of settings (e.g., food banks, local health department, WIC sites, Federally Qualified Health Centers, free clinics, school-based health centers). You are encouraged to coordinate training opportunities with Title V programs. Sites could also include out-patient and in-patient programs in tertiary

care centers as well as community-based sites that are off-campus from the academic medical center.

Successful programs should implement a curricula that provides nutrition-focused clinical preparation in multiple settings (e.g., clinics, hospitals, community-based services, telehealth) emphasizing integration of MCH nutrition services and expanding the reach of MCH nutrition services in rural and underserved areas. Clinical preparation is interdisciplinary and includes professionals such as nurses, psychologists, physicians, social workers, exercise physiologists, educators, physical therapists, occupational therapists, and public health professionals. Clinical experiences are expected to be structured on exemplary, comprehensive, interdisciplinary service models in a variety of institutional and community-based settings representative of the cultural, linguistic, social and ethnic diversity of the community.

3. Successful programs should recruit and retain trainees that meet the following guidelines:

- All long-term trainees (LTTs) must complete 300 or more hours of MCH nutrition leadership, clinical, and didactic training combined. Hours counted toward the traineeship must be distinct from any hours counted toward another MCHB funded program (e.g., Leadership Education in Adolescent Health (LEAH)).
- Trainees are expected to be Bachelor's or Master's educated [Registered Dietitian Nutritionists](#)¹⁵, and must be enrolled in and making satisfactory progress toward a graduate degree with a focus on MCH populations and nutrition. Support for trainees is limited to those whose stated career goals include leadership in the field of MCH nutrition.
- Trainees are expected to be enrolled in programs providing a minimum of 50 percent of the total training experience for which support is requested as a part of the clinical program, or in programs directly under the control and supervision of training faculty.
- At the medium- and short-term trainee levels¹⁶, training is expected to strengthen trainees' ability to address the nutrition needs of the MCH population.
- Programs will work to increase the representation of trainees who are from backgrounds that are underrepresented in the current MCH nutrition workforce.

¹⁵ The Accreditation Council for Education in Nutrition and Dietetics (ACEND) is the accrediting agency for education programs preparing students for careers as registered dietitian nutritionists (RDNs) and sets credentialing eligibility for RDNs.

¹⁶ Short-term trainees are defined as trainees receiving less than 40 hours of training per year. Continuing Education participants are not included as short-term trainees. Medium-term trainees are defined as trainees receiving between 40-299 hours of training per year.

4. **Successful programs should train the practicing MCH nutrition workforce** through CE activities, which will include a minimum of one annual intensive course. CE events should reach the established, practicing MCH nutrition workforce and provider community to enhance their skills and disseminate new information and be based on specific needs identified by the MCH nutrition provider community. Special emphasis should also be placed on the role of nutrition in MCH state Title V programs.
5. **Successful programs should provide nutrition-focused TA and consultation** to local, state, and national organizations serving MCH populations, and collaborate with state Title V and other MCH programs. This may include TA on needs assessment, program development and evaluation, policy and guideline formulation, peer-to-peer support, and review/advisory functions. Additional collaborative activities include service on boards, commissions, advisory groups or similar entities which set standards, help define public policy or otherwise influence service on a state, regional, or national basis. Successful programs will include trainees in this TA/consultation to enhance trainee exposure to and understanding of such services.
6. **Successful programs should build collaborative relationships, including:**
 - Joint efforts across all MCH Nutrition Training Program recipients to advance the field, address the MCH nutrition workforce needs, increase visibility of the MCH nutrition workforce, and raise interest among potential trainees.
 - Partnerships with other HRSA investments, other federally funded nutrition programs, MCH/Public Health nutrition organizations and entities – see [Appendix B](#) for examples.
 - Participating in the MCH Nutrition Training Program annual grantee meeting. The purpose of this meeting is to promote interchange, disseminate new information, share trainee research, share innovative training activities and fieldwork, and promote partnerships with Title V. These meetings also provide the opportunity for programs to coordinate their individual efforts and collaborate in the development of mutual efforts and projects.
 - Hosting the annual MCH Nutrition Training Program grantee meeting.
7. **Successful programs should develop and disseminate educational resources**, including new or revised nutrition-focused curricular and training materials, teaching models, research articles, and other resources in MCH nutrition in response to new developments in the field. Successful programs will engage trainees in one or more active research projects and seek to disseminate findings at scientific symposia, through published articles in peer-reviewed journals, and to practitioners and policymakers. Trainees are expected to gain knowledge and skills in research methodology and dissemination of research findings into practice. Successful programs will encourage collaborative research by the faculty and trainees (e.g., contributing new knowledge, validating effective intervention strategies).

8. Successful programs should evaluate their activities:

- To analyze project outcomes/impact, monitor progress toward goals and objectives, and conduct continuous quality improvement.
- To inform program development and improvements as well as impact on MCH populations.
- Based on a clear rationale relating to the identified needs of MCH populations with project goals, grant activities, and evaluation measures.

9. Successful programs should have faculty and staff with demonstrated leadership and appropriate education and experience in MCH/PH nutrition to fulfill the training goals and objectives.

- The role of PD shall constitute a major professional responsibility and time commitment of the person appointed to the position and include direct functional and administrative responsibility for the program.
- The PD is an RD/RDN and has a Doctorate in Nutrition Science, Public Health Nutrition, or other nutrition-related field.
- The PD is expected to be at the associate professor level or higher and has demonstrated leadership and expertise in the field of MCH nutrition, experience in post-graduate level teaching and demonstrated productivity in the conduct of scholarly research in MCH nutrition.
- The PD is expected to spend at least 20 percent effort on this project, either grant-supported and/or in kind. This cannot be a shared position.
- Core faculty have primary responsibility for planning, designing, implementing, supervising, and evaluating all training and service elements of the overall MCH Nutrition Training Program.
- Faculty are expected to meet at least the minimum standards of education, experience, and certification generally accepted by their respective professions.
- Faculty are expected to include members with experience in community-based service programs that provide population-based care and in integrating nutrition services into local and state systems of care.

Program-Specific Instructions

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

i. **Project Abstract**

Use the Standard OMB-approved Project Abstract Summary Form that is included in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. See [Form Alert](#) in Section IV.1 Application Package. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's [SF-424 R&R Application Guide](#).

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
Methodology	(2) Response and (4) Impact
Work Plan	(2) Response 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 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.

Successful applications will contain the information below. Please use the following section headers for the narrative:

- **INTRODUCTION** -- Corresponds to Section V's Review Criterion 1 [Need](#)

In your application:

- Describe the purpose of the proposed project that is consistent with Section I.1. [Purpose](#) of this NOFO. You must state for which you are applying:
 - MCH Nutrition Training Program; OR
 - MCH Nutrition Training Program with Nutrition Workforce Equity Enhancement

You must apply for the MCH Nutrition Training Program in order to apply for the Nutrition Workforce Equity Enhancement

- **NEEDS ASSESSMENT** -- Corresponds to Section V's Review Criterion 1 [Need](#)

In your application:

- Critically evaluate both the national need and the regional/local need for MCH nutrition graduate education and training and specifically identify the

issue(s) to be addressed and gaps which the project is intended to fill, demonstrating a strong knowledge of MCH nutrition, MCH systems, populations, and services.

- Describe unmet health and nutrition needs of the MCH population, including the structural and social determinants of health and health disparities.
 - Outline the needs, such as TA and CE, of the state or regional MCH nutrition workforce and other MCH agencies and organizations.
 - Concisely state the importance of the project by documenting its potential to meet the identified needs of the future and practicing MCH nutrition workforce.
 - Use and cite data whenever possible to support the information provided in your needs assessment.
- **METHODOLOGY** -- Corresponds to Section V's Review Criteria 2 [Response](#) and 4 [Impact](#)

In your application:

- Propose methods that you will use to address the stated needs and meet each of the [Program Requirements and Expectations](#) of this NOFO.
- Propose a plan for project sustainability after the period of federal funding ends.

1) GOALS AND OBJECTIVES

In your application:

- State the overall goal(s) and objectives of the project.
- Propose objectives that are specific, measurable, attainable, realistic, time-bound, inclusive, and equitable (SMARTIE) for each project year.

2) CURRICULUM

In your application, and consistent with the [Program Requirements and Expectations](#) of this NOFO:

- Describe clear, measurable educational objectives for an interdisciplinary core curriculum – clinical, didactic, and field experiences.
- Describe how the curriculum will prepare trainees to assume leadership roles in the development, improvement and integration of systems of care, especially in nutrition programs providing MCH services, including those for children with special health care needs, preterm and/or low birth weight infants, and children and families living in communities that are underserved.
- Describe how you will incorporate the MCH Leadership Competencies into the training curriculum, including in didactic and experiential components, and how you will measure their attainment.
- Describe how your training program will address health equity and advance the cultural responsiveness of trainees.

- Describe how the curriculum will address relevant public health and MCH nutrition content, including emerging issues, and the role of nutrition in state Title V programs.
- Describe how trainees will be engaged in nutrition-related research activities that contribute to MCH practice.
- Describe how the curriculum will integrate field work experiences for trainees, including how you will leverage established and planned partnerships with community-based organizations, state Title V programs, or other MCH organizations to offer these experiences.

3) TRAINING

In your application and consistent with the [Program Requirements and Expectations](#) of this NOFO:

- Describe how you will provide trainees with a balance of learning experiences, including didactic, clinical, skills-based, seminar, mentoring, community-based service projects, research skills, and peer leadership, in addition to oral and written presentation experiences.
- Describe opportunities for trainees to achieve communication and teaching skills appropriate for a variety of professional and community audiences.
- Describe opportunities for trainees to advance skills in program development and administration through service and project activities.
- Describe how you will provide clinical service training experiences that are interdisciplinary in nature and take place in a variety of institutional and community-based settings.
- Describe proposed community-based practicum sites for trainees, including within underserved communities and opportunities with Title V or other MCH programs.
- Describe how training activities for LTTs will advance access to MCH nutrition services.

4) TRAINEE RECRUITMENT AND RETENTION

In your application and consistent with the [Program Requirements and Expectations](#) of this NOFO:

- Present a plan to recruit and retain long-, medium- and short-term trainees.
- Describe selection criteria for trainees.
- Describe planned efforts to recruit trainees who are from backgrounds that are underrepresented in the workforce to increase diversity of the nutrition workforce.
- Describe how you will evaluate and improve recruitment efforts.

5) TECHNICAL ASSISTANCE, COLLABORATION AND PARTNERSHIPS

In your application and consistent with the [Program Requirements and Expectations](#) of this NOFO:

- Describe how you will meet the CE requirement each year, including your plan for the annual intensive course.

- Describe how you will collaborate with other MCH Nutrition Training Program recipients, the Children’s Healthy Weight State Capacity Building Program, and other HRSA training and research investments – see [Appendix B](#) for additional examples.
- Describe collaboration with other programs, such as federally funded nutrition-related programs, and with other MCH nutrition entities and organizations – see [Appendix B](#) for examples.
- Document that you have active, functional relationships with State Title V MCH programs, describing activities related to, or resulting from, established relationships with state and local Title V agencies and programs in the community, state, or region.
- Describe how you will provide TA and consultation each year and list the TA activities you may conduct, any previous examples of a similar nature, and how you will evaluate your efforts.
- Describe how you will disseminate products and project results broadly.
- Describe opportunities you will provide for trainees to participate in TA and collaboration activities and trainees’ opportunities to interact with MCH and public health professionals in leadership positions.
- Provide examples of recent activities demonstrating leadership in the field (e.g., supporting MCH agencies or nutrition programs; serving on boards, commissions, or national advisory groups or committees).
- Indicate that you will participate in required annual MCH Nutrition Training Program Annual Meetings.

Hosting the MCH Nutrition Training Program Annual Meeting

In your application and consistent with both the [Program Requirements and Expectations](#) and the [Budget Narrative](#) section of this NOFO, describe your plan to host the MCH Nutrition Training Program annual meeting 1 year during the 5-year period of performance.

- *WORK PLAN -- Corresponds to Section V’s Review Criteria 2 [Response](#) and 4 [Impact](#)*

In your application and consistent with the [Program Requirements and Expectations](#) of this NOFO:

- Include the work plan in Attachment 1.
- In your work plan:
 - Describe the activities or steps that you will use to achieve each of the proposed objectives as described in your Methodology section. This includes didactic, clinical and practicum training components, how you will evaluate each activity, and collaboration with key partners in planning, designing and implementing all activities.
 - Include a timeline with all planned activities for the entire period of performance (5 years) and identify responsible staff.
 - Include a description of trainee roles in each activity, including in the provision of clinical services, community projects, and technical assistance.

- Document the extent and effectiveness of plans for dissemination of project results.

Logic Model

In your application:

- In attachment 1, submit a logic model for designing and managing the project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this notice, the logic model should summarize the connections between the:
 - Goals of the project (e.g., reasons for proposing the intervention, if applicable);
 - Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience.);
 - Inputs (e.g., organizational profile, collaborative partners, key personnel, budget, other resources);
 - Target population (e.g., the individuals to be served);
 - Activities (e.g., approach, listing key intervention, if applicable);
 - Outputs (i.e., the direct products of program activities); and
 - Outcomes (i.e., the results of a program, typically describing a change in people or systems).

Specific impacts to be addressed include but are not limited to: the extent to which graduates of long-term training programs demonstrate field leadership; the extent to which graduates of long-term training programs engage in work related to MCH populations, including collaboration with state Title V agencies or other MCH programs; and the extent to which long-term training program recipients are engaged in policy development, implementation, and evaluation.

Although there are similarities, a logic model is not a work plan. A work plan is an “action” guide with a timeline used during program implementation; the work plan provides the “how to” steps. You can find additional information on developing logic models at [ACF HHS: Logic Model Tip Sheet](#).

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V’s Review Criterion 2 [Response](#)*

In your application and consistent with the [Program Requirements and Expectations](#) of this NOFO:

- Discuss challenges that you are likely to encounter in designing and implementing the activities described.
- Describe potential challenges with recruitment of trainees at all levels and representing diverse backgrounds.
- Discuss approaches that you will use to resolve challenges described.

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

In your application and consistent with the [Program Requirements and Expectations](#) of this NOFO:

- Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature as related to evaluation and technical support capacity.
 - Describe who on the project will be responsible for refining, collecting, and analyzing data.
 - Describe the strategies and processes to collect, analyze, and track data to measure process and impact/outcomes, including assigned MCHB reporting requirements and related plans for establishing baseline data and targets.
 - Explain how you will use the data to inform program development and improvements, service delivery, and impact on different target populations resulting in continuous quality improvement.
 - Identify measures that you will use to assess performance and progress towards the objectives outlined in the [Purpose](#) section.
 - Describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.
 - Describe your plan for tracking and reporting on former long-term trainees at 2 and 5 years after completing the training program.
 - Describe plans to comply with human subjects regulations, if applicable.
- *ORGANIZATIONAL INFORMATION* -- Corresponds to Section V's Review Criterion 5 [Resources/Capabilities](#)

In your application and consistent with the [Program Requirements and Expectations](#) of this NOFO:

- Include the staffing plan and job descriptions for key faculty/staff in Attachment 2. Describe the minimum qualifications for each faculty position in the job description. Functional and program responsibilities should be specified in the narrative and position descriptions. A position description should not exceed one page in length but can be as short as one paragraph in length due to page limits.
- Describe the proposed PD's experience and expertise meeting the qualifications required, including RD/RDN credentials and a Doctoral degree in Nutrition Science, Public Health Nutrition, or other related Nutrition field, and demonstrated leadership at the national and state level.
- Describe how the PD will fulfill the administrative responsibilities and time commitment of at least 20 percent effort required.
- Describe the proposed faculty and their qualifications to meet requirements, including expertise in MCH/PH nutrition.
- Include biographical sketches in the SF-424 RESEARCH & RELATED Senior Key Person Profile form that can be accessed in the Application Package under "Mandatory." Even though the document has an OMB

clearance number, it is not a standard form but a format, and so **biographical sketches do count against the page limit.** (See details below)

- Describe organizations who will partner with yours to fulfill the goals of the program and meet the training objectives.
- Include in Attachment 3, noting overall page limits, select copies of agreements, letters of support or similar documents from key organizations/individuals of their willingness to perform in accordance with the plan presented in the application.
- Succinctly describe your organization's current mission and structure, scope of current activities, including an organizational chart (Attachment 4) and describe how these elements all contribute to the organization's ability to conduct the program requirements and meet program expectations.
- Describe briefly the physical settings in which the program will take place.
- Describe tools and strategies for ongoing staff training, outreach, collaborations, communication, and information sharing/dissemination with efforts to involve communities.
- Describe briefly what additional resources, including personnel or partners, are needed to accomplish the stated goals and objectives.

Biographical Sketches

Provide a biographical sketch for key faculty/staff contributing to the project. The information must be current, indicating the individual's position and sufficient detail to assess the individual's qualifications for the position being sought and consistent with the position description. ***Each biographical sketch must be limited to two pages or less as they count toward the overall page limit.*** Include all degrees and certificates. When listing publications, list authors in the same order as they appear on the paper, the full title of the article, and the complete reference as it is usually cited in a journal. List the PD's sketch first then all other sketches must be arranged in alphabetical order, after the PD's sketch, and attached to SF-424 RESEARCH & RELATED Senior Key Person Profile form, which can be accessed in the Application Package under "Mandatory."

It is strongly encouraged that biographical sketches follow the format described below:

- *Professional information.* At the top of page one, include name, position title, education/training including: institution and location, degree, month/year degree attained, field of study.
- *Personal statement.* Briefly describe why you are well-suited for your role(s) in the project described in this application.
- *Positions and honors.* List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any federal government public advisory committee.
- *Contribution to the field.* Reference up to five of your most significant contributions to the field, including peer-reviewed publications or other non-publication products).
- *Project support.* List both selected ongoing and completed research or training projects for the past 3 years (federal or non-federally-supported). *Begin with the projects that are most relevant to the research proposed in the application.*

When applicable, biographical sketches must include training, language fluency and experience working with populations that are culturally and linguistically different from their own.

iii. Budget

The directions offered in the [SF-424 R&R Application Guide](#) may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's [SF-424 R&R Application Guide](#) and the additional budget instructions provided below. A budget that follows the *R&R 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.

As required by the Consolidated Appropriations Act, 2022 (P.L. 117-103), “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” See Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 R&R Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

Indirect costs under training awards to organizations other than state or local governments, or federally recognized Indian tribes, will be budgeted and reimbursed at 8 percent of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment, tuition and fees, and subawards and subcontracts in excess of \$25,000 are excluded from the direct cost base for purposes of this calculation.

iv. Budget Justification Narrative

See Section 4.1.v of HRSA’s [SF-424 R&R Application Guide](#).

All budgets must provide satisfactory details to fully explain and justify the resources needed to accomplish the training objectives. This justification must provide explicit qualitative and quantitative documentation of required resources, productivity, and expected outcomes.

In your application:

- Indicate key faculty/staff FTE commitment to the MCH Nutrition Training program with documentation to support that they will be allotted adequate time to meet project objectives. If key faculty/staff time for MCH Nutrition Training program will be supported by other funds, please indicate this in the budget narrative.
- Indicate how the budget narrative supports the proposed project activities, including training activities and provision of TA and CE.
- Include the approximate number of trainees expected each year (specifying the number of short-, medium-, and long-term trainees).
- Indicate trainee support, including stipend amounts, and how they will be distributed.
- Describe travel funds requested.
- Describe how you will meet the requirements to host one grantee meeting during the 5-year period. (Include a description in the budget narrative but not in the SF-424 R&R Budget Period form.)

Budget justification must document support provided to LTTs, either through this grant or through other sources.

You should include in the justification a budget narrative and plan for hosting the annual grantee meeting. Do not include the \$25,000 supplement in your budget. Five of the programs awarded under this competition will be required to plan and convene the MCH Nutrition Training Program grantee meeting during one of the years of the period of performance, pending availability of funds. While only five program recipients will host the meeting, all applicants are requested to include a brief plan for fulfilling these responsibilities along with the statement of willingness and capability.

- IMPORTANT NOTES: Pending the availability of funds during each year of the period of performance, the one designated recipient will receive an administrative supplement of up to \$25,000 post-award. The host should coordinate with the MCHB project officer in selecting both the date and location of the annual meeting to facilitate coordination with other meetings.
- Responsibilities of the host program include, for example, agenda development, meeting logistics, meeting room rental and audiovisual support, meeting meals in lieu of one-half the per diem, payment for the program speakers, and reserving a room block for hotel rooms (individual programs will pay for rooms for their faculty and trainees).

v. Program-Specific Forms

Program-specific forms are not required for this 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 limit](#).** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limit. **Clearly label each attachment.** You must upload attachments into the application. HRSA and the objective review committee will not open/review any *hyperlinked* attachments.

Attachment 1: Work Plan and Logic Model, required

Attach the work plan and logic model for the project that includes all information detailed in [Section IV.2.ii. Project Narrative](#). If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1.vi. of HRSA's [SF-424 R&R 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 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: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific), required

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 4: Project Organizational Chart, required

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

Attachment 5: Tables, Charts, etc.

This attachment should give more details about the proposal (e.g., Gantt or PERT charts, flow charts, other charts that show the program's curriculum, workshop descriptions, field placements and other elements of the training).

Attachment 6: Nutrition Workforce Equity Enhancement, OPTIONAL (not scored during the objective review)

Corresponds to Section V's Review Criteria within the Review and Selection Process section, on page 37. (ONLY APPLIES TO APPLICANTS REQUESTING ADDITIONAL FUNDING UNDER NUTRITION WORKFORCE EQUITY ENHANCEMENT. APPLYING FOR THIS ENHANCEMENT DOES NOT IMPACT THE MCH NUTRITION TRAINING PROGRAM APPLICATION SCORE; ENHANCEMENTS ARE SCORED SEPARATELY BY HRSA STAFF. THIS ATTACHMENT DOES NOT COUNT AGAINST THE 75-PAGE LIMIT OF THE MCH NUTRITION TRAINING PROGRAM APPLICATION.)

Note: You must apply for the MCH Nutrition Training Program in order to apply for this enhancement.

For the purposes of this NOFO, "MSI" is defined as an institution that has a demonstrated record of or historical commitment to serving underrepresented or disadvantaged students, including but not limited to, Historically Black Colleges and Universities (HBCUs), Tribal Colleges and Universities (TCUs), Hispanic Serving Institutions, Asian American and Pacific Islander Serving Institutions and Alaska Native and Native Hawaiian Serving Institutions.

The goal of the optional Nutrition Workforce Equity Enhancement is to strengthen partnerships with MSIs to build a broader infrastructure to recruit and support current and emerging nutrition professionals and students from underrepresented groups. This project will serve as a model to create additional MCH nutrition career pathways and increase racial and ethnic diversity in the nutrition workforce.

Irrespective of whether the applicant institution for the overall MCH Nutrition Training Program is an MSI, the applicant should propose an enhancement project that will achieve the goal of strengthening partnerships with MSIs (other than the applicant institution, where applicable).

Applicants are encouraged to demonstrate this by establishing direct financial support to MSI partners through subawards or by proposing other collaborative approaches.

The Nutrition Workforce Equity Enhancement will strengthen partnerships with MSI partners and build the MCH nutrition workforce infrastructure capacity through the following activities:

- (1) Student Support (e.g., recruitment, student stipends, training activities, mentorship programs)

- (2) Faculty Support (e.g., pilot research projects for junior faculty, coaching, workforce development)
- (3) Continuing Education (CE) and Technical Assistance (TA) to MSIs (e.g., curriculum development, capacity building, pathways to accreditation)

You may only submit one Nutrition Workforce Equity Enhancement proposal.

Project Narrative for Nutrition Workforce Equity Enhancement

The Nutrition Workforce Equity Enhancement narrative must be no longer than 10 pages; the Enhancement narrative does NOT count against the 75 page limit of the MCH Nutrition Training Program application.

The Nutrition Workforce Equity Enhancement narrative should include (at a minimum):

- a. **BACKGROUND:** Provide brief background data on need both locally and nationally for this enhancement project.
- b. **PROBLEM:** State the problem(s) addressed by the enhancement project.
- c. **GOALS AND OBJECTIVES:** Identify the major goal(s) and objectives for the enhancement project. Name the director for the enhancement project and outline their qualifications to lead this enhancement and include how you will engage faculty in proposed partnerships.
- d. **METHODOLOGY:** Describe the activities proposed to attain the goals and objectives. Describe your plans for student and faculty support and continuing education (CE)/TA to MSIs. Describe how the enhancement project will leverage the resources of the proposed MCH Nutrition Training Program (e.g., using Training Program faculty and trainees). Describe your plan to recruit emerging and established nutrition professionals and students from underrepresented groups, including what part(s) of the workforce continuum you will focus on (e.g., high school, undergraduate, graduate, junior faculty, senior faculty). Briefly describe the anticipated outcomes and deliverables of the project.
- e. **COLLABORATION:** Describe your outreach strategy and plan(s) to engage, collaborate, and partner with MSIs including those with or without currently accredited nutrition programs.
- f. **EVALUATION:** Briefly describe the evaluation methods used to assess program outcomes, including data collection and measures, and the effectiveness and efficiency of the project in attaining the goals and objectives. Describe what tools will be used to measure the quality of partnerships. Briefly discuss anticipated dissemination strategies and how the results and impact will be shared with the field.

g. BUDGET JUSTIFICATION: A separate line item budget and budget justification is required for Nutrition Workforce Equity Enhancements. See Section 4.1.v of HRSA's [SF-424 R&R Application Guide](#). You may request up to \$130,000 per year, inclusive of indirect costs, for the proposed Nutrition Workforce Equity Enhancement project.

Attachments 7–15: 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. Unique Entity Identifier (UEI) and System for Award Management (SAM)

Effective April 4, 2022:

- The UEI assigned by [SAM](#) has replaced the Data Universal Numbering System (DUNS) number.
- Register at [SAM.gov](#) and you will be assigned a UEI.

You must register with SAM and continue to maintain active SAM registration with current information at all times when you have: an active federal award, an active application, or an active 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 you have an exception approved by the agency under 2 CFR § 25.110(d)). For your SAM 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.

The Grants.gov registration process requires information in two separate systems:

- System for Award Management (SAM) (<https://sam.gov/content/home> | [SAM Knowledge Base](#))
- Grants.gov (<https://www.grants.gov/>)

For more details, see Section 3.1 of HRSA's [SF-424 R&R Application Guide](#).

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 application due date under this NOFO is **February 2, 2023 at 11:59 p.m. ET**. HRSA suggests you submit your application 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 in HRSA’s [SF-424 R&R Application Guide](#) for additional information.

5. Intergovernmental Review

MCH Nutrition Training Program is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA’s [SF-424 R&R 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 \$225,000 per year (inclusive of direct **and** indirect costs) for the MCH Nutrition Training Program. If you are **also** applying for the Nutrition Workforce Equity Enhancement, the budget for the enhancement may not exceed \$130,000. The maximum total budget for each budget period is \$355,000 for applicants applying to both the MCH Nutrition Training Program AND the Nutrition Workforce Equity Enhancement.

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, 2022 (P.L. 117-103) apply to this program. See Section 4.1 of HRSA’s [SF-424 R&R Application Guide](#) for additional information. Note that these and other restrictions will apply in the following fiscal years, as required by law.

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 specific uses of funding. It is imperative that you review and adhere to the list of statutory restrictions on the use of funds detailed in Section 4.1 of HRSA’s [SF-424 R&R Application Guide](#). 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 Information

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 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.

Reviewers will evaluate and score the merit of your application based upon these criteria.

Six review criteria are used to review and rank MCH Nutrition Training Program applications. Below are descriptions of the review criteria and their scoring points.

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

The extent to which:

- The applicant describes the importance of the proposed project and the potential of the proposed project to meet the Section I.1.Purpose of this NOFO and meet the Program Requirements and Expectations.
- The proposal includes critical evaluation of both the national need and regional/local need for graduate and post-graduate nutrition education training and the leadership preparation that the proposed training program aims to address citing relevant data sources.
- The applicant demonstrates how the proposed project will address the identified unmet nutrition workforce development TA and CE needs and how these efforts relate to the stated purpose of the program.
- The applicant documents a strong knowledge of (1) MCH and public health nutrition, (2) MCH systems, populations, and services, and (3) unmet health and nutrition needs of the MCH population, including structural and social determinants of health and health disparities.

Criterion 2: RESPONSE (48 points) – Corresponds to Section IV's [Methodology](#), [Work Plan](#), and [Resolution of Challenges](#)

Goals and Objectives (5 points)

- The extent to which the proposed project responds to the Purpose included in the program description. The strength of the proposed project goals and objectives and how they address the stated needs/purpose.
- The strength of the proposed project objectives and the extent to which they are specific, measurable, attainable, realistic, time-bound, inclusive, and equitable (SMARTIE) for each project year.
- The extent to which the activities described in the application are capable of addressing the problem and attaining the project objectives.

Curriculum (14 points)

- The strength of the project to prepare trainees to assume leadership roles in the development, improvement, and integration of systems of care, especially in nutrition programs providing MCH services. Educational objectives are interdisciplinary and include clinical, didactic, and field experiences.
- The extent to which the proposed project will implement curriculum that emphasizes the critical role of MCH and public health nutritionists in integrating primary health care and public health interventions, and the role of MCH nutrition in Title V programs, as described in the Program Requirements and Expectations of this NOFO.
- The extent to which the curricula is interdisciplinary, incorporates the MCH Leadership Competencies, includes a plan for measuring attainment of the competencies, addresses MCH life course, family/youth centered care, health equity, and advances cultural responsiveness of trainees.
- The extent to which the curriculum integrates a public health perspective, including current and emerging public health issues related to MCH nutrition, and the needs of MCH populations living in communities that are underserved.
- The extent to which the applicant documents research and other scholarly activities of faculty relating to MCH nutrition, the relevance of these activities to the curricula, and the extent to which the proposed research and scholarly activities proposed for trainees assures trainees will be equipped to practice, respond, and lead MCH science and related practice.
- The degree to which the curricula address the role of federal and state nutrition programs and policies, including development of public health nutrition policy.
- The strength of existing partnerships with community-based organizations, state Title V programs, or other MCH organizations and how they will be leveraged for trainee field work experiences and how those experiences are supported by the curriculum.

Training elements – program design, clinical and didactic training (12 points)

- The extent to which the proposed project will implement training activities for long-term trainees that will advance access to MCH nutrition services, as described in the [Program Requirements and Expectations](#), and address health equity. Potential challenges related to design and implementation of the project are described as well as approaches to overcome these challenges.
- The extent to which the proposal provides a balance of learning experiences, including didactic, skills-based, seminar, mentoring, community-based service projects, clinical, research skills, and peer leadership, and includes innovative elements.
- The extent to which trainees will have the opportunity to build communication and teaching skills to a variety of professional and community audiences and gain knowledge and skills in research methodology and translating research findings into practice.
- The extent to which trainees have the opportunity to advance skills in program design, development, and administration through service and project activities.
- The extent to which clinical service training opportunities are interdisciplinary in nature and take place in a variety of institutional and community-based settings (e.g., clinics, hospitals, community-based services, telehealth) and allow trainees to interact with MCH public health professionals in various settings.
- The extent to which community-based practicum sites take place in diverse settings as well as in coordination with Title V programs.

Trainee Recruitment and Retention (5 points)

- Strength of recruitment plans to meet the [Program Requirements and Expectations](#) and attract trainees from diverse backgrounds that are underrepresented in the current nutrition workforce.
- The completeness, strength, and innovation of plans for recruitment and retention of long-, medium-, and short-term trainees, including how the applicant will reach trainees with backgrounds that are underrepresented in the current nutrition workforce.
- The extent to which potential or anticipated challenges related to recruitment and retention are described as well as approaches to overcome these challenges.

Technical Assistance, Collaboration, and Partnerships (12 points)

- The extent to which the applicant's plan for the annual intensive course is innovative and tailored to meet the needs of the practicing/established MCH nutrition workforce, emphasizes the role of nutrition in Title V, and meets the [Program Requirements and Expectations](#).
- The extent to which the applicant documents active, functioning collaborative relationships with Title V and other MCH agencies and describes their previous and planned TA activities with MCH programs in the community, state, or region and how trainees will be involved in these activities, and includes a robust plan for evaluating TA activities.

- The strength of the evidence of planned collaborations with other MCH Nutrition Training program recipients, and other entities such as HRSA-funded training programs, state Title V MCH programs, other federally funded public health nutrition programs, and MCH nutrition leadership organizations.
- The extent to which the proposal includes a statement of willingness to participate in the required MCH Nutrition Training Program Annual Meeting and a plan to convene/host the annual meeting during one of the project years.
- The strength of the plan to develop and disseminate MCH nutrition training resources and how trainees will participate in the development of these resources.
- The strength of examples of recent activities demonstrating leadership in the field at the national and/or state level.

Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV’s [Evaluation and Technical Support Capacity](#)

The strength and effectiveness of the method proposed to monitor and evaluate the project results. Evaluative measures must 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.

Specifically:

- The extent to which the evaluative measures will be able to demonstrate the success of the program as well as measure project objectives and proposed performance measures, including tracking accomplishments of former trainees and collaborations with State Title V agencies or other MCH-related programs.
- The strength of the project plan to use evaluation findings for continuous quality improvement.
- The strength of the plan for data collection, including strategies to collect and analyze data and the experience of the person responsible for refining and analyzing the data.
- The extent to which the application describes potential obstacles for implementing program performance evaluation and the strength of the plan to address these obstacles.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV’s [Methodology](#) and [Work Plan](#)

The feasibility and effectiveness of plans for dissemination of project results, and the extent to which project results may be national in scope, and the degree to which the project activities are replicable, and the sustainability of the program beyond the federal funding.

Specifically:

- The extent to which the project will enhance training for MCH Nutrition emerging and practicing professionals, develop MCH nutrition leaders, and advance the nutrition-related care of MCH populations.
- Effectiveness of the dissemination plan to share curricula, assessment and other tools, training approaches, research findings, and project results with HRSA-funded entities and with the broader MCH network.
- The strength and scope of the work plan and logic model and the reasonableness of the 5-year timeline.
- The extent to which the program will increase impact and provide value-added contribution to Title V programs through engagement with key stakeholders.

Criterion 5: RESOURCES/CAPABILITIES (16 points) – Corresponds to Section IV's [Evaluation and Technical Support Capacity](#) and [Organizational Information](#)

The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. The capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.

Specifically:

Faculty and staff (10 points):

- The extent to which the application demonstrates that the proposed PD is a qualified Registered Dietician / Registered Dietician Nutritionist with a doctoral degree in Nutrition Science, Public Health Nutrition, or other related field, has the training and experience to lead the Program, and is at the Associate Professor level or higher at their university.
- The extent to which the application demonstrates that the project personnel, including faculty, are qualified by both credentials, training and experience to teach leadership education in MCH nutrition, and to design, implement, and carry out project activities.
- The extent to which the application demonstrates that key personnel have adequate time devoted to the project to achieve project objectives.

Organizational (6 points):

- The strength of the organization's current mission, structure, and scope of current activities and how these elements contribute to the organization's ability to conduct the program requirements and meet expectations.
- The extent to which the applicant describes the physical settings in which the program will take place and demonstrates evidence of partnering with outside organizations to fulfill the goals of the program and meet training objectives, such as planned opportunities for trainees.
- Reasonableness of the tools and strategies for ongoing staff training, outreach, collaborations, communication, and information sharing with efforts to involve communities.

Criterion 6: SUPPORT REQUESTED (6 points) – Corresponds to Section IV’s [Budget](#) and [Budget Justification Narrative](#)

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

Specifically:

- The extent to which the costs outlined in the budget and required resources sections reasonably map to the scope of work.
- The extent to which the budget justification addresses the number of trainees proposed, program activities, Title V activities, technical assistance, and continuing education efforts.
- Demonstrates that the proposed PD will devote at least 20 percent effort on this project.

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 described in Section 3 below. See Section 5.3 of HRSA’s [SF-424 R&R Application Guide](#) for more details.

Funding Selection Method for Nutrition Workforce Equity Enhancement:

Supplemental funding will be awarded to up to one of the eight recipients selected for the MCH Nutrition Training Program. The recipient will be the highest rated applicants for the Nutrition Workforce Equity Enhancement.

NUTRITION WORKFORCE EQUITY ENHANCEMENT (OPTIONAL) -- Corresponds to Section IV’s Attachment 6 – Nutrition Workforce Equity Enhancement (ONLY APPLIES TO APPLICANTS REQUESTING ADDITIONAL FUNDING UNDER NUTRITION WORKFORCE EQUITY ENHANCEMENT. HRSA STAFF WILL REVIEW.)

Note: APPLYING FOR THIS ENHANCEMENT DOES NOT IMPACT THE MCH NUTRITION TRAINING PROGRAM APPLICATION SCORE; ENHANCEMENTS ARE SCORED SEPARATELY BY HRSA STAFF.

These review elements are specifically for the optional Nutrition Workforce Equity Enhancement. The quality and degree to which the applicant:

- Demonstrates knowledge and understanding of background data on critical need for proposed enhancement project.
- Effectively describes the problem(s) addressed by the enhancement project and major goals of the proposed enhancement project.
- The strength of personnel expertise, including qualifications of the director to lead the enhancement project.
- The strength and reasonableness of a plan for student support, faculty support, and CE/TA to MSIs.

- The strength and reasonableness of the proposed activities that will be used to attain the objectives, including how the enhancement project will leverage the resources of the proposed training program.
- The strength and reasonableness of the outreach plan to engage, collaborate, and partner with MSIs, including around efforts to recruit and retain emerging and established nutrition professionals and students from underrepresented groups.
- The quality of the evaluation plan to assess the success of project to addresses outcomes and impacts of the project, including dissemination efforts.
- Demonstrates that costs are reasonable given the scope of work and clearly link to the statement of activities, evaluation plan, and expected outcomes.

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 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 July 1, 2023. See Section 5.4 of HRSA's [SF-424 R&R Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's [SF-424 R&R 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 will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity. 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>.

- 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 providing program access, reasonable modifications, and to provide effective communication, 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 project 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>.

Please contact the [HHS Office for Civil Rights](#) for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance and assist HRSA recipients in meeting their civil rights obligations. Visit [OCRDI's website](#) to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

Executive Order on Worker Organizing and Empowerment

Pursuant to the Executive Order on Worker Organizing and Empowerment (E.O. 14025), 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.

Human Subjects Protection

Certificate of Confidentiality: Institutions and investigators are responsible for determining whether research they conduct is subject to Section 301(d) of the Public Health Service (PHS) Act. Section 301(d), as amended by Section 2012 of the 21st Century Cures Act, P.L. 114-255 (42 U.S.C. 241(d)), states that the Secretary shall issue Certificates of Confidentiality (Certificates) to persons engaged in biomedical, behavioral, clinical, or other research activities in which identifiable, sensitive information is collected. In furtherance of this provision, HRSA-supported research commenced or ongoing after December 13, 2016 in which identifiable, sensitive information is collected, as defined by Section 301(d), is deemed issued a Certificate and therefore required to protect the privacy of individuals who are subjects of such research. Certificates issued in this manner will not be issued as a separate document, but are issued by application of this term and condition to the award. For additional information which may be helpful in ensuring compliance with this term and condition, see Centers for Disease Control and Prevention (CDC) Additional Requirement 36 (<https://www.cdc.gov/grants/additional-requirements/ar-36.html>).

3. Reporting

Award recipients must comply with Section 6 of HRSA's [SF-424 R&R Application Guide](#) and the following reporting and review activities:

- 1) **DGIS Performance Reports.** Available through the HRSA 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-23-071&ActivityCode=T79>. 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	July 1, 2023 to June 30, 2028 <i>(administrative data and performance measure projections, as applicable)</i>	Period of performance start date	120 days from the available date
b) Non-Competing Performance Report	July 1, 2023 to June 30, 2024 July 1, 2024 to June 30, 2025 July 1, 2025 to June 30, 2026 July 1, 2026 to June 30, 2027	Beginning of each budget period (Years 2–5, as applicable)	120 days from the available date
c) Project Period End Performance Report	July 1, 2027 to June 30, 2028	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>.

- 2) **Progress Report(s).** The recipient must submit a progress report 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. More information will be available in the NOA.
- 3) **Final Report Narrative.** The recipient must submit a final report narrative to HRSA after the conclusion of the project.
- 4) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

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:

Djuana Gibson
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-3243
Email: DGibson@hrsa.gov

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

Meredith Morrisette, MPH
Project Officer
Attn: MCH Nutrition Training Program
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857
Phone: (301) 443-6392
Email: MMorrisette@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
Phone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov

[Self-Service Knowledge Base](#)

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
Phone: (877) 464-4772 / (877) Go4-HRSA
TTY: (877) 897-9910
Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

VIII. Other Information

Technical Assistance

See [TA details](#) in Executive Summary.

Tips for Writing a Strong Application

See Section 4.7 of HRSA's [SF-424 R&R Application Guide](#).

Appendix A: Applicable Standards for Using Grant Funds to Support MCH Nutrition Training Program Trainees/Fellows

A. Definitions

1. A **long-term trainee** is an individual enrolled for 300+ hours in the MCH Nutrition Training program. Trainees are qualified to participate if they are currently achieving an advanced degree (pre-doctoral or doctoral) or are practicing professionals from the community with graduate degrees or commensurate work or leadership experience. Long-term trainee status is independent of a trainee's enrollment status at the academic institution (based on credit hours and/or academic units per term).
2. A **fellow** is an individual enrolled for 300+ hours in the MCH Nutrition Training program. Fellows are post-doctoral and have met at least the minimum standards of education and experience accepted by their respective professions. Long-term fellow status is independent of a fellow's enrollment status at the academic institution (based on credit hours and/or academic units per term).
3. A **stipend** is allowable as cost-of-living allowances for trainees. A stipend is not a fee-for-service payment and is not subject to the cost accounting requirements of the cost principles.¹⁷ This is also known as a "participant support cost" per the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at [45 CFR part 75](#).

B. Qualifications for receiving stipends/tuition/salary support under this program

1. Trainees/fellows receiving stipends or salary under this program will generally be long-term trainees.
2. Tuition support may be provided to MCH Nutrition Training Program trainees/fellows enrolled full-time or part-time for academic credits.
3. A long-term MCH Nutrition Training Program trainee must be an RD/RDN and have at least a baccalaureate degree and be enrolled in a graduate or fellowship program, or as a practicing professional with a graduate degree or commensurate experience.
4. A long-term MCH Nutrition Training Program fellow must have achieved the academic degree and completed requisite training which constitutes the basic professional level training for their field.

¹⁷ HHS Grants Policy Statement
(<https://www.hrsa.gov/sites/default/files/grants/hhsgrantspolicy.pdf>)

5. A trainee or fellow who does not meet the requirements listed may be approved, upon request to the MCHB PO after award, only in those unusual circumstances where particular needs cannot be met within the categories described above.
6. Citizenship – The trainee or fellow receiving a stipend must be a citizen or a non-citizen national of the United States or have been lawfully admitted for permanent residence, as evidenced by a currently valid Permanent Resident Card [USCIS Form I-551] or other legal verification of such status, by the start of the training grant, fellowship or traineeship, or award. A non-citizen national is a person who, although not a citizen of the United States, owes permanent allegiance to the United States.
7. Licensure – For any profession for which licensure is a prerequisite, the trainee/fellow must also be licensed by one of the states, or, in the case of foreign graduates, meet other requirements which legally qualify them to practice their profession in the United States.

C. Restrictions

1. Only long-term trainees may receive stipends from the grant funds unless the MCHB PO has approved a post-award request as described in Section B of this Appendix.
2. Concurrent Support – Stipends or salary generally will not be made available under this program to persons receiving a salary, fellowship, or traineeship stipend, or other financial support related to the training or employment for the same hours counted toward the HRSA-funded traineeship/fellowship. Exceptions to these restrictions may be requested to the MCHB PO, after award, and will be considered on an individual basis.
3. Non-Related Duties – The funding recipient shall not use funds from this award to require trainees or fellows to perform any duties which are not directly related to the purpose of the training for which the grant was awarded.
4. Field Training – Funded recipients may not use grant funds to support field training, except when such training is part of the specified requirements of a MCH Nutrition Training program, or is authorized in the approved application.
5. Grant funds may be used for costs associated with reasonable modifications and accommodations for trainees with disabilities, however, these costs are not to be deducted from trainee stipends.
6. Grant funds may not be used:
 - a) For the support of any trainee who would not, in the judgment of the recipient, be able to use the training or meet the minimum qualifications specified in the approved plan for the training.
 - b) To continue the support of a trainee who has failed to demonstrate satisfactory participation in the training program.

D. Trainee Costs

1. Allowable Costs:¹⁸

- a) Stipends or salary (except as indicated above).
- b) Tuition and fees.¹⁹
- c) Travel related to training and field placements (international travel requests will require prior approval).
- d) Post-doctoral/post-residency fellows may be supported via stipend or salary:
 - a. If supported on salary, fringe benefits are an allowable cost.
 - b. If supported via stipend, medical insurance is an allowable cost.
- e) Temporary dependent care costs that directly result from travel to conferences are allowable provided that:
 - a. The costs are a direct result of the individual's travel for the Federal award;
 - b. The costs are consistent with the non-Federal entity's documented travel policy for all entity travel; and
 - c. The costs are only temporary during the travel period.

2. Non-Allowable Costs:

- a) Dependent/family member allowances.
- b) Daily commuting costs.
- c) Fringe benefits or deductions which normally apply only to persons with the status of an employee.

3. Stipend Levels

The Division of MCH Workforce Development (DMCHWD) has adopted stipend levels established by Kirschstein-National Research Service Awards (NRSA) for trainees and fellows (pre-doctoral and post-doctoral). Dollar amounts indicated in this NOFO are subject to update by the NIH as reflected in this issuance. All approved stipends indicated are for a full calendar year and must be *prorated for the training period*, as appropriate. The stipend levels may, for the DMCHWD, be treated as ceilings rather than mandatory amounts, i.e., stipends may be less than *but may not exceed* the amounts indicated. However, where lesser amounts are awarded, the awarding institution must have established, written policy which identifies the basis or bases for such variation and which ensures equitable treatment for all eligible trainees/fellows. These stipend levels were updated on May 13, 2022, <https://grants.nih.gov/grants/guide/notice-files/NOT-OD-22-132.html>.

Stipends for MCH Nutrition Training Program LTTs may be supplemented by other federal funding sources to support additional nutrition training that exceeds the required 300 hours. The terms of the federal program from which the supplemental funds are to be derived must authorize this practice.

¹⁸ Uniform Administrative Requirements (UAR 45 CFR § 75.466(a)) and the HHS Grants Policy Statement (HHS GPS).

¹⁹ Under 45 CFR 75.466(a), tuition remission and other forms of compensation paid as, or in lieu of, wages to students (including fellows and trainees) performing necessary work are allowable provided that there is a bona fide employer-employee relationship between the student and the institution for the work performed, the tuition or other payments are reasonable compensation for the work performed and are conditioned explicitly upon the performance of necessary work, and it is the institution's practice to similarly compensate students in non-sponsored as well as sponsored activities. Other requirements also apply.

a) Pre-Doctoral trainee

One stipend level is used for all pre-doctoral candidates, regardless of the level of experience.

Career Level	Years of Experience	Stipend for FY 2022	Monthly Stipend
Pre-doctoral	All	\$26,352	\$2,196

b) Post-Doctoral fellow

The stipend level for the entire first year of support is determined by the number of full years of relevant post-doctoral experience** when the award is issued. Relevant experience may include research experience (including industrial), teaching assistantship, internship, residency, clinical duties, or other time spent in a health-related field beyond that of the qualifying doctoral degree. Once the appropriate stipend level has been determined, the fellow must be paid at that level for the entire grant year. *The stipend for each additional year of support is the next level in the stipend structure and does not change mid-year.* These stipend levels should be used to guide support for post-doctoral and post-residency fellows whether supported via stipends or salary.

Career Level	Years of Experience	Stipend for FY 2022	Monthly Stipend
Post-doctoral	0	\$54,840	\$4,570
	1	\$55,224	\$4,602
	2	\$55,632	\$4,636
	3	\$57,852	\$4,821
	4	\$59,784	\$4,982
	5	\$61,992	\$5,166
	6	\$64,296	\$5,358
	7 or More	\$66,600	\$5,550

**Determination of the “years of relevant experience” shall be made in accordance with program guidelines and will give credit to experience gained prior to entry into the grant-supported program as well as to prior years of participation in the grant-supported program. The appropriate number of “years” (of relevant experience) at the time of entry into the program will be determined as of the date on which the individual trainee begins their training rather than on the budget period beginning date of the training grant. Stipends for subsequent years of support are at the next level on the stipend chart.

APPENDIX B: Additional Examples of Collaborations, Partnerships, and MCH Resources

Examples of opportunities for collaboration with HRSA Investments:

- [Children's Healthy Weight State Capacity Building Program](#)
- [Leadership Education in Adolescent Health \(LEAH\)](#) program
- [Leadership Education in Neurodevelopmental and Related Disabilities \(LEND\)](#) program
- [MCH Navigator](#)
- [MCH Evidence Center](#)
- HRSA-funded research networks
- State Title V MCH programs

Examples of opportunities for collaboration with other federally funded nutrition programs:

- USDA's WIC Program
- USDA's SNAP-Ed Program
- USDA's Cooperative Extension Program
- CDC's State Physical Activity and Nutrition Program (SPAN)
- CDC's High Obesity Program (HOP)
- CDC's Racial and Ethnic Approaches to Community Health (REACH)

Examples of opportunities for collaboration with other MCH or public health nutrition entities and organizations:

- Association of State Public Health Nutritionists (ASPHN)
- National WIC Association
- Diversify Dietetics
- United States Breastfeeding Committee
- Systems such as home visiting programs, school systems, and other sectors

Additional MCH Resources:

- [National Center for Cultural Competence](#)
- [Title V Information System \(TVIS\)](#)
- Healthy People 2030 National Health Promotion and Disease Prevention Objectives related to MCH Nutrition, particularly the [Nutrition and Healthy Eating Objectives](#) (e.g., [NWS-02: Eliminate very low food security in children](#), [NWS-01: Reduce household food insecurity and hunger](#)).