U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA

Health Resources & Services Administration

Maternal and Child Health Bureau (MCHB)
Division of Maternal and Child Health Workforce Development (DMCHWD)

Maternal and Child Health (MCH) Leadership, Education, and Advancement in Undergraduate Pathways (LEAP) Training Program

Funding Opportunity Number: HRSA-21-034
Funding Opportunity Type(s): Competing Continuation, New
Assistance Listings (CFDA) Number: 93.110

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2021

Application Due Date: January 7, 2021

*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, including SAM.gov and Grants.gov,
may take up to 1 month to complete.*

Issuance Date: October 9, 2020

MODIFIED October 23, 2020 to:
Update the General Provisions in Division A of the Further Consolidated Appropriations Act.
Add language to clafify regarding Interchange with Other Programs/Recipient Meetings, and
revise Sections IV.ii. Methodology, and Work Plan, and IV.iv. Budget Justification Narrative

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Authority: 42 U.S.C. § 701(a)(2)(Title V, § 501(a)(2) of the Social Security Act)

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2021 Maternal and Child Health (MCH) Leadership, Education, and Advancement in Undergraduate Pathways (LEAP) Training Program (formerly called MCH Pipeline Training Program). The purpose of this program is to promote the development of a diverse and representative public health and health care workforce by recruiting undergraduate students from underserved or underrepresented backgrounds, including trainees from racially and ethnically underrepresented groups, into MCH public health and MCH-related health professions in order to improve levels of representation, reduce health disparities, and increase access to health care for vulnerable and underserved MCH populations, including those from such racially and ethnically diverse groups.

Funding Opportunity Title:	MCH Leadership, Education, and Advancement in Undergraduate Pathways (LEAP) Training Program
Funding Opportunity Number:	HRSA-21-034
Due Date for Applications:	January 7, 2021
Anticipated Total Annual Available FY 2021 Funding:	$940,000 (includes $10,000 for annual recipient meeting, which will be determined each year post-award)
Estimated Number and Type of Award(s):	Up to six (6) grants
Estimated Award Amount:	Up to $155,000 per year subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	June 1, 2021 through May 31, 2026 (5 years)
Eligible Applicants:	Only domestic public or nonprofit private institutions of higher learning may apply for MCH training grants. See 42 CFR § 51a.3(b). See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 R&R Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguidev2.pdf, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA has scheduled the following technical assistance webinar:

Day and Date: Monday, October 26, 2020
Time: 2 p.m. – 3 p.m. ET

Call-In Number: 1-888-469-1052
Participant Code: 3230764
Weblink: https://hrsa.connectsolutions.com/leapwebinar/

Playback Number: 1-888-566-0418
Passcode: 102620

HRSA will record the webinar and make it 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) Leadership, Education, and Advancement in Undergraduate Pathways (LEAP) Training Program (formerly called MCH Pipeline Training Program). The purpose of the LEAP Program is to promote the development of a diverse and representative public health and health care workforce by recruiting undergraduate students from underserved or underrepresented backgrounds into MCH public health and MCH-related health professions in order to improve levels of representation, reduce health disparities, and increase access to health care for vulnerable and underserved MCH populations, including those from racially/ethnically diverse backgrounds.

Few training programs currently focus on recruiting undergraduate students into MCH professions. The LEAP Program's unique focus on recruiting diverse undergraduate student cohorts fills a critical gap by building and maintaining a diversified workforce that is reflective of and prepared to address the distinct needs of MCH populations. The specific objectives of the LEAP Program are to:

(1) Recruit and support undergraduate trainees from diverse, underserved, and/or underrepresented backgrounds to:
- Increase the number of undergraduate students from underrepresented backgrounds exposed to learning opportunities in MCH;
- Promote development and interest in careers in MCH; and,
- Increase their cultural responsiveness and skills in addressing health disparities in underserved communities.

(2) Foster development of interdisciplinary leadership and research skills training at the undergraduate level in MCH public health and MCH-related health professions in preparation for careers in MCH.

(3) Provide mentorship and internship opportunities to undergraduate students through preceptorships with MCH professionals, graduate students, and MCH/Title V organizations in preparation for graduate/post-graduate education/training in MCH.

(4) Increase access to MCH undergraduate education and training through innovative and alternative methods, such as telehealth, virtual instruction, or distance-learning modalities.

2. Background

This program is authorized by 42 U.S.C. § 701(a)(2)(Title V, § 501(a)(2) of the Social Security Act).

The National Healthcare Quality and Disparities Report, by the Agency for Healthcare Research and Quality (AHRQ), states that, despite a national priority to eliminate health disparities, a sizable proportion of vulnerable and underserved women and children from racially/ethnically diverse groups continue to have less access to health care, receive lower-quality care, and experience poorer health outcomes compared to other

populations. [1] This AHRQ Report further substantiates: 1) increasing diversity and representation in the workforce is one important way to provide high quality, culturally and linguistically competent care to MCH populations; and 2) lack of diversity in the MCH workforce may lead to cultural and linguistic barriers during patient-provider interactions, and providers' clinical uncertainty when treating diverse populations.

The literature suggests that academic institutions should not just recruit and retain students from racially and ethnically underrepresented groups to their organizations, but attract such students to health professions specifically.[2] Research shows that health providers from underrepresented groups are more likely to serve vulnerable populations, more likely to practice in underserved areas, and more likely to achieve greater compliance from their racially/ethnically diverse patients.[3] Clinicians and researchers from underrepresented groups also may be more inclined and better positioned to address diseases that disproportionately affect underrepresented racially/ethnically diverse groups.[4]

Undergraduate-level education is an optimal time to nurture interest in MCH-related careers, especially among students from underrepresented backgrounds who have noted a lack of awareness of MCH public health and related health professions.[5] Barriers to entry into certain health professions for racial minorities, such as medicine, often tend to occur at the undergraduate level. Undergraduate student pathway and internship programs, which enhance recruitment of underrepresented racially/ethnically diverse groups, can increase the likelihood of achieving a diverse workforce.[6] Data also suggest that undergraduate participation in an experiential opportunity or practicum experience promotes an increase in students' confidence in a number of measures related to working in complex, dynamic environments and in their ability to contribute to improvements in MCH population health. Students with these experiential opportunities or practicum experiences reported having more confidence in their ability to function effectively as an informal/formal MCH leader; having more confidence in their ability to contribute to improvements in MCH population health; being more prepared to enter the workforce after a practicum experience; and (nearly 60 percent) being more likely to seek additional education in MCH after graduation.[7]

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[1] Agency for Healthcare Research and Quality (2018), National Healthcare Quality and Disparities Report, 2018. Rockville, MD: U.S. Department of Health and Human Services.

[2] Josiah Macy Jr. Foundation, 2020. Retrieved May 28, 2020 from https://macyfoundation.org/news-and-commentary/macy-foundation-announces-new-strategic-funding-priorities.

[3] Minorities in Medicine: An Ethnic and Cultural Challenge for Physician Training. An Update. Council on Graduate Medical Education. Seventeenth Report. U.S. Department of Health & Human Services. Health Resources and Services Administration. April 2005. Retrieved September 9, 2020 from https://www.hrsa.gov/sites/default/files/advisorycommittees/cogme/COGME%20Reports/2005-April.pdf.

[4] The Duke Endowment, Opening the Pipeline in Health Professions, 2020. Retrieved May 27, 2020 from https://www.dukeendowment.org/story/opening-the-pipeline-in-health-professions.

[5] Toretsky C, Mutha S, Coffman J. University of California San Francisco Healthforce Center. July 2018. Retrieved September 9, 2020 at https://healthforce.ucsf.edu/sites/healthforce.ucsf.edu/files/publication-pdf/Breaking%20Barriers%20for%20Underrepresented%20Minorities%20in%20the%20Health%20Professions%20.pdf.

[6] Duffus WA, Trawick CT, Moonesinghe R, Tola J, Truman BI, Dean HD. Training racial and ethnic minority students for careers in public health sciences. American Journal of Preventive Medicine. 2014;47(5S3):S368–S375.

[7] Handler, A., Klaus, J., Long-White, D. et al. Innovations in Maternal and Child Health: Pairing Undergraduate and Graduate Maternal and Child Health Students in Summer Practica in State Title V Agencies. Matern Child Health J 22, 154–165 (2018). https://doi.org/10.1007/s10995-017-2412-y

The LEAP Program is HRSA's only training investment that directly impacts undergraduate education in MCH public health and MCH-related health professions. HRSA last competed the program (as the MCH Pipeline Training Program) in 2016 and invested approximately $930,000 each year in funding six recipients. At its inception in 2006, the program reached 88 enrolled trainees. This reach grew to 1,038 enrolled trainees in 2018, with a total of 4,822 trainees who have completed the program. In FY 2018, 50 percent of Advanced Medium-Term Trainees, 60 percent of Long-Term Trainees, and 54 percent of faculty and staff were from underrepresented racial groups; and 18 percent of Advanced Medium-Term Trainees, 26 percent of Long-Term Trainees, and 14 percent of faculty and staff were from underrepresented ethnic groups. Additionally, 76 percent of program completers went on to enter graduate programs and work with MCH populations. Program completers have entered graduate school to pursue various graduate degrees, such as public health, medicine, nursing, psychology, and social work. In FY 2021, MCHB will collect data on the long-term impact of the program and whether program completers work with MCH populations and/or vulnerable and underserved populations. Preliminary alumni survey data suggest that 60 percent of program-completers attributed most or all of the help they received to apply to graduate school to their LEAP Program. Seventy-four (74) percent of program completers attributed most or all of their success in graduate school to their participation in a LEAP Program.[8] Further iterations of the survey will be useful in determining whether 1) the help trainees receive in applying to graduate school while participating in a LEAP Program or 2) their success in graduate school as a result of participation in a LEAP Program has the biggest impact on a trainee's career trajectory.

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 $940,000 to be available annually to fund up to six LEAP recipients (includes $10,000 for annual recipient meeting, which will be determined each year post-award). The actual amount available will not be determined until enactment of the final FY 2021 federal appropriation. You may apply for a ceiling amount of up to $155,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. In years 1–4 of the period of performance, one recipient each year may receive up to an additional $10,000 (total award not to exceed $165,000) to host the LEAP Program recipient annual meeting. The period of performance is June 1, 2021 through May 31, 2026 (5 years). Funding beyond the first year is subject to the

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[8] Fernandes, P. Maternal and Child Health Pipeline Programs: Training the Next Generation of Leaders. Philadelphia, PA: American Public Health Association annual meeting; 2019.

availability of appropriated funds for the LEAP Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

Limitations on indirect cost rates See HRSA Grants Policy Bulletin **2017-03** *Indirect Cost Rate Agreements in the NOFO*.

Indirect costs under training awards to organizations other than state, local, or Indian tribal governments 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 sub-awards and subcontracts in excess of $25,000 are excluded from the direct cost base for purposes of this calculation.

Type of Award	Estimated Number of Awards	Estimated Annual Amount of Award Per Recipient	Anticipated Annual Total Availability of Funds
LEAP Programs	6	$155,000	$930,000
LEAP Program Recipient Meeting	1 LEAP award recipient per year	$10,000	$10,000
Anticipated Annual Total Availability of Funds			**$940,000***

*The total noted in the "Summary of Funding" includes $10,000 to support the annual recipient meeting, which will be determined each year post-award.

III. Eligibility Information

1. Eligible Applicants

Only domestic public and nonprofit private institutions of higher learning may apply for training grants (See 42 CFR § 51a.3(b)).

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA will consider any application that exceeds the ceiling amount non-responsive and will not consider it for funding under this notice.

HRSA will consider any application that fails to satisfy the deadline requirements referenced in Section IV.4 non-responsive and will not consider it for funding under this notice.

NOTE: Multiple applications from an organization are not allowable.
If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates) an application is submitted more than once prior to the application due date, HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

A student/trainee 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. As defined in the HHS Grants Policy Statement, a non-citizen national is a person who, although not a citizen of the United States, owes permanent allegiance to the United States. They generally are individuals born in U.S. outlying possessions (American Samoa and Swains Island) on or after the date of formal acquisition of the possession, or to parents who are non-citizen nationals and have had a residence in the United States or one of its outlying possessions before the birth of that individual.

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 http://www.grants.gov/applicants/apply-for-grants.html.
The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for each NOFO you are reviewing or preparing in the workspace application package 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

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

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

Application Page Limit

The total size of all uploaded files included in the page limit may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments including biographical sketches (biosketches), and letters of commitment and support required in HRSA's *SF-424 R&R Application Guide* and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Biographical sketches **do** count in the page limitation. Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-21-034, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification
1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3321).
3) Where you are unable to attest to the statements in this certification, an explanation shall be included in *Attachment 8: Other Relevant Documents*.

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

Program-Specific Instructions

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

   i. *Project Abstract*
See Section 4.1.ix of HRSA's *SF-424 R&R Application Guide.*

The body of the abstract should adhere to the following format:
- Problem
- Goals and Objectives
- Methodology
- Coordination
- Evaluation

ii. *Project Narrative*

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and well-organized 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*
Briefly describe the purpose of the proposed project.

▪ *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criteria #1 Need and #2 Response*

Provide relevant background information for the proposed program. Use national, regional, or local data to describe need for the training program, and specifically identify MCH public health and health workforce development need(s) to be addressed and gaps which the project is intended to fill.

State the importance of the project by documenting the potential of the project to meet the purposes of the program described in this NOFO, demonstrate comprehensive knowledge of MCH public health and health workforce needs and how a well-trained MCH workforce, which includes individuals from underserved and underrepresented backgrounds, contributes to improved MCH population health outcomes.

A summary of needs assessment findings should be included. State concisely the importance of the project by relating the specific objectives to the potential of the project to meet the purpose of the program described in Section I. 1. Purpose of this Notice of Funding Opportunity. *Please include a Needs Assessment Summary in* **Attachment 1**.

▪ *METHODOLOGY -- Corresponds to Section V's Review Criteria #2 Response and #3 Impact*

1) Goals and Objectives

State the overall goal(s) of the project and list the specific objectives that respond to the stated need/purpose. The goals and objectives should be specific, measurable, achievable, relevant, and time-oriented (SMART) with explicit outcomes for each project year, which are attainable in the stated time frame; and that address the overarching program objectives as stated in the Purpose section. These outcomes are the criteria for the evaluation of the program.

2) Undergraduate Trainees

Applicants should include demographic information about undergraduate trainees participating in the program with an assessment of the program participants' knowledge, skills and abilities and proposed matriculation into a

graduate public health or related health profession program. Trainees might include both medium- and short-term trainees.

- *Medium-term trainees* are those with at least 40 to 299 program hours.
  - o Level I Medium-term trainee receives 40-149 program hours.
  - o Level II Medium-term trainee receives 150-299 program hours.

Applicants should describe activities in which medium-term trainees will be engaged, and identify measurable training objectives, expected outcomes, and outcome measures appropriate to the medium-term training activities conducted.

- *Short-term trainees* are those who will have less than 40 program hours with your training program. Applicants should identify specific short-term training objectives and the training activities in which short-term trainees are engaged.

Program hours are defined as hours spent in didactic training (e.g. hours of course work or number of academic hours for which a trainee is registered); on site clinical work or "hands-on supervised" clinical work; and experiential activities and projects conducted under the supervision of faculty (ex. research, presentations, proposal development).

LEAP Program recipients will report annually on the number of short-term and medium-term (level I and level II) trainees.

The project plan should include criteria for, and a description of, the methods of recruitment and selection of undergraduate trainees who are from underrepresented backgrounds and have the interest and potential to pursue a career in a MCH public health or MCH-related health profession. The project plan should describe special efforts directed toward recruitment of qualified students from underrepresented groups, e.g. developing culturally/linguistically competent brochures/flyers, sending listserv messages, emails, and social media messages, posting recruitment videos, establishing personal connections with professional associations for health professionals from underrepresented groups, hosting career fairs, one-on-one advising opportunities, and one-day recruitment conferences, and attending annual professional association conventions.

Applicants are strongly encouraged to start recruitment of undergraduate trainees during the freshman or sophomore year of studies before trainees have made post-graduate commitments. Also, applicants should consider the educational discovery stage of undergraduate trainees, once they are selected, to determine how best to build interest in MCH public health and related fields, and to assist trainees with MCH course selection, practicum placements, navigating available resources, and making post graduate decisions.[9]

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[9] Arnold, L., Embry, E., Fox, C. (2015). *Public Health Reports*, 130 (July-August 2015), 415-420.

Once selected, program trainees may receive financial support (stipends, travel, and/or tuition) through the LEAP Program. The nature and sources of support for trainees must be described. MCH training support (tuition, stipends, travel, etc.) must be limited to students whose background, career goals, and leadership potential are consistent with the intent of the MCH training grant. *Appendix A: Applicable Standards for Using Grant Funds to Support Trainees/Fellows* defines trainees and provides guidelines for undergraduate financial support.

The project plan should describe steps that will be taken to ensure recruited students are able to successfully complete the project curriculum.

3) Program Components
Training Plan
The program should identify, conduct and evaluate new opportunities for public health classroom and field experiences that will develop leadership skills and foster a broad public health perspective. It should include such topics as public health policy, public health administration, advocacy, cultural/linguistic competence, etc., especially as these relate to the maternal and child health population. Students also should graduate from the training program with a general understanding of Title V MCH and related programs in the United States, and how the life course perspective addresses the unique developmental and epidemiological characteristics of women, children (including Children and Youth with Special Health Care Needs) and youth in the context of the physical, social, and environmental influences of health. In particular, curricula should address the impact that social determinants of health have on the health and well-being of vulnerable and underserved populations. Social determinants of health encompass conditions in which people are born, grow, live, work, and age. They include factors like socioeconomic status, education, neighborhood and physical environment, community violence, employment, and social support networks, as well as access to health care.

The program should propose utilizing online learning platforms, such as the MCH Navigator (https://www.mchnavigator.org), to supplement training and practice offered in in-person settings. The program should consider incorporating the use of web-based technology for communication and information acquisition and processing. Programs should use principles from effective education models when developing content and utilize available technologies such as e-learning systems, course management software, web-based conferencing, social media and social networking tools to deliver content.

Content/Learning Experiences
It is expected that LEAP Program recipients offer trainees a variety of content and learning experiences, which are interdisciplinary in nature; use multiple modalities, e.g., didactic, experiential, mentoring, and peer exchange; and focus on topical areas that are appropriate for undergraduate trainees, including but not limited to:

Leadership

MCH Training Programs place a particular emphasis on leadership education. The curricula must include content and experiences to foster development of leadership attributes. Leadership training prepares MCH professionals to move beyond excellent clinical or public health practice to leadership through practice, research, teaching, administration, and advocacy. A complete description of the *MCH Leadership Competencies*, including definitions, knowledge areas and basic and advanced skills for each competency is included at https://mchb.hrsa.gov/training/leadership-00.asp.

Applicants must indicate how these competencies will be incorporated into training curricula in a manner that is responsive to the goals and lived experiences of underrepresented undergraduate students.

Public Health

The program must reflect a broad public health perspective. It should emphasize, either as discrete curricular topics or as topics integrated in other components, appropriate didactic and experiential content relative to the development, implementation and evaluation of public health systems. At a minimum, a broad public health perspective includes, but is not limited to: community needs assessment, MCH epidemiology, quantitative and qualitative methods, advocacy, public policy formulation and implementation, legislation/rule making, financing, budgeting, communication, program administration, consultation and program planning and evaluation.

Interdisciplinary Training and Practice

Interdisciplinary training and practice should include health care providers, basic and clinical scientists, social and behavioral scientists, educators, attorneys, other public health professionals, policy makers, community members and family members. You should document any collaborative (scientific and educational) relationships that have been developed with public health-related programs within schools of medicine, schools of nursing, schools of social work, schools of public policy, etc. to model interdisciplinary care with LEAP trainees.

More information about interdisciplinary training and practice can be found at: https://mchb.hrsa.gov/training/hi-inter-2020.asp

Mentoring

The LEAP Program supports a strong mentoring component designed for faculty to develop long-term relationships with students that offer additional support and guidance on succeeding academically, refining research interests and planning for a career.

Mentorship is a fundamental component related to the success of health professionals, especially those from underrepresented backgrounds. [10] Mentoring involves building a trusting relationship through culturally and linguistically

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[10] Belcher, H. MCH Pipeline Training Program: Connecting with academia to build capacity through mentoring. Philadelphia, PA: American Public Health Association annual meeting; 2019.

competent communication between the student and mentor. Mentoring competencies may include: (a) addressing equity, diversity, and inclusion, (b) aligning academic, professional, and career expectations, (c) promoting professional development, (d) developing research skills, (e) building leadership and self-advocacy skills, and (f) guiding graduate/workforce preparation activities. According to this same study, mentoring strategies that consider the cultural factors that are important to support student success may result in improved engagement and commitment to MCH careers across public health and related health disciplines.

LEAP recipients collaborate with other MCHB-funded training programs to foster opportunities for graduate/post-graduate education in MCH.

Applicants should discuss plans to introduce career shadowing of faculty and graduate-level students as a mechanism to promote interest in MCH public health and related health professions and to promote mentoring experiences. It is anticipated that the exposure will facilitate the transition from undergraduate study to graduate training in an MCH field (i.e., pediatrics, public health, pediatric dentistry, MCH nutrition, MCH social work, etc.). Additional information on Long-term Graduate MCH Training Programs in these fields is available at: http://www.mchb.hrsa.gov/training. HRSA/MCHB also maintains ongoing communication with the HRSA/Bureau of Health Workforce (BHW) to ensure coordination, but non-overlap, of HRSA-supported activities across HRSA's various pathway programs.

Internship Opportunities
The program should initiate internship opportunities designed to encourage students from underrepresented groups to pursue graduate careers in MCH. In addition, the program should consider conducting summer bridge courses that incorporate community engagement to enhance exposure to MCH public health and related health professions outside of the regular classroom setting.

Successful applicants of this funding opportunity will be encouraged to discuss opportunities to engage with state MCH professionals, including the Title V Internship Program, with LEAP trainees. Document how program faculty and staff will provide guidance and support to students in applying to, and completing, their internship experiences, as applicable.

Cultural and Linguistic Competence and Responsiveness
Applicants must demonstrate how your program will address and respond to issues of cultural competence, such as including cultural and linguistic competence training in the curricula, administrative procedures, faculty and staff development, and recruiting faculty and students from underrepresented groups. Cultural competence is defined as "a developmental process that occurs along a continuum and evolves over an extended period. It broadly represents knowledge and skills necessary to communicate and interact effectively with people regardless of differences, helping to ensure that the needs of all people and communities are met in a respectful and responsive way in an effort to decrease

health disparities and lead to health equity." [11] Cultural competence is a dynamic, ongoing, fluid, developmental process that requires a long-term commitment and is achieved over time.

HRSA programs serve culturally and linguistically diverse communities. Although race and ethnicity are often thought to be dominant elements of culture, a broader definition of culture incorporates diversity within specific cultural groups, including but not limited to cultural uniqueness within Native American populations, Native Hawaiian, Pacific Islanders, and other ethnic groups. Included in this definition are language, gender, socio-economic status, sexual orientation and gender identity, physical and mental capacity, age, religion, housing status and regional differences. HRSA-supported entities can implement organizational behaviors, practices, attitudes, and policies to respect and respond to the cultural diversity of communities, clients and students served.

Additional cultural and linguistic responsiveness and health literacy tools, resources and definitions are available online at:
- HRSA information about "Culture, Language, and Health Literacy:" https://www.hrsa.gov/about/organization/bureaus/ohe/health-literacy/culture-language-and-health-literacy.
- The Office of Minority Health (OMH) National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care Standards: https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53
- The National Center for Cultural Competence (NCCC) Curricula Enhancement Module Series: https://nccc.georgetown.edu/curricula/modules.html.

Telehealth
Advances in digital, mobile, and connected technologies and the occurrence of public health emergencies are spurring health professionals to provide care, stay in contact with patients, and offer specialty consultation to frontline providers through telehealth. To prepare health professionals to use telehealth effectively, more programs are discussing telehealth in didactic, clinical, and practicum settings. Training in this area may include teaching telehealth terminology, uses, communication skills, and how to deliver care remotely through monitors or other devices.[12]

Current and Emerging Issues
Applicants should reflect awareness of emerging health problems, such as those outlined in the Healthy People 2030 National Health Promotion and Disease Prevention Objectives (https://www.healthypeople.gov/2020/About-Healthy-People/Development-Healthy-People-2030/Framework), practice issues, and new analytic tools. The program also should explore models influencing the field, such as Health Equity, Social Justice, Global Health, Social Determinants of Health, and

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[11] Maternal & Child Health Leadership Competencies, Version 4.0 (2018). U.S. Department of Health and Human Services, Health Services and Resources Administration. Retrieved October 1, 2020 from https://mchb.hrsa.gov/training/documents/MCH_Leadership_Competencies_v4.pdf.
[12] Warshaw, R. From Bedside to Webside: Future Doctors Learn How to Practice Remotely. AAMCNews (2018). https://www.aamc.org/news-insights/bedside-webside-future-doctors-learn-how-practice-remotely

Public Health Emergency Preparedness and Response.

4) Curricula
The program should encourage and motivate students to seek careers in MCH public health and related health professions. The curricula should include appropriate undergraduate didactic, research, clinical and/or field experiences, and should expose students to the many MCH health professionals who serve children, youth, and families. Content should include the health and development of children, youth and families as well as MCH service systems.

The curricula should include exposure to the differing social, cultural and health practices of various ethnicities and nationalities, and the implications of these relative to health status and provision of health care. The curricula should also reflect awareness of emerging health problems and practice issues. *Please include a 1-page MCH Curriculum Summary in* **Attachment 2***.*

5) Linkage to Existing MCH Long-Term Graduate Training Programs
Applicants should demonstrate proposed linkages to one or more existing MCH Long-Term Graduate Training Programs. Documentation should include a detailed description of collaborative relationships with these programs. (See http://www.mchb.hrsa.gov/training).

It is anticipated that collaboration with MCH Long-Term Graduate Training Programs will not only enhance undergraduate training/experience in MCH fields but also facilitate future graduate placement into MCH programs, a critical outcome for this program. The linkage with MCH Long-Term Training Programs will provide LEAP trainees with education and practical experience in leadership, public health, interdisciplinary training and practice, cultural competence, emerging issues and research.

6) Dissemination of Educational Resources
As training programs revise and develop new curricular materials, models, and other educational resources and references in the field of MCH, they must also disseminate information about them and make them available to other public health programs, professional associations, and/or other training programs, without charge or at cost, in order to enhance the purpose of this program and increase long-term program sustainability. It is expected that applicants document the extent and effectiveness of plans for dissemination of project results; the extent to which project results may be regional and/or national in scope; and the degree to which the project activities will be collaboratively shared with other HRSA stakeholders.

- *WORK PLAN -- Corresponds to Section V's Review Criteria #2: Response and #3: Impact*
Describe the activities or steps that will be used to achieve each of the objectives proposed in the Methodology section. Include a timeline that describes each activity and identifies responsible staff. The work plan is expected to include performance measures and annual performance objectives for assessing progress and program impact. As appropriate, identify meaningful support and collaboration

with key stakeholders in planning, designing and implementing all activities, including developing the application. LEAP Program impact should be evident through: 1) an increase in undergraduate trainees from culturally diverse, underserved, and underrepresented backgrounds; 2) successful completion of project-related experiences by recruited trainees; 3) improvement in interdisciplinary leadership and research skills in MCH public health and MCH-related health professions that support evidence-based practices, interventions, preventive measures, and informed policy; 34) enhanced career development through mentorship and intern opportunities; and, 45) advances in collaborative approaches and innovative models, such as telehealth, virtual instruction, and distance-learning modalities. *Please include your proposed project's work plan in Attachment 4.*

Interchange with Other Programs/Recipient Meetings
Interchange with other LEAP Programs, to promote cross-recipient interchange, disseminate new information, and assist in the development of collaborative activities through program calls and annual recipient meetings, is required during the period of performance.

Recipient Meetings
Each LEAP applicant should include a statement, in the work plan, generally outlining willingness and capability to develop and convene the LEAP Program recipient meeting at least one time, during the period of performance, with the knowledge that only one LEAP recipient will be selected to host the meeting and receive the supplemental funding each year. Responsibility of the host program includes arrangements and payment for the speakers, meeting logistics, and lodging, plus meeting meals in lieu of one-half of per diem, for approximately 15 participants, *to the extent that the supplemental funding is available*. The LEAP project director and at least one core faculty member are expected to participate in recipient meetings annually, and you may choose to support additional faculty, staff, and/or trainees to attend the meeting with grant funds. *This annual recipient meeting expectation may be waived in year 5 of the period of performance.*

Recipient Program Calls
Each LEAP applicant should include a statement, in the work plan, generally outlining willingness and capability to host program calls at least quarterly, describing ideas for developing an agenda, providing a virtual meeting platform, capturing meeting minutes, etc., during at least one budget year of the 5-year period of performance. The LEAP project director and/or at least one core faculty representative is expected to attend the program calls.

Logic Models
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).

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a time line used during program implementation; the work plan provides the "how to" steps. You can find additional information on developing logic models at the following website: http://www.acf.hhs.gov/sites/default/files/fysb/prep-logic-model-ts.pdf.

Appendix B of this NOFO includes the LEAP Program logic model. *Please include your proposed project's logic model in **Attachment 5***.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #2 Response*
  Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria #4 Evaluative Measures and #5 Resources/Capabilities*
  Submit a plan for evaluation of the LEAP Program that is reflective of how the program will be assessed and contribute to continuous quality improvement. The evaluation plan should:
  - Link data collection activities to the project goals and objectives of the project to data collection activities.
  - Address how the major goals and objectives of the project will be achieved.
  - Monitor ongoing processes and the progress towards achievement/attainment of the goals and objectives of the project.
  - Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, and expected outcomes of the funded activities.
  - Describe the systems and processes that will support your organization's performance management requirements through effective tracking of required performance measures, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance measures.
  - As appropriate, describe the data collection strategy to collect, analyze and track data to measure the achievement of process and impact/outcomes, and explain how the data will be used to inform and

enhance evidence-driven decision-making around program development and service delivery.
- Describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

The evaluation plan should describe the process and method that will be used to track trainees who finish the LEAP Program and report on the following outcomes at 2 and 5 years post-program completion:
- the number and percentage of program completers entering graduate programs preparing them to work with the MCH population,
- the number and percentage of program completers engaged in work related to MCH underserved populations.

Evaluation plans often evolve as the LEAP Program progresses through the 5-year period of performance, so LEAP Programs will work actively with the HRSA MCHB Division of MCH Workforce Development to update your evaluation plans and refine and develop performance measures to address follow-up data requests in the annual progress report.

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

    Briefly describe the administrative and organizational structure within which the program will function, including relationships with other departments, institutions, organizations or agencies relevant to the program. *Please include organizational chart and any other charts outlining these relationships in* **Attachment 7***.* Briefly describe the physical setting(s) in which the program will take place.

    Include a brief, specific description of the available resources (faculty, staff, space, equipment, clinical facilities, etc.), and related community services that are available and will be used to carry out the program. Faculty and staff office space, classrooms, library, audiovisual and computer resources should be available to the program and should be at least at the level available to other comparable programs in the school. Also, please include a description of your organization's time keeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

    Provide a position description for each key faculty and staff person in **Attachment 6**. Specifically describe the **duties and responsibilities** (what is done and how) and the **minimum qualifications** (the minimum requirements of education, training, and experience necessary for accomplishment of the position). Position descriptions should describe requirements for experience, skills, knowledge, abilities, and previous work of a similar nature, as well as the qualifications necessary to meet the functional requirements of the position.

    Provide biographical sketches (biosketches) of key faculty/staff. Upload the biosketches in the SF-424 RESEARCH & RELATED Senior Key Person Profile form that can be accessed in the Application Package under "Mandatory."

Even though biographical sketches must be uploaded in the SF-424 RESEARCH & RELATED Senior Key Person Profile form, you are <u>not</u> a required to use this form and format. These forms are not considered standard forms; therefore, please keep in mind that biographical sketches do count towards the page limit. Sample biosketch format pages, instructions and examples can be referenced at [NIH Grants & Funding: Biosketch Format Pages, Instructions and Samples](#).

<u>LEAP Project Director:</u>
The project director of the LEAP Program is expected to be a faculty member (preferably full-time and at the doctoral level) at the institution of higher learning with appropriate credentials in public health, social science, or another health-related discipline. The project director is expected to devote a minimum of 20 percent of their time to the LEAP Program. This 20 percent time may be a combination of grant and in-kind support.

<u>Core Faculty</u>
In order to best prepare undergraduate students for a career in an MCH public health profession, it is essential that faculty be knowledgeable of MCH and its various disciplines. Your LEAP Program is expected to document appropriately qualified core faculty from diverse public health, health, social science, or related disciplines with demonstrated leadership, requisite levels of education, relevant experience and activities pertaining to MCH science and scholarship who are given adequate time commitment to participate fully in all components of the training program.

Your LEAP Program should also include those faculty with a strong track record in working with underrepresented students as well as staff from admissions offices, etc. Faculty should include qualified individuals from underrepresented groups who demonstrate a strong track record of recruiting, retaining and mentoring students from underrepresented groups as well as a strong record of assisting students in entering graduate schools concentrating in public health and health careers. Faculty experience should include evidence of academic enrichment efforts, aid with graduate school admissions preparation, and assistance with applying for financial aid and obtaining necessary supportive resources once graduate school admission has been offered.

iii. ***Budget*** - *Corresponds to Section V's Review Criterion [#6 Support Requested](#)*
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 the 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.

The Further Consolidated Appropriations Act, 2020 (P.L. 116-94), Division A, § 202 states, "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, local, or Indian tribal governments 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 sub-awards and subcontracts in excess of $25,000 are excluded from the direct cost base for purposes of this calculation.

iv. *Budget Justification Narrative -* *Corresponds to Section V's Review Criterion #6 Support Requested*

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

Budget Considerations

The level of support available annually for the LEAP Program is **up to $155,000** and is intended to build upon existing resources. **Budgets exceeding $155,000 in a single budget period will be considered non-compliant**.

Awards are subject to adjustment after program and peer review. If this occurs, program components and/or activities will be negotiated to reflect the final award. Reviewers will deduct points from applications for which budgets are not thoroughly justified.

Justify your budget requests by describing and identifying goals, objectives, activities, and outcomes that will be achieved by the program during the period of performance.

Applicant institutions should already have basic elements necessary for a training program. *It is expected that support for students will be a significant portion of requested funds.*

Budgeting for Annual Recipient Meeting

Ten thousand dollars ($10,000) will be made available, to one LEAP recipient on a rotating basis to host the annual recipient meeting, each year during the period of performance based on the availability of supplemental funding. In the annual budget travel category, you should include transportation costs and one half of the per diem rate for at least two faculty members to attend the LEAP Program recipient meeting. Do not include this $10,000 supplemental funding in your annual budget requests since the recipient meeting host will be determined by the six LEAP Program recipients post award. *Total annual budget, for all years in the period of performance, should not exceed $155,000 per year.*

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. Any 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
Work Plan	(2) Response and (3) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(4) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget and Budget Justification Narrative	(6) Support Requested - the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

v. *Program-Specific Forms*
Program-specific forms are not required for application.

vi. *Attachments*

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. **Clearly label each attachment**.

Attachment 1: Needs Assessment
Include a Needs Assessment Summary that reflects the national, regional or local need/demand for the training described in this NOFO and specifically identify problem(s) to be addressed and gaps that the project is intended to fill.
Attachment 2: MCH Curriculum Summary
Include a 1-page description of LEAP Program didactic work, practicum experiences, and other pertinent information. Include course descriptions, clinical experiences; community/public health opportunities, competency preparation, and research activities.

Attachment 3: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated. Be sure to include collaboration with at least one MCH Long-Term Graduate Training Program.

Attachment 4: Work Plan
Include the work plan for the project that includes all information detailed in Section IV.2.ii. Project Narrative. If you will make sub-awards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

Attachment 5: Logic Model
Include the required logic model for the project that includes all information detailed in Section IV.2.ii. Project Narrative.

Attachment 6: 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.

Attachment 7: Project Organizational Chart
Provide a one-page figure that depicts the organizational structure of the project.

Attachment 8-15: Other Relevant Documents 15 is the maximum number of attachments allowed.
Include here any other documents that are relevant to the application, including the preliminary project evaluation plan and letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

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

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

You must also register with SAM and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

If you are chosen as a recipient, HRSA would not make an award until you have complied with all applicable DUNS (or UEI) and SAM requirements and, 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 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 it is still active and that the Authorized Organization Representative (AOR) has been approved.

*Currently, the Grants.gov registration process requires information in three separate systems:
- Dun and Bradstreet (http://www.dnb.com/duns-number.html)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

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

SAM.GOV **ALERT:** For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018.

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

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

Application Due Date
The due date for applications under this NOFO is *January 7, 2021 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 R&R Application Guide* for additional information.

5. Intergovernmental Review

The LEAP Program is not a program 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 $155,000 per year (inclusive of direct **and** indirect costs). 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 A of the Further Consolidated Appropriations Act, 2020 (P.L. 116-94) and Continuing Appropriations Act, 2021 and Other Extensions Act (P.L. 116-159) are in effect at the time this NOFO is posted. Please see Section 4.1 of HRSA's *SF-424 R&R Application Guide* for additional information. Awards will be made subsequent to enactment of the FY 2021 appropriation. The NOA will reference the FY 2021 appropriation act and any restrictions that may apply. Note that these or other restrictions will apply as required by law in subsequent acts for FY 21.

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

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative applied to the award(s) under the program will be 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 critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application.

Review criteria are used to review and rank applications. The LEAP Program has six (6) review criteria. See the review criteria outlined below with specific detail and scoring points.

Criterion 1: NEED (15 points) – Corresponds to Section IV's Introduction and Needs Assessment
- The strength and effectiveness of the application's Project Purpose in adequately documenting the critical needs that the LEAP Program will address.
- The strength and effectiveness of the applicant's documentation of knowledge of maternal and child health, especially MCH career opportunities in public health and related health professions.
- The strength and effectiveness of the applicant's needs assessment and documentation of the needs of the target population, including outlining gaps, barriers, and disparities.

Criterion 2: RESPONSE (30 points) – Corresponds to Section IV's Methodology, Work Plan, and Resolution of Challenges
<u>Methodology</u> *(10 points)*
- The strength and effectiveness of the applicant's response to the "Purpose," included in the program description; quality and reasonableness of the proposed goals and objectives (i.e., the extent to which they are specific, measurable, attainable/achievable, relevant, and time-framed with the purpose and requirements of the proposed project); and the strength and effectiveness of the applicant's proposed activities to address the problem and attain the project goals and objectives.
- The strength and effectiveness of the applicant's proposed curriculum to address applicable program requirements (i.e., population-based, health care systems approach, culturally/linguistically responsive, emerging issues) in MCH public health and related health professions, and the strength and reasonableness of the applicant's proposed didactic and field experiences to meet the training needs of trainees.

<u>Work Plan</u> (*15 points*)
- The strength and effectiveness of the applicant's plan for recruiting and retaining undergraduate trainees from underrepresented backgrounds, including trainees from racially and ethnically underrepresented groups, who are interested in pursuing advanced academic and career plans in MCH public health and related health professions.
- The strength and effectiveness of the applicant's faculty and staffing plan for mentoring and advising undergraduate trainees on selecting appropriate didactic/field experiences in MCH public health and related health professions and on making post graduate decisions.
- The strength and effectiveness of the evidence provided by the applicant that there will be planned collaboration/linkage with at least one (1) MCH Long-Term Graduate Training program as required in this NOFO.
- The applicant's statement of capability to host at least one annual meeting and quarterly calls during at least one budget period of the 5-year period of performance.

<u>Resolution of Challenges</u> *(5 points)*

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

Criterion 3: IMPACT (10 points) – Corresponds to Section IV's Methodology and Work Plan.
- The feasibility of the applicant's project plan for recruiting undergraduate students from underserved or underrepresented backgrounds into MCH public health and MCH-related health professions.
- The extent to which the applicant's proposed project activities are replicable and the feasibility of the applicant's plans for dissemination of project results and outcomes.
- The feasibility and reasonableness of the applicant's plan to ensure project sustainability beyond federal funding.

Criterion 4: EVALUATIVE MEASURES (20 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity
- The strength and effectiveness of the applicant's proposed method to monitor and evaluate the project results.
- The extent to which there is evidence that the evaluative measures will be able to assess whether the project objectives have been met and the accomplished objectives can be attributed to the project.
- The strength and effectiveness of the applicant's description of project personnel who will be responsible for refining, collecting, and analyzing data for the program evaluation.
- The strength and effectiveness of the applicant's plan to make continuous quality improvement to the program based on process or intermediate evaluation findings.
- The strength and effectiveness of the applicant's plan to collect data elements related to HRSA/MCHB performance measurement.
- The strength and effectiveness of the applicant's plan to track and collect data elements on trainees 2 and 5 year's post-program completion, and report on the accomplishments of former undergraduate trainees.

Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV's Organizational Information
- The strength and effectiveness of the applicant's track record in students entering graduate school and concentrating on MCH public health or related health careers, upon graduation.
- The extent to which the project's organizational and administrative personnel, including the project director and faculty, are well qualified by training and/ experience to conduct the training, mentor students, and serve as leaders in the field of MCH public health and related health disciplines.
- The strength of applicant's plan for recruiting, teaching, collaborating, mentoring, and placing students from underrepresented backgrounds (including students from underrepresented groups) into MCH public health and related health profession careers.

- The strength and effectiveness of the applicant's plan to involve faculty members who are representative of underrepresented groups.
- The strength and reasonableness of the applicant's existing resources to support the types of educational methods that they describe in the proposal, including formal affiliation and collaboration agreements.

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's Budget and Budget Justification
- The extent to which the proposed annual budget is reasonable and allocable in relation to the goals/objectives, the complexity of the activities, the scope of work, and the anticipated results.

2. Review and Selection Process

The objective review process provides an objective evaluation 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.

3. Assessment of Risk

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

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

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

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

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

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to the start date of June 1, 2021. 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*.

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 sub-recipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded sub-recipients. 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 sub-recipient also are subject to the Federal Government's copyright license and data rights.

Human Subjects Protection
Federal regulations ([45 CFR part 46](#)) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If you anticipate research involving human subjects, you must meet the requirements of the HHS regulations to protect human subjects from research risks.

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 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/FormAssignmentList/T16.html. 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	6/1/2021 to 5/31/2026 *(administrative data and performance measure projections, as applicable)*	Period of performance start date	120 days from the available date
b) Non-Competing Performance Report	6/1/2021 to 5/31/2022 6/1/2022 to 5/31/2023 6/1/2023 to 5/31/2024 6/1/2024 to 5/31/2025	Beginning of each budget period (Years 2–5, as applicable)	120 days from the available date
c) Project Period End Performance Report	6/1/2025 to 5/31/2026	Period of performance end date	90 days from the available date

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

2) **Progress Report(s)**. The recipient must submit a progress report narrative to HRSA **annually** via the Non-Competing Continuation Renewal in the EHBs, which should address progress against program outcomes (e.g., accomplishments, barriers, significant changes, plans for the upcoming budget year), and include annual data on performance measures identified in the project narrative, if not captured by DGIS. Submission and HRSA approval of a progress

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

3) **Final Report**. 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 FAPIIS, as required in 45 CFR part 75 Appendix XII.

VII. Agency Contacts

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

Marc Horner
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-4888
Email: MHorner@hrsa.gov

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

Claudia Brown, MSN, RN
Senior Public Health Analyst
Division of MCH Workforce Development
Attn: MCHB LEAP Training Program
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 18SWH03
Rockville, MD 20857
Telephone: (301) 443-0869
Email: CBrown4@hrsa.gov

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

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

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's EHBs. For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday–Friday, 8 a.m. to 8 p.m. ET, excluding federal holidays at:

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

VIII. Other Information

Additional Resources

The following resources may be helpful in forming your needs assessment:
1) "PH WINS," published by deBeaumont, is the first and only nationally representative source of data about the governmental public health workforce, and supports the governmental public health workforce in understanding their strengths and gaps, and informs future investments in workforce development efforts nationally. Available at:
   https://www.debeaumont.org/phwins-findings/.

2) "A Summary of Current Title V Workforce Needs" 2014 published by the National MCH Workforce Development Center. Available at:
   http://www.mchb.hrsa.gov/training/documents/NMCHWDC_Summary-2014-09-11.pdf.

Technical Assistance

HRSA has scheduled the following technical assistance webinar:

Day and Date: Monday, October 26, 2020
Time: 2 p.m. – 3 p.m. ET

Call-In Number: 1-888-469-1052
Participant Code: 3230764

Weblink: https://hrsa.connectsolutions.com/leapwebinar/
Playback Number: 1-888-566-0418
Passcode: 102620

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

Tips for Writing a Strong Application

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

Appendix A: Standards for Using Grant Funds to Support Trainees/Fellows

A. Definitions
1. A **long-term trainee** is an undergraduate student enrolled in the LEAP training program for a minimum of 300 hours in a 12-month reporting period.
2. A **medium-term trainee** is an undergraduate student enrolled in the LEAP training program for 40-299 hours of training in a 12-month reporting period.
   - Level I Medium-term trainee receives 40-149 program hours.
   - Level II Medium-term trainee receives 150-299 program hours.
3. Trainee status is independent of a trainee's enrollment status at the academic institution (based on credit hours and/or academic units per term).
4. 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.[13] This is also known as a "participant support cost" per the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at 45 CFR part 75. Stipend support for long- and medium-term trainees must be:
   - Reasonable; correlated to the established training plan/activities; and allocable to the number of program hours;
   - Compliant with the institution's established written policy regarding stipends; and
   - Consistent with stipend guidelines available at: https://grants.nih.gov/grants/guide/notice-files/NOT-OD-20-070.html.

B. Qualifications for receiving stipends, tuition assistance, and/or other financial support under this program
1. Stipends, tuition assistance, or other financial support may be provided to LEAP trainees enrolled full-time or part-time for academic credits.
2. Trainees receiving stipends, tuition assistance, or other financial support under the LEAP Program will generally be level II medium-term trainees, but can be level I medium-term or long-term trainees.
3. In a situation where particular needs cannot be met within the categories described above, you may place a request with your HRSA project officer to recruit and train a candidate under special and unusual circumstances, known as a "special" trainee.
4. 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. As defined in the HHS Grants Policy Statement, a non-citizen national is a person who, although not a citizen of the United States, owes permanent allegiance to the United States. They generally are individuals born in U.S. outlying possessions (American Samoa and Swains Island) on or after the date of formal acquisition of the possession, or to parents who are non-citizen nationals and have had a residence in the United States or

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[13] HHS Grants Policy Statement (https://www.hrsa.gov/sites/default/files/grants/hhsgrantspolicy.pdf)

one of its outlying possessions before the birth of that individual.

C. Restrictions
1. Trainee Types: Only long-term or medium-term trainees may receive stipends, tuition assistance, or other financial support from LEAP grant funds.
2. Traineeship Length: A trainee can only participate in a LEAP Program for up to 4 years (or 4 budget periods).
3. Traineeship Level: A trainee can only participate in a LEAP Program while enrolled as an undergraduate student.
4. Concurrent Support: Stipends, tuition assistance, or other financial support generally will not be made available under this program to persons receiving a salary, fellowship, or traineeship stipend, or other financial support related to his/her training or employment for the same hours counted toward his/her 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.
5. 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.
6. Field Training: Funded recipients may not utilize grant funds to support field training, except when such training is part of the specified requirements of a LEAP training program, as described in the approved application.
7. 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.
8. Grant funds may <u>NOT</u> be used:
   - 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.
   - To continue the support of a trainee who has failed to demonstrate satisfactory participation in the training program.
   - For support of professional credentials (i.e. licensure exams).

D. Trainee Costs
1. <u>Allowable Costs</u>[14]:
   a) Stipends or other financial support (except as indicated above).
   b) Tuition assistance - tuition and fees.[15]
   c) Travel related to training and field placements (international travel requests will require prior approval).

2. <u>Non-Allowable Costs</u>:

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[14] Uniform Administrative Requirements (UAR 45 CFR § 75.466(a)) and the HHS Grants Policy Statement (HHS GPS).
[15] 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) 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 terms and conditions of this award adopt stipend standards established by Kirschstein-National Research Service Awards (NRSA). Dollar amounts indicated in this NOFO, because they follow these standards, are subject to update as reflected in this issuance. All approved stipends indicated are for a full calendar year and must be *prorated for the actual training period*, as appropriate. The stipend levels established by NRSA may 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. The stipend levels were updated on February 7, 2020, per https://grants.nih.gov/grants/guide/notice-files/NOT-OD-20-070.html.

Supplements to Stipends – Stipends may be supplemented by an institution from **non-federal funds**. *No federal funds may be used for stipend supplementation unless specifically authorized under the terms of the program from which the supplemental funds are derived*.

Undergraduate level

Undergraduate trainees: Undergraduate training appointments should be distinguished by career level, within the LEAP project. Institutional training grants supporting trainees appointments for undergraduate candidates will continue to be made by distinct category (i.e., Freshmen/Sophomores and Juniors/Seniors) even though the stipend levels for both career levels will be the same:

Career Level	Stipend for FY 2020	Monthly Stipend
Freshmen/Sophomores	$13,368	$1,114
Juniors/Seniors	$13,368	$1,114

Appendix B: LEAP Training Program Logic Model

PROGRAM PROCESS What is the planned work for the program?		PROGRAM OUTCOMES What are the program's intended results?	
ACTIVITIES (What will program inputs do?)	OUTPUTS / PRODUCTS (What will be created as a result of the activity?)	SHORT-TERM / INTERMEDIATE (What will change as a result of the product/system implemented?)	LONG-TERM / IMPACT (What will change if short-term / intermediate outcomes are achieved?)
Recruit undergraduate students who have an interest in MCH public health and MCH-related health professions. (Focus on students from underrepresented backgrounds, including underrepresented racial/ethnic groups.)	Diverse undergraduate students from underrepresented backgrounds recruited	Increase access to MCH-related academic and career opportunities	Increase capacity of MCH workforce, working in MCH public health and related health fields that is able to meet the needs of a diverse MCH population in the U.S. (especially vulnerable and underserved populations). Increase diversity of the MCH public health and health profession workforce
Train, mentor, and support undergraduate students to enter MCH graduate programs and/or professions (e.g., coursework in MCH, public health, cultural and linguistic competence, health equity, emerging MCH public health issues; conducting research; leadership seminars)	Undergraduate students trained, mentored and supported throughout the project curriculum. Undergraduate students trained, mentored and supported to enter MCH graduate programs and/or professions.	Increase knowledge about the field of MCH public health and MCH-related health professions, including career opportunities Increase number and percentage of MCH LEAP Program graduates at 2 and 5 years post-program working with MCH populations and in MCH roles Increase access to MCH-related academic and career opportunities	Increase capacity of MCH workforce, working in MCH public health and related health fields that is able to meet the needs of a diverse MCH population in the U.S. (especially underserved populations).

PROGRAM PROCESS What is the planned work for the program?		PROGRAM OUTCOMES What are the program's intended results?	
ACTIVITIES (What will program inputs do?)	OUTPUTS / PRODUCTS (What will be created as a result of the activity?)	SHORT-TERM / INTERMEDIATE (What will change as a result of the product/system implemented?)	LONG-TERM / IMPACT (What will change if short-term / intermediate outcomes are achieved?)
		Increase number of trainees successfully entering graduate schools and/or obtain positions in MCH public health and MCH-related health professions	
Provide mentoring to address low self-efficacy and related skills that may affect academic and career plans (e.g., conducting monthly dinners or other team-building activities for trainees with faculty, staff, and peers)	Trainees linked with faculty, staff, peers, and alumni from their MCH LEAP Program for mentoring. (Programs are encouraged to have diverse faculty and staff as personnel in their programs and to facilitate culturally concordant mentoring relationships.) Trainees linked with faculty and graduate students in graduate level long-term MCH training programs for mentoring, seminars in leadership and emerging MCH issues, graduate school application preparation, etc.	Increase self-efficacy and skills in pursuing internships, graduate school admission, or career opportunities Increase access to MCH-related academic and career opportunities	Increase capacity of MCH workforce, working in MCH public health and related health fields that is able to meet the needs of a diverse MCH population in the U.S. (especially underserved populations). Increase diversity of the MCH public health and health profession workforce

PROGRAM PROCESS What is the planned work for the program?		PROGRAM OUTCOMES What are the program's intended results?	
ACTIVITIES (What will program inputs do?)	**OUTPUTS / PRODUCTS** (What will be created as a result of the activity?)	**SHORT-TERM / INTERMEDIATE** (What will change as a result of the product/system implemented?)	**LONG-TERM / IMPACT** (What will change if short-term / intermediate outcomes are achieved?)
Provide practical, applied experience in MCH professions (e.g., internships, including Title V internships; practicums; field trips; simulations; case studies; career panels; alumni panels)	Trainees receive practical, applied experience in MCH public health and MCH-related health professions though academic, governmental, and community-based internships (including Title V internships); practicums; field trips; simulations; case studies; career panels; and alumni panels.	Increased access to MCH-related academic and career opportunities Strengthened academic-practice partnerships with Title V agencies through the Title V Internship program and other Title V collaborative opportunities (e.g., review of Title V Block Grant applications) Strengthened community-based partnerships with health systems, hospitals, not-for-profit organizations, school systems, etc. Increased number of interviews for jobs in MCH public health and MCH-related health professions, among trainees.	Increased capacity of MCH workforce, working in MCH public health and related health fields that is able to meet the needs of a diverse MCH population in the U.S. (especially underrepresented and underserved populations). Increased diversity of the MCH public health and health profession workforce
Provide intensive guidance and mentoring for Individual Development Plan (IDP) development	Trainees receive intensive guidance from MCH LEAP faculty and staff on graduate school test	Increased number of applications to graduate schools for MCH public health focused programs.	Increased number of racially and ethnically diverse trainees academically prepared to enter the MCH public health and health profession workforce

PROGRAM PROCESS What is the planned work for the program?		PROGRAM OUTCOMES What are the program's intended results?	
ACTIVITIES (What will program inputs do?)	**OUTPUTS / PRODUCTS** (What will be created as a result of the activity?)	**SHORT-TERM / INTERMEDIATE** (What will change as a result of the product/system implemented?)	**LONG-TERM / IMPACT** (What will change if short-term / intermediate outcomes are achieved?)
and graduate school preparation.	preparation, e.g., GRE, MCAT, DAT, PCAT. Trainees also review their IDPs with faculty and staff on a semi-annual or annual basis to ensure that they are preparing well for their future academic and career plans.	Increased number of trainees successfully enter graduate schools in MCH public health and MCH-related health professions	