

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**HRSA**

Health Resources & Services Administration

Maternal and Child Health Bureau  
Division of Healthy Start and Perinatal Services

***Healthy Start Supplement: Community-Based Doulas***

**Funding Opportunity Number: HRSA-21-121**

**Funding Opportunity Type(s): Competing Supplement**

**Assistance Listings (CFDA) Number: 93.926**

**NOTICE OF FUNDING OPPORTUNITY**

Fiscal Year 2021

**Application Due Date: June 30, 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: May 28, 2021**

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Authority: 42 U.S.C. § 254c-8 (Title III, Part D, § 330H of the Public Health Service Act).

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 21 Healthy Start Supplement: Community-Based Doulas. **The goal of this supplement is to increase the availability of doulas in Healthy Start service areas most affected by infant and maternal mortality in order to reduce such deaths and decrease racial/ethnic disparities.**

Funding Opportunity Title:	Healthy Start Supplement: Community-Based Doulas
Funding Opportunity Number:	HRSA-21-121
Due Date for Applications:	June 30, 2021
Anticipated Total Available FY 2021 Funding:	\$2,500,000
Estimated Number and Type of Award(s):	Up to 20 grants
Estimated Award Amount:	Up to \$125,000 for a 2.5 year period (fully funded in year 3 of base award period of performance)
Cost Sharing/Match Required:	No
Period of Performance:	April 1, 2021 through March 31, 2024 (aligns with base award period of performance)
Eligible Applicants:	Eligible applicants include any current recipient funded under the HRSA-19-049 Healthy Start Initiative: Eliminating Disparities in Perinatal Health (start date of April 1, 2019).  See <a href="#">Section III.1</a> of this notice of funding opportunity (NOFO) for complete eligibility information.

## **Application Guide**

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

## **Technical Assistance**

HRSA has scheduled the following technical assistance:

### *Webinar*

Day and Date: Monday, June 7, 2021

Time: 12:00 p.m. – 1:30 p.m. ET

Weblink: <https://hrsa.gov.zoomgov.com/j/1601670521?pwd=MmplbUNFQVpsMkNscTFWTWhSeTc1dz09>

Computer audio is recommended (make sure computer speakers are “on”). Attendees should click the link above and select ‘Join with Computer Audio’.

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

Dial-in Toll-Free #: 833 568 8864

Meeting ID: 160 167 0521

Passcode: 40402173

The webinar recording will be posted on the MCHB website:

<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 supplemental funding under the Healthy Start Initiative: Eliminating Disparities in Perinatal Health, also known as the Healthy Start (HS) program. The purpose of the HS program is to improve health outcomes before, during, and after pregnancy, and reduce racial/ethnic differences in rates of infant death and adverse perinatal outcomes. **The goal of this supplement is to increase the availability of doulas in Healthy Start service areas most affected by infant and maternal mortality in order to reduce such deaths and decrease such racial/ethnic disparities.** Doulas will provide services to women during the periods of pregnancy, birth and at least three (3) months post-partum. Award funds will cover the training, certification, and compensation of doulas.

Recipients should demonstrate how doulas will provide culturally responsive pregnancy and childbirth education, early linkage to health care and social services, labor coaching, and breastfeeding education and counseling while fostering parental attachment. Recipients should clearly outline methods to provide supportive services before, during and after childbirth, including breastfeeding initiation promotion. Recipients should demonstrate how doula services will meet the needs of their HS communities and priority population in order to improve birth outcomes and reduce racial/ethnic disparities for participants who have the highest need.

In order to achieve this purpose, applications should propose activities designed to meet the following program objectives by the dates indicated.

### Program Objectives:

- By November 2021, each recipient will contract with one or more doula training organizations to provide training for doula candidates.
- By March 2022, each recipient will recruit three or more candidates to become doulas.
- By September 2022, each recipient will facilitate training for each hired doula.
- By March 2023, doulas hired by each recipient will complete all requirements for the Doulas of North America (DONA) birth doula certification.
- By March 2024, each recipient will provide prenatal, birth, and short term postpartum doula support to a minimum of 72 HS participants.

For the purposes of retention, the recipient might consider requesting a formal agreement from each doula hired stating their intent to provide doula services to HS clients for a specific period of performance.

## 2. Background

This program is authorized by the 42 U.S.C. § 254c-8 (Title III, Part D, § 330H of the Public Health Service Act).

## **Overview of the Healthy Start Program**

The HS program provides grants to high-risk communities with infant mortality (IM) rates at least 1.5 times the United States national average and high rates of other adverse perinatal outcomes (e.g., low birthweight, preterm birth, maternal morbidity and mortality). HS works to reduce the disparity in health status between the general population and individuals who are members of racial or ethnic minority groups. Structural inequities in access to health-promoting resources contribute to racial/ethnic disparities in perinatal health. Such inequities include, education, employment, housing, and health care, as well as interpersonal racism and stress<sup>1,2</sup>.

Current HS programs serve women of reproductive age, pregnant women, mothers who have just given birth, and infants and families from birth to 18 months. HS also serves fathers and caregiver partners and supports couples with reproductive life planning. While HS continues to provide key services to communities across the U.S., disparities in maternal and infant health persist. Black, American Indian, and Alaska Native (AI/AN) women are two to three times more likely to die from pregnancy-related causes than White women<sup>3</sup>. Likewise, IM rates remain high compared to other well-resourced countries. While the U.S. rate has trended downward since 1995, and has declined 17% since 2005<sup>4</sup>, racial/ethnic disparities in IM rates have persisted. The highest IM rates in the country are among Black infants and AI/AN infants (10.8 and 8.6 infant deaths per 1,000 live births in 2018 respectively) with rates that are more than double that of Whites (4.6 infant deaths per 1,000 live births in 2018).

## **Overview of Community-Based Doulas**

DONA International, the world's first, largest and leading doula certifying organization, defines a doula as "a trained professional who provides continuous physical, emotional and informational support to a mother before, during and shortly after childbirth to help her achieve the healthiest, most satisfying experience possible."<sup>5</sup> A prior study found that doula-assisted mothers were four times less likely to have a low birth weight baby, two times less likely to experience a birth complication involving themselves or their baby, and significantly more likely to initiate breastfeeding<sup>6</sup>. Doula support also improves outcomes for mom and infant including increased spontaneous vaginal birth, shorter duration of labor and decreased caesarean birth<sup>7</sup>. Additionally, doula-assisted mothers are less likely to have a baby with a low five-minute Apgar score, use an epidural or report negative ratings of or feelings about their childbirth experience<sup>Error!</sup>

Numerous women across the United States have shared stories from their experiences during pregnancy, childbirth, and the postpartum period where they felt they were not heard during encounters with health care professionals<sup>8</sup>. Such experiences in health care settings can harm women and result in poor care and outcomes. Additionally,

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<sup>1</sup> <https://pubmed.ncbi.nlm.nih.gov/26466077/>

<sup>2</sup> <https://pubmed.ncbi.nlm.nih.gov/33181043/>

<sup>3</sup> <https://www.cdc.gov/media/releases/2019/p0905-racial-ethnic-disparities-pregnancy-deaths.html>

<sup>4</sup> <https://www.cdc.gov/nchs/data/nvsr/nvsr69/NVSR-69-7-508.pdf>

<sup>5</sup> <https://www.dona.org/what-is-a-doula/>

<sup>6</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3647727/>

<sup>7</sup> <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD003766.pub6/full>

<sup>8</sup> <https://www.cdc.gov/hearher/personal-stories/index.html>

these experiences may lead to an underutilization of health care services and a lack of health education regarding maternal warning signs.

Doulas provide prenatal education and serve as advocates for women to ensure that they are informed, respected, listened to and receive the best care possible. Doulas' empowerment of and advocacy for women is critical as dismissed symptoms before, during and after labor, such as pain, can lead to negative outcomes for both mom and baby. Women who receive emotional support during pregnancy, childbirth, and postpartum are less likely to experience postpartum depression<sup>9</sup>. Mental health conditions such as postpartum depression have been linked to pregnancy related deaths as well as infant deaths<sup>10,11</sup>.

### ***The Role of Community-Based Doulas in Healthy Start***

Approximately four million women give birth each year in the United States<sup>12</sup>. While most women have a safe pregnancy and deliver a healthy infant, that is not the experience for all women as indicated by the higher rate of poor pregnancy outcomes among Black and AI/AN women. The Healthy Start Supplement: Community-Based Doulas enhances and accelerates the work that HS grant recipients are currently doing to reduce disparities in IM, maternal mortality (MM) and other adverse perinatal outcomes and provide an extra layer of support for HS participants.

## **II. Award Information**

### **1. Type of Application and Award**

Type(s) of applications sought: Competing Supplement

HRSA will provide funding in the form of a grant.

### **2. Summary of Funding**

HRSA estimates approximately \$2,500,000 to be available to fund 20 recipients. You may apply for a ceiling amount of up to \$125,000 total cost (includes both direct and indirect, facilities and administrative costs) for the 2.5 year period. Projects will be fully funded in the current budget period Year 3 for a 2.5 year period of performance through March 31, 2024.

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

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<sup>9</sup> <https://pubmed.ncbi.nlm.nih.gov/27123699/>

<sup>10</sup> <https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/mmr-data-brief.html>

<sup>11</sup> <https://pubmed.ncbi.nlm.nih.gov/30245252/>

<sup>12</sup> <https://www.cdc.gov/nchs/fastats/births.htm>

### III. Eligibility Information

#### 1. Eligible Applicants

Eligible applicants include any current recipient funded under the HRSA-19-049 Healthy Start Initiative: Eliminating Disparities in Perinatal Health (start date of April 1, 2019).

#### 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 exceeds the page limit referenced in [Section IV](#) 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.

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.

NOTE: A doula trainee receiving support and compensation from award funds must be a citizen, national, or permanent resident of the United States.

### IV. Application and Submission Information

#### 1. Address to Request Application Package

HRSA **requires** you to apply electronically. HRSA encourages you to apply through [Grants.gov](#) using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at <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 Application Guide](#) provides instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, etc.. You must submit the information outlined in the Application Guide in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA’s [SF-424 Application Guide](#) except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the *Application Guide* for the Application Completeness Checklist.

### **Application Page Limit**

The total size of all uploaded files included in the page limit shall not exceed the equivalent of **20 pages** when printed by HRSA. The page limit includes the project and budget narratives, attachments, and letters of commitment and support required in the Application Guide and this NOFO. Please note: Effective April 22, 2021, the abstract is no longer an "attachment" that counts in the page limit. The abstract is the standard form "Project\_Abstract Summary" and it will not count in the page limit..” Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-21-121, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit of 20 will not be read, evaluated, or considered for funding.**

**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 5: Other Relevant Documents*.

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

### **Program-Specific Instructions**

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

#### ***i. Project Abstract***

Use the Standard OMB-approved Project Abstract Summary Form 2.0 that is included in the workspace application package. Do not upload the abstract as an attachment. For information content required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's [SF-424 Application Guide](#).

#### ***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 your proposed project. Your application should demonstrate a comprehensive understanding of providing culturally responsive support for pregnant and birthing HS participants during the prenatal, birth, and postpartum periods. Include a discussion that exhibits knowledge of racial disparities in IM, MM and other adverse perinatal outcomes.
- ***NEEDS ASSESSMENT*** -- Corresponds to Section V's [Review Criterion 1 Need](#)  
Describe your priority population of focus for this supplement in your HS service area including:
  - their IM rate
  - their MM rate
  - the racial disparities in their IM and MM rates

Outline the needs of the priority population for doula services. Describe and document your priority population and their unmet health needs. Discuss any relevant barriers to the priority population accessing doulas in the service area that the project hopes to overcome. Discuss any relevant barriers to women in your service area becoming doulas. Use and cite demographic data whenever possible to support the information provided and why a strategy of increasing doula support may be beneficial to the priority population. This section will help reviewers to understand the population that you will serve.

- **METHODOLOGY** -- Corresponds to Section V's [Review Criterion 2 Response](#)  
Propose methods that you will use to address the stated needs and meet each of the previously described program requirements and objectives as stated in the [Purpose](#) section of this NOFO. Include your plan to recruit, facilitate training and certification, compensate and retain doula candidates (see [Appendix: Resources](#) for DONA certification requirements). In addition, include your plan to provide doula services to HS participants.

Include a description of any innovative methods and/or partnerships that you will use to address the stated needs.

The methodology should include targeted strategies that will reduce IM and MM disparities among Black, AI/AN, or other groups of HS participants.

- **WORK PLAN** -- Corresponds to Section V's [Review Criterion 2 Response](#)  
Describe the activities or steps that you will use to achieve each of the objectives proposed during the entire period of performance in the [Methodology](#) section. Use a time line that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including developing the application. In this section, you should identify specific, measurable, achievable, realistic, time-framed (SMART) project objectives and performance measure objectives (see [Appendix: Resources](#) for a guide on the SMART goals framework). Each objective should be clearly stated, outcome-oriented, and realistic for your available resources. State all objectives in 6 month increments. You may detail this information on a separate worksheet, referenced in the narrative in this section, and included as **Attachment 1**.
- **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 Criterion 3 Evaluative Measures](#)

**Objectives and Performance Measures**

The application should include baselines targets for all performance measures in the work plan, (see below for a list of the performance measures). Objective statements should clearly describe what your program will achieve and by when. Each objective should include a time frame (see [Appendix: Resources](#) for a guide on the SMART goal framework).

The following example may assist you in the development of the project objectives and measures:

By 3/31/2023, increase the number of HS participants provided with doula services to 12.

By 9/30/2023 increase the number of HS participants provided with doula services to 42.

By 3/31/2024 increase the number of HS participants provided with doula services to 72.

Recipients will track, at a minimum, the following measures for the period of performance:

- The number of candidates provided with doula training, including the number trained by race/ethnicity
- The number of doulas receiving DONA certification
- The number of HS participants provided with doula services, including the number served by race/ethnicity
- Among HS participants receiving doula services:
  - The number of HS women participants who used an epidural
  - The number of HS women participants who had a cesarean birth
  - The number of HS women participants who were satisfied with the doula services they received
  - The number of HS women participants who received a postpartum visit 4-6 weeks after delivery (HRSA-19-049 benchmark)
  - The number of HS child participants whose parent/caregiver reports they were ever breastfed or pumped breast milk to feed their baby (HRSA-19-049 benchmark)
  - The number of HS child participants whose parent/ caregiver reports they were breastfed or fed breast milk at 6 months (HRSA-19-049 benchmark)
- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's [Review Criterion 4 Resources/Capabilities](#)*

Applicants should have sound systems, policies, and procedures in place for managing funds, equipment, and personnel to receive grant support. All successful recipients must perform a substantive role in carrying out project activities and not merely serve as a conduit for an award to another party or to provide funds to an ineligible party.

The recipient organization will identify key personnel, will be responsible for communication with the contracted training organization, and will coordinate the preparation and submission of required reports. The recipient will have primary responsibility for monitoring the progress of the project toward its objectives, including monitoring contract deliverables.

Please respond using the corresponding outline numbers (e.g., i., ii., iii...):

- i. Provide a staffing plan for the proposed project describing current experience, expertise, skills, and knowledge of staff, contractors, and

- partners.
- ii. Describe your organization’s recruitment and retention policies/strategies.
- iii. Briefly describe methodologies that will be used for monitoring utilization of services and quality assurance.

**iii. Budget**

The directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA’s [SF-424 Application Guide](#) and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if HRSA selects 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 Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H, § 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 Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

**iv. Budget Narrative**

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

<b>NARRATIVE GUIDANCE</b>	
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.	
<b><u>Narrative Section</u></b>	<b><u>Review Criteria</u></b>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures

Organizational Information	(4) Resources/Capabilities
Budget and Budget Narrative	(5) 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: Work Plan*

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

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

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

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

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

*Attachment 4: Project Organizational Chart*

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

*Attachments 5–9: Other Relevant Documents*

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

You must obtain a valid DUNS number, also known as the Unique Entity Identifier (UEI), and provide that number in the application. In April 2022, the \*DUNS number will be replaced by the UEI, a “new, non-proprietary identifier” requested in, and assigned by, the System for Award Management (SAM.gov). For more details, visit the following

webpages: [Planned UEI Updates in Grant Application Forms](#) and [General Service Administration's UEI Update](#).

You must 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 the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

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

- Dun and Bradstreet (<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 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 *June 30, 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 Application Guide](#) for additional information.

## 5. Intergovernmental Review

The Healthy Start Supplement: Community-Based Doula is 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 Application Guide](#) for additional information.

## 6. Funding Restrictions

You may request funding at no more than \$125,000 for the full period of performance (inclusive of direct **and** indirect costs).

Funding restrictions placed under HRSA-19-049 apply. See most recent Notice of Award for detail.

The General Provisions in Division H of the Consolidated Appropriations Act, 2021 (P.L. 116-260) apply to this program. Please see Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in following fiscal years, as required by law.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on 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.

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

All program income generated as a result of awarded funds must be used for approved project-related activities. 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. The entire proposal will be considered during objective review.

Review criteria are used to review and rank applications. The Healthy Start Supplement: Community-Based Doulas has five review criteria. See the review criteria outlined below with specific detail and scoring points.

#### *Criterion 1: NEED (30 points) – Corresponds to Section IV's [Introduction](#) & [Needs Assessment](#)*

The extent to which the application demonstrates the problem and associated contributing factors to the problem.

- The extent to which the application describes the importance of, and need for, providing culturally responsive support for HS pregnant and birthing participants during the prenatal, birth, and postpartum periods and exhibits knowledge of racial disparities in IM, MM and other adverse perinatal outcomes (10 points).
- The extent to which the application identifies and describes a population of focus, demonstrates the unmet health needs of this priority population and discusses why a strategy of increasing doula support may be beneficial to the priority population, including relevant demographic and health statistics (10 points).
- The extent to which the application demonstrates barriers to the priority population accessing doula services (5 points).
- The extent to which the application demonstrates barriers to women in the community becoming doulas (5 points).

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

The extent to which the proposed project responds to the “[Purpose](#)” included in the program description. The strength of the proposed goals and objectives and their relationship to the identified project. The extent to which the activities described in the application are capable of addressing the problem and attaining the project objectives.

- The quality, clarity and feasibility of the proposed approach to recruit, facilitate training and certification, compensate and retain doulas (5 points).
- The feasibility of the program plan to provide doula services to HS participants (5 points).

- The strength of the proposed innovative methods and/or partnerships to address the stated needs (5 points).
- The extent to which the methodology includes targeted strategies that will reduce IM and MM disparities among Black, AI/AN, or other groups of HS participants (5 points).
- The quality and feasibility of the work plan and timeline to achieve each of the objectives discussed in the methodology section (5 points).
- Sufficient identification and understanding of possible challenges and the reasonableness of approaches to resolve identified challenges (3 points).
- The feasibility of the proposed plan to engage doulas in existing HS initiatives and support services (2 points).

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

The strength and effectiveness of the method proposed to monitor and evaluate the project results (10 points).

*Criterion 4: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV’s [Organizational Information](#)*

- The quality and reasonableness of staffing plan and the extent to which project personnel are qualified by training and/or experience to implement and carry out the project. (8 points)
- The quality and reasonableness of the organization’s recruitment and retention policies/strategies. (6 points)
- The feasibility of the methodologies that the recipient plans to use for monitoring utilization of services and quality assurance (including client satisfaction) of all activities (6 points).

*Criterion 5: SUPPORT REQUESTED (10 points) – Corresponds to Section IV’s [Budget](#) and [Budget Narrative](#)*

The reasonableness of the proposed budget for the period of performance in relation to the objectives (10 points).

## **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 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.

## **VI. Award Administration Information**

### **1. Award Notices**

HRSA will issue the Notice of Award (NOA) prior to September 30, 2021. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

### **2. Administrative and National Policy Requirements**

See Section 2.1 of HRSA's [SF-424 Application Guide](#).

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

### **Accessibility Provisions and Non-Discrimination Requirements**

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

## Requirements of Subawards

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

## 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 Application Guide](#) and the following reporting and review activities:

**Progress Report(s).** The recipient must submit, through HRSA's Electronic Handbook a progress report narrative every 6 months during the period of performance. The progress reports should address progress against program objectives and outcomes. Further information will be available in the NOA.

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at [2 CFR § 200.340 - Termination](#) apply to all federal awards effective August 13, 2020.

## VII. Agency Contacts

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

Tonya Randall  
Grants Management Specialist  
Division of Grants Management Operations, OFAM  
Health Resources and Services Administration  
5600 Fishers Lane, Mailstop 10SWH03  
Rockville, MD 20857  
Telephone: (301) 594-4259  
Email: [trandall@hrsa.gov](mailto:trandall@hrsa.gov)

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

Simone Esho, MPH  
Public Health Analyst, Healthy Start Branch, Division of Health Start and Perinatal Services  
Attn: Funding Program  
Maternal and Child Health Bureau  
Health Resources and Services Administration  
5600 Fishers Lane, Room 18N-23  
Rockville, MD 20857  
Telephone: (301) 443-3426  
Email: [MCHBHealthyStart@hrsa.gov](mailto:MCHBHealthyStart@hrsa.gov)

Benita Baker, MS  
Acting Branch Chief, Healthy Start Branch, Division of Health Start and Perinatal Services  
Telephone: (301) 443-0543  
Email: [MCHBHealthyStart@hrsa.gov](mailto:MCHBHealthyStart@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](mailto:support@grants.gov)  
Self-Service Knowledge Base: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through [HRSA's Electronic Handbooks \(EHBs\)](#). For assistance with submitting information in the 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**

### **Technical Assistance**

HRSA has scheduled the following technical assistance:

#### *Webinar*

Day and Date: Monday, June 7, 2021

Time: 12:00 p.m. – 1:30 p.m. ET

Weblink: <https://hrsa->

[gov.zoomgov.com/j/1601670521?pwd=MmplbUNFQVpsMkNscTFWTWhSeTc1dz09](https://hrsa.gov.zoomgov.com/j/1601670521?pwd=MmplbUNFQVpsMkNscTFWTWhSeTc1dz09)

Computer audio is recommended (make sure computer speakers are “on”). Attendees should click the link above and select ‘Join with Computer Audio’.

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

Dial-in Toll-Free #: 833 568 8864

Meeting ID: 160 167 0521

Passcode: 40402173

The webinar recording will be posted on the MCHB website:

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

### **Tips for Writing a Strong Application**

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

### **508 Compliance Disclaimer**

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

## Appendix: Resources

SMART Goals

[https://www.opm.gov/policy-data-oversight/training-and-development/reference-materials/online-courses/linking-and-developing-measurable-results/content/common/cw/data/OPM\\_LD\\_SMART\\_or\\_SMARTQ\\_Goals.pdf](https://www.opm.gov/policy-data-oversight/training-and-development/reference-materials/online-courses/linking-and-developing-measurable-results/content/common/cw/data/OPM_LD_SMART_or_SMARTQ_Goals.pdf)

DONA Birth Certification Guide

<https://www.dona.org/wp-content/uploads/2020/03/Certification-Overview-Birth-1-20.pdf>

DONA Birth Certification Infographic

[https://www.dona.org/wp-content/uploads/2016/08/dona-birth-cert\\_13633520\\_6d006302997c36684733f949d8ee1ffa121ed140-1.pdf](https://www.dona.org/wp-content/uploads/2016/08/dona-birth-cert_13633520_6d006302997c36684733f949d8ee1ffa121ed140-1.pdf)